Strategic Review:
The Communities Living with HIV, and Affected by Tuberculosis and Malaria
Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria

October 2016

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ABBREVIATIONS

ABM: Alternate Board Member
AFC: Audit and Finance Committee
AMF: Affordable Medicines Facility
APN+: Asia Pacific Network of People Living with HIV
APNSW: Asia Pacific Network of Sex Workers
ASAP: AIDS Strategy, Advocacy and Policy
ASWA: African Sex Workers Alliance
AWG: Administrative Working Group
BM: Board Member
CCM: Country Coordinating Mechanism
CFP: Communications Focal Point
CRG: Community, Rights and Gender
CSS: Community Systems Strengthening
ECUO: East Europe and Central Asia Union of People Living with HIV
EECA: Eastern Europe and Central Asia
EGC: Ethics and Governance Committee
EHNF: Eurasian Harm Reduction Network
ENPUD: Eurasian Network of People who Use Drugs
EWNA: Eurasian Women’s AIDS Network
FOPC: Finance and Operational Performance Committee
GAC: Grants Advisory Committee
GFAN: Global Fund Advocates Network
GFAN AP: Global Fund Advocates Network Asia Pacific
GIZ: Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund: The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+: Global Network of People Living with HIV
HLM: High Level Meeting
HRRG: Human Rights Reference Group
IAC: International AIDS Conference
ICAA: International Conference on AIDS in Asia and the Pacific
ICASA: International Conference on AIDS in Southern Africa
ICSS: International Civil Society Support
ITPCru: International Treatment Preparedness Coalition Russian
JCSAP: Joint Civil Society Action Plan
KPI: Key performance indicator
LAC: Latin America and the Caribbean
MDR: Multi drug resistant
M&E: Monitoring and evaluation
MENA: Middle East and North Africa
NGO: Nongovernmental organisation
NSWP: Global Network of Sex Work Projects
OIG: Office of the Inspector General
OSF: Open Society Foundations
PEPFAR: President’s Emergency Program For AIDS Relief
PMNCH: Partnership for Maternal, Newborn and Child Health
RCNF: Robert Carr Civil Society Networks Fund
SC: Strategy Committee
SDGs: Sustainable Development Goals
SOGI: Sexual orientation and gender identity
SiC: Strategy, Investment and Impact Committee
STC: Sustainability, Transition and Co-Financing
SWAN: Sex Workers Advocacy Network
TBEC: TB Europe Coalition
TERG: Technical Evaluation Reference Group
ToRs: Terms of Reference
TRIPS: Trade-Related Intellectual Property Rights
TRP: Technical Review Panel
UHC: Universal health coverage
UNAIDS: United Nations Programme on AIDS
UNDP: United Nations Development Program
W4GF: Women4GlobalFund
WHO: World Health Organisation
EXECUTIVE SUMMARY

This report shares the findings and conclusions of a Strategic Review of the Communities Living with HIV, and Affected by Tuberculosis and Malaria Delegation (Communities Delegation) to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It also suggests next steps, in terms of key questions and potential directions for the Delegation in the future.

The Review took place between May and June 2016 and was implemented by an Independent Consultant. It was part of a Strategic Review & Planning process that aims to: review the implementation of the Communities Delegation Strategic Plan for 2011-16, in terms of the key results, challenges and lessons; and develop a Strategic Plan for 2017-22, providing a strong framework for the Delegation’s annual priority setting and work planning. The Review was a 360° process, involving representatives of key stakeholder groups for the Communities Delegation. It was based on an Enquiry Framework (outlining seven key questions to be answered) and implemented through three methods: (1) Literature review of 20 resources; (2) Interviews with 23 internal and external stakeholders; and (3) Delegation Members Survey, with 22 responses from past and present members.

The report starts by describing what the Communities Delegation is and how it works. It then outlines examples of the Delegation’s significant results during 2011-16, grouped under the Strategic Areas of its Strategy. This is followed by an analysis of the results of the Review, summarised as seven strategic messages:

<table>
<thead>
<tr>
<th>Strategic messages from Strategic Review</th>
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<tbody>
<tr>
<td><strong>Strategic message 1:</strong> The Communities Delegation plays a unique and essential role in the governance and accountability of the Global Fund. It provides a ‘reality check’ - bringing the voices of those living with and affected by the three diseases to the Board’s deliberations and championing communities’ needs, principles and priorities.</td>
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<td><strong>Strategic message 2:</strong> The Communities Delegation has made a major contribution to critical discussions, decisions and policies by the Global Fund Board. Within these efforts, it has championed the issues that matter most to communities, such as: human rights; meaningful engagement; community systems strengthening (CSS); eligibility and allocation; sustainability and transition; and funding for Regional Programmes and the Community, Rights and Gender (CRG) Special Initiative.</td>
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<td><strong>Strategic message 3:</strong> The Communities Delegation has played a central role in ensuring the high profile of communities’ issues within the core frameworks that guide the Global Fund, notably the (new) Funding Model and the Global Fund Strategies for 2012-16 and 2017-22.</td>
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<td><strong>Strategic message 4:</strong> The Communities Delegation’s Strategic Plan, based on five Strategic Areas, provided a useful framework to plan and report on its work in 2011-16. However, some of the Plan’s wording became outdated, while the document was not widely owned or used by the Delegation as a whole.</td>
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<td><strong>Strategic message 5:</strong> The Communities Delegation has made important efforts to strengthen its internal processes, such as through the clarification of terms of reference (ToRs) and the development of transparent policies. However, it remains vulnerable - with high dependence on a small number of individuals and with some key procedures requiring further attention.</td>
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<td><strong>Strategic message 6:</strong> In 2017-22, a strong Communities Delegation will be more important than ever - for keeping the Global Fund global, rights-based and responsive to the real needs of communities. This will require a Delegation that has its own vision and is driven by a clear and prioritised strategic agenda.</td>
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<td><strong>Strategic message 7:</strong> To fulfill its Strategy for 2017-22, the Communities Delegation will need to be fit for purpose. This will involve implementing its existing internal processes, while further strengthening key areas such as its: representation across the three diseases; active engagement of members in developing positions; and expansion of partnerships beyond the ‘usual suspects’.</td>
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The Strategic Review concluded that the Communities Delegation has continued to play a unique role in the governance and policy-making of the Global Fund. In 2011-16, it achieved many results, influencing policies and processes that, ultimately, bring multiple benefits to engagement, programmes and investments for communities living with HIV, and affected by TB and Malaria.

As an entity, the Delegation has made significant progress in putting in place the policies and systems necessary to ensure its quality and accountability. However, it has struggled with the challenge of representing a global community of diverse stakeholders – plus working within a complex and ever-changing global health institution – while having a modest level of financial resources and human capacity.

The Communities Delegation faces its next era – that of 2017-22 – with a strong reputation and significant respect from its peers. It has unprecedented opportunities – notably with a new Global Fund Strategy that gives its core issues (such as of human rights, gender equality and community systems) an unprecedented profile. However, the Delegation also faces uncertainties and threats. Within an increasingly tense and complex environment, it will need to hold firm to its principles, while also identifying strategic priorities and ‘smart’ ways of working. It will also need to ensure that the Delegation itself is fit for purpose – as a strong, representative and well-informed group.

The report ends by recommending that, as next steps to inform and develop its work for 2017-22, the Communities Delegation should:

1. Develop a clear and strong Strategic Plan, in line with the timeframe of the Global Fund’s Strategy 2017-22. This should: outline the Communities Delegation’s priorities; include a theory of change; and provide a monitoring and accountability framework. It should be the subject of a review after approx. two years.

2. Identify a limited number of strategic priorities for 2017-22 that reflect both: what matters most to communities living with HIV and affected by TB and Malaria; and where the Communities Delegation can, as part of the governance of the Global Fund, bring the greatest influence and added-value.

3. To achieve its identified priorities, further develop the Communities Delegation’s strategic partnerships, with attention to both: strengthening the effectiveness of its work with existing key partners (notably other constituencies on the Board of the Global Fund); and exploring new partnerships (to address the changing environment and emerging issues).

4. Within its Strategic Plan for 2017-22, be mindful of continuing to achieve an effective balance between external-facing advocacy work and the internal-facing development, sustainability and accountability of the Communities Delegation itself.

5. Among the Delegation and with external partners, identify and debate key strategic questions that will shape the future work of the Communities Delegation within the context of the evolving response to the three diseases, health and financing architecture and role of the Global Fund.

6. Use the opportunity of developing and publishing the Strategic Plan 2017-22 for a ‘communications drive’ to clearly articulate to key stakeholders: what the Delegation is (and is not); how it works; and what issues it champions.
SECTION 1: INTRODUCTION

Section 1 outlines the Strategic Review’s aims, participants, Enquiry Framework and methods. It also gives an overview of what the Communities Delegation is and how it works.

Aim of Strategic Review

This report shares the findings and conclusions of a Strategic Review of the Communities Living with HIV, and Affected by Tuberculosis and Malaria Delegation (Communities Delegation) to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It also suggests next steps, in terms of key questions and potential directions for the Delegation in the future.

The Review took place in May – June 2016 and was implemented by an Independent Consultant. It was part of a six-month Strategic Review & Planning process that aims to:

- Review the implementation of the Communities Delegation Strategic Plan for 2011-16, in terms of the key results, challenges and lessons.
- Develop a Communities Delegation Strategic Plan for 2017-22, providing a strong framework for the Delegation’s annual priority setting and work planning.

Participants in Strategic Review

The Strategic Review was a 360º process. It involved representatives of key stakeholder groups for the Communities Delegation, namely:

- Present and past members of the Communities Delegation for 2011-16.
- Other civil society stakeholders.
- The Global Fund Secretariat.
- Constituencies of the Global Fund Board, including the other civil society Delegations.
- Donors of the Communities Delegation.
- Technical partners of the Communities Delegation.

Enquiry Framework and methods for Strategic Review

The Review was based on an Enquiry Framework outlining seven key questions to be answered [see Annex 1]. This formed the basis of the three methods used to implement the Review:

1. Literature review: This involved the review of over 20 documents relating to the Communities Delegation’s work in 2011-16 and the global health and development environment for 2017-22. Examples included work plans, reports to donors and position papers [see list in Annex 2].
2. Stakeholder interviews: This involved semi-structured interviews with 23 stakeholders from within and external to the Communities Delegation [see list in Annex 3].
3. Delegation Members Survey: This involved an e-survey distributed to all past and current members of the Communities Delegation for 2011-16, with 22 responses [see results in Annex 4].

The findings, conclusions and next steps identified by the Review will be used during a follow-up process (including a meeting of the Communities Delegation) to develop a Strategic Plan for 2017-22.

Overview of Communities Delegation

The Global Fund is a public-private partnership of governments, civil society, the private sector and people affected by HIV, TB and Malaria. It raises resources primarily through its replenishment mechanism and, between 2014 and 2016, invested nearly US$ 4 billion a year to support programmes run by local experts in countries and communities most in need.
The Board of the Global Fund has 28 seats: 20 voting members, with equal representation of implementers and donors; and eight non-voting members, including the Chair, Vice Chair and representatives of partner organisations, including the World Health Organisation (WHO) and United Nations Programme on AIDS (UNAIDS). It is the role of each member to represent the specific issues, needs and perspectives of their constituency to the Board. The Communities Delegation is part of the Implementing Group which also includes: seven developing country representatives; a Developed Country Nongovernmental Organisation (NGO) Delegation representative; and a Developing Country NGO Delegation representative. Meanwhile, the Donor Group encompasses: eight donor country representatives; one private sector representative; and one private foundation representative. Each constituency is headed by a Board Member (BM), seconded by an Alternate Board Member (ABM). Each constituency also appoints a Constituency Focal Point who is responsible for coordinating information sharing.

The Board meets at least twice a year and works according to Operating Procedures and By-Laws. It is the supreme governing body of the Global Fund, responsible for: strategy development; governance oversight; commitment of financial resources; assessment of organisational performance; risk management; and partnership engagement, resource mobilisation and advocacy. Since June 2016, the Board has had three Committees: Audit and Finance Committee (AFC); Ethics and Governance Committee (EGC); and Strategy Committee (SC).

The Communities Delegation attends every Global Fund Board Meeting, represented by a group of up to 10 people. It presents positions - based on consultation among its members and constituencies - and advocates to stakeholders within and external to the Board. The Delegation also participates in Board Retreats, extraordinary Board Meetings and Committee Meetings. Since June 2016, it has been a member of the Strategy Committee.

The mission of the Communities Delegation is: “To ensure the voices and issues of people living with and affected by HIV, Tuberculosis and Malaria influence the deliberations and decisions on investments and programmes of the Global Fund to achieve greater and sustained impact for communities.” Its goal is: “To ensure that our participation on the Global Fund results in universal access to quality prevention, treatment, care and support for communities living with and affected by the three diseases based on the principles of equity and human rights”. The Delegation works according to three guiding principles.

The Communities Delegation’s Strategy focuses on five Strategic Areas [see illustration]. It was developed in May 2011 and has formed the basis of annual workplans. Since 2010, the Delegation has held an Annual Retreat to induct new members, exchange information and strategise on key issues. Its on-going communication and consultation work is conducted through multiple different media, including listservs, teleconferences, a website and a Facebook page.
The Communities Delegation is comprised of people living with HIV and affected by TB and Malaria\(^7\). There is a maximum of 40 members, with the aim of achieving geographic and gender balance, as well as appropriate disease representation (striving for a minimum of 30% membership from TB and Malaria communities). The members’ roles and responsibilities are outlined in Terms of Reference (ToRs)\(^8\). Their involvement is on a voluntary basis, with the expectation of making 4-8 hours available for Global Fund-related activities per week. As a Delegation, the members constitute a group of representatives of the specific issues, needs and perspectives of communities. The Delegation does not aim to serve as a ‘network’, ‘organisation’ or ‘NGO’.

The Delegation’s BM and ABM also have ToRs, which were revised in 2014 following an Independent Review\(^9\). The Delegation’s members, BM and ABM are selected through transparent procedures, as outlined in the Delegation Handbook\(^10\). Their performance is assessed through the use of key performance indicators (KPIs) listed in their ToRs.

The Leadership Group - comprised of the BM, ABM and Communications Focal Point (CFP) – formally represents the Delegation to the Global Fund Board. The roles and responsibilities of the CFP - the Delegation’s only paid, full-time position - are outlined in ToRs\(^11\). Since 2015, an Administrative Working Group (AWG) – comprised of the Leadership Group and up to four other members of the Delegation - has been appointed to provide support to the Leadership Group. The administration of the Communities Delegation is currently hosted by International Civil Society Support (ICSS), based in the Netherlands.

During 2011-16, the Delegation’s donors included: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Elton John AIDS Foundation (EJAF); Ford Foundation; Global Fund Secretariat; International HIV/AIDS Alliance; Open Society Foundations (OSF); and Stichting Aidsfonds.

The partners of the Communities Delegation include: the other members of the Implementers Group of the Board, including the other civil society Delegations; global key population networks; the Global Fund Secretariat (in particular, the Community, Rights and Gender (CRG) Department); and technical agencies.
### SECTION 2: FINDINGS – RESULTS

Section 2 provides examples of the results achieved by the Communities Delegation in 2011-16, grouped according to the five Strategic Areas of its Strategy. The examples are predominantly sourced from the literature review conducted for the Strategic Review.

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Examples of results</th>
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| **1. Human rights** | - Advocated for and influenced Global Fund policies and investments in human rights-based approaches and programmes for key populations. Including by:  
  - Hosting and/or participating in initiatives addressing human rights. Including: in 2012, co-hosting (with OSF and the United Nations Development Programme (UNDP)) a Human Rights Meeting for Board constituencies, UN agencies and key population groups, with the recommendations taken to the Strategy, Investment and Impact Committee (SIIC) to guide the Global Fund’s work and the Secretariat’s workplan; and, in 2014, participating in a Global Fund workshop in Geneva on managing human rights risks within Global Fund programmes.  
  - Advocating for increased attention to human rights by all relevant bodies within the Global Fund, such as the Technical Review Panel (TRP) and Technical Evaluation Reference Group (TERG).  
  - Advocating for and influencing the consistency of Board operations/policies related to human rights. For example, in April 2015, issuing a press release objecting to the hosting of the Global Fund Partnership Forum in Ethiopia (on the grounds of human rights violations against key populations), leading to the Global Fund Secretariat developing a protocol on the selection of venues.  
  - Advocated for and influenced Global Fund policies and investments in gender equality approaches. Including by:  
    - In 2013, co-facilitating (with ATHENA and AIDS Strategy, Advocacy and Policy (ASAP)) the first-ever communities workshop on gender equality, with the recommendations taken to the SIIC for operationalisation within the Global Fund’s Funding Model. This workshop founded Women4GlobalFund (W4GF) and was followed-up with support to three workshops with: TB advocates (at the World Lung Conference, Paris); Asia-Pacific communities (prior to the International Conference on AIDs in Asia and the Pacific (ICAAP), Bangkok); and Africa communities (prior to the International Conference on AIDs and STIs in Africa (ICASA), Cape Town).  
    - Organising, in 2014, a workshop on the Gender Equality Strategy for the Global Fund Board, involving the Chair and Executive Director and enabling communities to advocate on issues related to Country Coordinating Mechanisms (CCMs) and Country Dialogues.  
    - From 2015, supporting and working closely with W4GF to provide gender equality advocacy and capacity strengthening focused on/for women and girls.  
  - Advocated on access to medicines to benefit communities living with the three diseases. Including through highlighting the priority needs of communities within discussions about: multi drug resistant (MDR) TB; Trade Related Intellectual Property Rights (TRIPs) flexibilities; and the Affordable Medicines Facility (AFM). Also successfully advocated at the 33rd Board Meeting, 2015, for the Global Fund to support prevention and treatment for co-morbidities, including Hepatitis C.  
  - Supported Global Fund capacity strengthening efforts among key populations. For example: in 2014, co-funded participants and provided resource people for a workshop for sex workers from Africa and Asia and the Pacific to engage in the Global Fund, organised by the Global Network of Sex Work Projects (NSWP), Asia Pacific Network of Sex Workers (APNSW) and African Sex Workers Alliance (ASWA); and in 2015, contributed to a global workshop for sex workers from all regions, organised by NSWP and APNSW. |
| **2. Access to prevention, treatment, care and support** | - Market-shaping approaches increase access to optimal treatment for HIV, TB and Malaria for all who need it in Global Fund funded programmes |
| **16.** | |
3. Effectiveness and efficiency

Anticipated outcome: A more transparent, accountable, effective and efficient Global Fund that demonstrates positive, rights-based impact for communities.

- Participated in reviews of the Global Fund’s governance, including, in 2016, a review of its Committees and Board composition.
- Participated in Global Fund Board Retreats and all Board Meetings during 2011-16: 2011 – 23rd Meeting (Geneva, Switzerland), 24th Meeting (Geneva, Switzerland) and 25th Meeting (Accra, Ghana); 2012 – 26th Meeting (Geneva, Switzerland), 27th Meeting (Geneva, Switzerland) and 28th Meeting (Geneva, Switzerland); 2013 – 29th Meeting (Colombo, Sri Lanka) and 30th Meeting (Geneva, Switzerland); 2014 – 31st Meeting (Jakarta, Indonesia) and 32nd Meeting (Montreux, Switzerland); 2015 – 33rd Meeting (Geneva, Switzerland) and 34th Meeting (Geneva, Switzerland); and 2016 – 35th Meeting (Abidjan, Cote D’Ivoire). At each Meeting, conducted pre-meetings (such as with donors and with other members of the Implementers Group, including the other civil society Delegation) to develop and influence positions and to advocate for communities.
- Within the Global Fund Board Meetings, advocated for the issues and needs of communities within Decision Points. Examples include:
  - (Voted against) Decision Point GF/B28/DP04 at the 28th Board Meeting, 2012, on Evolving the Funding Model (Part 2), due to the lack of detail available to understand the implications of the Model for communities.
  - (Abstained from) Decision Point GF/B28/DP07 at the 28th Board Meeting, 2012, on the appointment of Mark Dybul as Executive Director, due to concerns about sex work-related policies while he was Head of the President’s Emergency Program for AIDS Relief (PEPFAR).
  - (Voted for) Decision Point GF/B29/EDP10 at the 29th Board Meeting, 2013, on the Division Between Indicative and Incentive Funding – advocating for the provision of incentive funding and recognition of Unfunded Quality Demand.
  - (Voted for) Decision Point GF/B31/DP06 at the 31st Board Meeting, 2014, on Special Initiatives – advocating for the allocation of US$ 15 million to the CRG Special Initiative for 2014-16.
  - (Voted for) Decision Point GF/B31/DP07 at the 31st Board Meeting, 2014, on Regional Programmes – advocating for the allocation of US$ 200 million for regional/multi-country programmes in the 2014-16 allocation cycle.
  - (Abstained from) Decision Point GF/B31/DP09 at the 31st Board Meeting, 2014, on the Transition from the Third to the Fourth Replenishment Period – advocating on the low ambition of the Funding Model and lack of detail on its implications, in particular for key populations [see case study in Section 3.1].
  - (Voted for) Decision Point GF/B33/DP08 at the 33rd Board Meeting, 2015, on the Policy on Co-Infections and Co-Morbidities – advocating for the Global Fund to fund prevention and treatment for co-infections, including Hepatitis C.
  - (Voted for) Decision Point GF/B35/DP08 at the 35th Board Meeting, 2016, on the Sustainability, Transition and Co-financing Policy - advocating for engagement of, and attention to, key populations in the countries’ assessments, plans and processes for transitioning away from the Global Fund and towards domestic funding.
  - (Abstained from) Decision Point GF/B35/DP10 at the 35th Board Meeting, 2016, on the Allocation Methodology 2017-19 Cycle - advocating for the size of key populations and qualitative factors to be considered, alongside countries’ disease burden and economic indicators.
- Strengthened the Implementers Group on the Board, including by: developing ToRs and protocols for the selection of the nominated Board Chair or Vice-Chair from the Implementers Group; developing the concept note submitted to the Global Fund Secretariat for the first Implementers Group Retreat in 2013; and, since then, participating in annual Implementers Group retreats to bring the constituencies together, identify shared priority needs and develop a workplan.
- Advocated for the Board’s Partners Seat to improve the representation of Malaria and TB issues.
- Advocated for communities’ needs within the deliberations of Board Committees, including, during 2011-16, having members of the Delegation as: the Vice Chair of the SIIC; a member of the SIIC; a member of the Finance and Operational Performance Committee (FOPC); and a member of the Strategy Committee. Also lobbied members of the other Committees when the Delegation lacked direct membership.
- Advocated for strengthening the CRG capacity of the Global Fund Secretariat, including through supporting: the re-establishment of a dedicated CRG team; and the identification of priority issues and Secretariat actions through the Joint Civil Society Action Plan (JCSAP).
- Advocated on communities’ priorities in the Partnership Forums in Sao Paulo (2011) and Addis Ababa, Bangkok and Buenos Aires (2015), as part of the Global Fund’s formal governance structure [see case study in Section 3.1].
• Participated in key Global Fund technical bodies, including the: CRG Advisory Group; Working Group on Health and Community Systems Strengthening (CSS); Human Rights Reference Group (HRRG); CRG Special Initiative Coordinating Mechanism; and Grants Advisory Committee.

• Influenced development of the Global Fund’s (new) Funding Model to address the priority issues of communities. Including by:
  – In 2012, at the 28th Board Meeting, taking a principled position and voting against the introduction of the Funding Model, due to the lack of detail about the impact on communities.
  – In 2012, contributing to development of the JCSAP, with building blocks to ensure communities engagement in all levels of the Model.
  – In 2013, convening an international meeting in Amsterdam to identify key communities issues about the Funding Model. This involved representatives of communities, key population organisations, technical partners and the Global Fund Secretariat, with the recommendations communicated to the SIIC.
  – Throughout the conceptualisation and rollout of the Model, continuously advocating for the meaningful involvement of communities in all stages of the iterative process, from National Strategic Plans for the three diseases to Country Dialogues and Concept Note development.
  – Supporting OSF to conduct research on key population engagement in Global Fund Country Dialogues in three early applicant countries, with the results shared at the 29th Board Meeting.
  – In 2014, conducting research in 11 countries on the engagement of/investment for key populations through the Funding Model, with the findings disseminated, including through an Implementers Group meeting and a paper for the Board[13] [see case study in Section 3.1].

• Influenced development of the Global Fund Strategy 2012-16, including advocating for the first-ever objective on human rights.

• Influenced development of the Global Fund Strategy 2017-22, including by:
  – Inputting the priority concerns of communities into the Strategy development process, such as through: producing regional communities position papers; co-hosting communities consultations, including for the Eastern Europe and Central Asia (EECA) region in Moldova and the Asia and the Pacific region in Bangkok; delivering advocacy messages at multiple events, including the three Global Fund Partnership Forums in Addis Ababa, Bangkok and Buenos Aires; and participating in Global Fund-established initiatives, including the Development Continuum Working Group and Equitable Access Initiative.
  – Sharpening the final content of the Strategy, such as, in Objective 1, clarifying language to specify commitment to scaling-up evidence based interventions with a focus on “key and vulnerable populations disproportionately affected by the three diseases”.
  – Influencing processes to support the operationalization of the Strategy, including the development of corporate KPIs and operational indicators to measure impact in areas such as gender equality and human rights.

• Advocated for the Global Fund to remain global and respond to the needs of communities in all contexts. Including by:
  – Advocating for the on-going application of the NGO Rule for HIV/AIDS, enabling applications from civil society in upper middle-income countries with high, severe or extreme disease burden, for interventions not otherwise provided due to political barriers[14].
  – Advocating for the needs of communities – in particular, key populations - within the assessment, planning and implementation of sustainability and transition policies to move away from Global Fund resourcing and towards increased domestic financing. This included initiatives - such as a communities and civil society consultation in Amsterdam, 2016 - to identify communities advocacy ‘asks’.
### 4. Replenishment and resource mobilisation

**Anticipated outcome:** A financially sustainable fully funded Global Fund that maintains its demand-driven model

- Played a leading role in the Global Fund’s Replenishment campaigns for 2013 and 2016, including through supporting the: development of investment cases; refinement of Replenishment ‘asks’; and mobilisation of key targets, through multiple events. Integrated advocacy for Replenishment into sessions and meetings at major global events, such as the 2016 High Level Meeting (HLM) on AIDS.
- Supported the development of the Global Fund Advocates Network (GFAN), launched in 2011. Including through: identifying communities’ Replenishment ‘asks’; identifying Members to participate in the ‘Here I Am’ advocacy campaign and Speakers Bureau; co-organising events at International AIDS Conferences (IACs), such as a ‘Where Is The Money?’ satellite in 2014 with GFAN, GFAN Asia Pacific (GFAN AP) and the Global Fund Secretariat; and conducting targeted advocacy, such as a press release in 2013, co-issued with the Asia Pacific Network of People Living with HIV/AIDS (APN+), calling on the Australian government to renew its commitment to the Global Fund.
- Supported the development of GFAN AP, launched in 2014. Including through: contributing to meetings organised by GFAN with communities and civil society from Asia and the Pacific at the 11th ICAAP; co-founding the network at a meeting with GFAN, hosted by APN+ and 7Sisters; contributing to GFAN sessions at the IAS in Melbourne, 2014; and, in 2015 in Bangkok, co-organising a meeting to identify the ‘asks’ of communities in the region for the 2016 Replenishment.

### 5. Delegation processes

**Anticipated outcome:** An effective, efficient and accountable Communities Delegation, with stronger capacity, greater institutional memory and functional internal processes

- Developed a Communities Delegation Strategic Plan in 2011, providing the basis for an annual and later 18-month Workplan.
- Held an Annual Delegation Retreat to: update members’ knowledge; review Delegation processes; identify communities’ advocacy priorities; strategise on positions and actions for Committee and Board Meetings; and meet with local communities/civil society. Retreats have been held in: South Africa (2011); Argentina (2012); Lithuania (2013); Cambodia (2014); China (2015); and Kenya (2016).
- Within Annual Retreats, conducted induction of new members, building knowledge about the Delegation and the Global Fund.
- Maintained a Delegation of 20-30 members, with recruitment of new members conducted annually, using a transparent procedure. Efforts conducted to diversify the membership, such as through calls focused on disease areas or geographic regions. Also, comprehensive Members Handbook distributed to all members and regularly updated.
- Selected the Delegation’s BM and ABM, according to a transparent procedure. Commissioned a review of the BM/ABM ToRs, with the recommendations discussed at the 2014 Annual Retreat. Revised ToRs finalised in June 2014, specifying that: at least one of the BM/ABM must be living with HIV; and both must be from an implementing country and living in such a country when they apply.
- Reviewed the Delegation’s management and administration structure in 2015. Maintained the three-person Leadership Group (of BM, ABM and CFP). Established an AWG (including the Leadership) to support the Leadership Group on administrative and internal tasks.
- Reviewed and updated core Delegation policies and processes. For example, in 2016, updated the: policy on conflict of interest; policy on travel; and ToRs for members (including revision of the term and KPIs).
- Based on KPIs outlined in the relevant ToRs, conducted performance appraisals of the Delegation’s BM, ABM, CFP and members.
- Explored ways to maintain involvement of previous Delegation members to access their expertise and maintain institutional memory.
- Conducted on-going internal communications within the Delegation, including through: a Delegation list-serv; teleconference calls; and meetings (such as before Board meetings to prepare the Delegation’s positions).
- Produced external communications tools, including Delegation: communiqués after Board meetings; website; and a Facebook page.
- Mobilised resources for the Delegation through: project funding (for ad hoc meetings); and core funding, including securing a new donor.
- Developed partnerships with key stakeholders, sometimes with a Memorandum of Understanding. Examples of partners included with the: Stop TB Partnership; Roll Back Malaria Partnership; Global Network of People Living with HIV (GNP+); Eurasian Harm Reduction Network (EHRN); and global/regional key population networks. Also built strong relationships with the Global Fund Secretariat, in particular the CRG Department.
SECTION 3: FINDINGS – ANALYSIS

Section 3 analyses the findings of the Strategic Review to identify the Communities Delegation’s strengths, challenges and lessons learned in 2011-16. It also outlines key issues and potential directions for the Delegation in 2017-22.

As summarised in Section 2 the Strategic Review identified multiple examples – predominantly sourced from the literature review - of important results achieved by the Communities Delegation in 2011-16. The following pages combine those results with other inputs into the Review - notably the stakeholder interviews and Delegation Members Survey – to identify the Delegation’s strengths, challenges and lessons learned in the past and outline key questions and potential directions for the future. The analysis is framed by the questions outlined in the Strategic Review’s Enquiry Framework and grouped under strategic messages.

It should be noted that the views reflected in the following pages represent a range of stakeholders, with different levels of familiarity with the Communities Delegation’s work and, as such, diverse opinions. These are shared for the purposes of analysis and transparency – to explore not only what the Communities Delegation actually was and did in 2011-16, but how it was perceived by others.

3.1. Strengths, challenges and lessons in 2011-16

Strategic message 1: The Communities Delegation plays a unique and essential role in the governance and accountability of the Global Fund. It provides a ‘reality check’ - bringing the voices of those living with and affected by the three diseases to the Board’s deliberations and championing communities’ needs, principles and priorities.

A strong message from the Strategic Review was that the Communities Delegation has maintained a unique and essential role in the governance of the Global Fund. The Delegation is, as a representative of a civil society organisation put it, “the most important voice in the entire Board.” Other stakeholders describe it in terms such as “moral compass”, “intellectual integrity” and “ethical conscience”. This reflects how the Delegation provides the voices of those actually living with and affected by the three diseases, reminding the Global Fund of why it exists. It serves as a ‘reality check’ - grounding the Board’s complex and political debates. As a member of the Delegation said: “We understand what happens beyond Geneva, at the grassroots. We bring the reality of what the decisions mean to real people.”

The presence of a Communities Delegation – especially one with voting rights – within the formal governance structure of the Global Fund is still viewed as something ‘special’. It marks the institution out as different to many other global mechanisms, particularly those focused on financing.

"The Communities Delegation has integrity and values and does not compromise; we put people first and foremost. We are bold in our ambitions with a unity of purpose, never intimidated, not giving up or not giving into undue pressure. The Delegation is open, transparent and accountable. We stand out because we are living with the diseases and bring a human face to the reality of HIV, TB and Malaria. Other Board Delegations, and the Global Fund leadership, listen when we speak. We are at the forefront of advocacy, resource mobilisation and committed to human rights in Global Fund programmes. We engage with our communities and influence decisions with the ultimate aim to provide the best care and treatment for the three diseases and to support communities avoid infection. We say and we do and it is always about real people and their challenges. The platform that the Delegation has created allows us to use our expertise and bring our experience to the table in decisions about the money that shapes our lives."

Communities Delegation Handbook
The Communities Delegation has, overall, been an active and vocal constituency within the Global Fund Board and its Committees. It has brought passion to the policy-making processes and shown that, where necessary, it is not afraid to take a principled stance, even when it is the minority or sole voice. It has also played a vital role in strengthening the Implementers Group on the Global Fund Board – working in close coordination with implementing country Delegations and the other civil society Delegations, such as through retreats and pre-Board meetings.

According to the survey of past and present Communities Delegation members, all respondents consider the Delegation to have made either a good (45%) or excellent (55%) contribution to ensuring that the voices and issues of people living with HIV, and affected by TB and Malaria influence the decisions of the Global Fund15. The Delegation is seen to have stood for ‘what’s right’ – putting ethical and people-centred issues on the table, even when it was unlikely to win the argument. For example, it voted against the Global Fund’s (new) Funding Model at the 28th Board Meeting (2012) – in recognition of the lack of evidence about the impact on communities and in protest of the shift from a demand-driven approach. It also abstained from a related Decision Point at the 31st Board Meeting (2014) [see case study below]. The Delegation has also, however, shown maturity and pragmatism – for example, following the Funding Model’s approval, engaging in policy and decision-making to ensure that its rollout best engaged, and addressed the needs of communities.

### Case study: Communities Delegation statement at the 31st Global Fund Board Meeting

“Keeping people alive because we can is the reason we started the Global Fund. Funding available ‘allocation’ is approximately US$ 15 billion. The Board should share a common ambition to see these funds on the ground, where they should be as rapidly as possible, achieving necessary scale up and demonstrating impact, saving lives, and ensuring that those most vulnerable and marginalised have an equitable opportunity to access appropriate, relevant and rights based services. The new CCM guidelines have minimum standards that provide a unique opportunity for communities and key affected populations to be engaged in the process. Communities can now engage and use the Country Dialogue to contribute to the development of a concept note. But we could still end up with no financial resources in our communities and for key populations because priorities will be accorded to commodities, logistics and technical support, since countries have a spending ceiling. The situation will be made worse by a cycle of 4 years instead of 3. Furthermore, we fail to understand the rationale around countries with issues on absorptive capacity if the iterative process is meant to work. We have four points that we will elaborate upon.

1. We understand all too well that there are inadequate resources to provide for all those who have a right to HIV, TB and malaria prevention, treatment, care and support services. We are here to provide a voice for communities living with, and affected by the three diseases, and it is this very constituency who will pay the price for this. Let’s be clear and honest with one another here... on the real cost of the decisions this Board makes. Our communities live, or die.

2. We understand that countries have to make tough choices. Between diseases, between different communities, and where/how interventions are needed to enable programmes to scale up.

3. The history of these epidemics and responses to ‘health issues’ more broadly show us too well that in such contexts, the marginalised and vulnerable become more so. In particular communities of sex workers, transgenders, drug users, migrants and displaced populations, men who have sex with men, young people, women and children.

4. TB is curable and preventable. Investment now ensures cost reductions in the long term. Malaria is curable and preventable. Investment now ensures cost reductions in the long term. Transmission of HIV is preventable. The investment framework that forms the basis of the Global Fund Strategic goals on HIV is clear. Investment now will yield cost reductions in the long term. And ultimately bend the curve. On the basis on an investment case, less money spent through this replenishment period will result in a greater need in the future, with more new cases of AIDS, TB, and malaria, and more deaths.

Finally, this decision will not achieve our shared ambition. We are convinced that there are alternatives that can. While country delegations return home and answer to their capitals, we will return home to face our communities who will still be waiting in line for treatment and other essential services.”
Within an environment of increasingly bio-medical approaches, the Communities Delegation has continuously advocated that the Global Fund should ‘move beyond numbers’ to also address the ‘critical enablers’ of effective responses to the three diseases, such as through attention to human rights and gender equality. Within multiple Board decisions – including GF/B35/DP10 at the 35th Board Meeting (2016), for which it abstained – the Delegation has repeatedly advocated for the Global Fund’s allocation methodology to not only be based on economic indicators and disease burdens, but to address the size of key populations and qualitative factors, in turn providing a proportion of resources to Band 4 countries (of middle-income status, with concentrated epidemics).

While acknowledging its significant contribution, some people interviewed for the Strategic Review – across different stakeholder groups, including those directly involved in the Board – feel that the Communities Delegation could be an even stronger presence, in terms of being more ‘activist’ and ‘challenging’. They argue that, with communities engagement becoming second nature to the Global Fund, the power of that engagement has become diluted, with the Delegation’s positions now rarely causing controversy or being clearly differentiated from those of other constituencies. However, in contrast, other people praise the sophistication of the Communities Delegation – exemplified by its ‘smart’ advocacy tactics (such as, where appropriate, intentionally seeking and developing joint positions with other constituencies) and its mature positioning (such as not being controversial for the sake of it, but ‘choosing their battles’ strategically).

**Strategic message 2:** The Communities Delegation has made a major contribution to critical discussions, decisions and policies by the Global Fund Board. Within these efforts, it has championed the issues that matter most to communities, such as: human rights; meaningful engagement; CSS; eligibility and allocation; sustainability and transition; and funding for Regional Programmes and the CRG Special Initiative.

As illustrated in Section 2, the Strategic Review found extensive evidence of agenda items for the Global Fund Board where the Communities Delegation has had a positive influence – advocating a strong position, bringing an important dimension and, in some instances, serving as the ‘deciding factor’. Such influence has been especially evident in relation to the areas that matter most to communities – such as human rights (including of key populations), meaningful communities engagement and CSS – and to related emerging frameworks and policies within the Global Fund. Examples of the latter include:

- **Eligibility and allocation**, including the ‘NGO Rule for HIV/AIDS’. For example, the Delegation: voted for Decision Point GF/B29/EDP10 at the 29th Board Meeting (2013); abstained from Decision Point GF/B35/DP10 at the 35th Board Meeting (2016); and voted for GF/B35/06 at the 35th Board Meeting (2016).
- **Funding for Regional Programmes and the CRG Special Initiative**. For example, the Delegation: voted for Decision Point GF/B31/DP06 at the 31st Board Meeting (2014); and voted for Decision Point GF/B31/DP07 at the 31st Board Meeting (2014).
- **Co-infections and co-morbidities**. For example, the Delegation voted for Decision Point GF/B33/DP08 at the 33rd Board Meeting (2015).
- **Sustainability and Transition**. For example, the Delegation voted for Decision Point GF/B35/DP08 at the 35th Board Meeting (2016). [See case study]

These Board decisions have – individually and collectively - helped to break down barriers and provide practical entry points for communities. As examples, they have increased the opportunities for key population groups and other civil society organisations to: include human rights programming in Global Fund Concept Notes; apply for Regional Grants; be engaged in the planning and implementation of sustainability and transition processes; and secure resources for Hepatitis C prevention and treatment.
In the Delegation Members Survey, when asked to identify the most important contribution that the Communities Delegation has made to Global Fund policy-making, members most commonly referred to: eligibility and allocation; location of Board-related meetings; financing of co-infections; and sustainability and transition. Further examples cited included the: inclusion of the Partnership for Maternal, Newborn and Child Health (PMNCH) on the Partners Seat on the Board; and strengthening of the Office of the Inspector General (OIG).

In interviews, some stakeholders stated the opinion that the Delegation could achieve an even greater impact if it focused on a smaller number of more strategic priorities. For example, a member of another Board constituency expressed concerned that the Delegation: “Spreads itself too thin – engaging in every single agenda item and every single debate, rather than prioritising a few and developing a specific, in-depth strategy to succeed.” Some other stakeholders questioned whether the Communities Delegation always selects the right priorities. For example, they were unclear as to why the Delegation had focused significant energy on the location of Global Fund-related meetings – something that they considered a side issue in comparison to other Board agenda items. While the Delegation articulates a clear rationale for such a focus – in terms of fulfilling its principle of a human rights-based approach and highlighting punitive legal environments for key populations – this was not heard or understood by some external stakeholders.

Overall, the Review highlighted that attribution remains an on-going challenge for the Communities Delegation. While it has undoubtedly made major contributions to changes within the Global Fund, its influence is rarely in isolation (from other Delegations) or linear (with a direct pathway between its specific actions and a specific outcome). While this raises some reporting challenges, it is recognised as an inherent reality for any individual constituency in a multi-sectoral, global governance body – in particular one that works strategically (such as with the Communities Delegation actively collaborating with other constituencies – in particular the other two civil society Delegations – to form a united front). It also reflects the modus operandi of the Global Fund Board – which operates a double majority voting procedure, whereby decisions require the support of at least seven constituencies from one group in order to pass.

**Case study: Advocacy on sustainability and transition**

In 2015, the Communities Delegation conducted and participated in multiple consultation processes to inform the content of the Global Fund’s new Strategy for 2017-22 and related policies. This included developing and disseminating position papers for the Global Fund’s three regional Partnership Forums, held in Addis Ababa, Bangkok and Buenos Aires. The papers – which were based on meetings and consultations among the Delegation’s constituencies – built upon each other, confirming the crosscutting priorities for communities across the world, as well as identifying specific issues for individual regions.

As an example, the following is an extract from the position paper developed as a result of a consultation co-hosted by the Communities Delegation and EHRN in Chisinau, Moldova, in July 2015. The participants represented: Delegations to the Global Fund Board (Communities, Developed Country NGO, Developing Country NGO and EECA); and regional networks (such as East Europe and Central Asia Union of People Living with HIV (ECUO), EHRN, Eurasian Network of People who Use Drugs (ENPUD), Eurasian Women’s AIDS Network (EWNA), International Treatment Preparedness Coalition Russian (ITPCru), Sex Workers Advocacy Network (SWAN) and TB Europe Coalition (TBEC). The extract focuses on sustainability and transition - an issue identified as a priority concern for communities in the region:

"1. Transition to domestic funding and Global Fund investment in middle-income countries:

- It is essential that the Global Fund reconsider its criteria for countries to be eligible to apply for Global Fund resources. More sensitive criteria should be developed to go beyond epidemiological and economic averages and consider such factors as countries’ readiness to invest in the implementation of best practices for disease control, and the political will to do so."
• The Global Fund needs to develop and implement a strategy for responsible and successful transition to domestic funding for middle-income countries, clearly identifying the following:
  - Criteria for and clear definition of successful transition to domestic funding (developed together with a broad range of partners, including civil society);
  - Requirements for transition stages and processes, including community participation;
  - Monitoring and independent evaluation of countries’ readiness for transition, roll-out of transition processes and successfullness of transition;
  - Identifying key technical support needs of countries for different stages of transition planning and implementation, and providing access to such technical support;
  - Providing the necessary funding – both from the Global Fund and other donors – to secure successful transition;
  - Determining the time frame for successful transition on a country-by-country basis.

• The Global Fund needs to improve the existing - and/or introduce additional - mechanisms to encourage countries to remain adherent to the commitments made and reflected in their concept notes to co-fund Global Fund-supported programmes, and to implement the agreed sustainability plans to ensure the continuation of supported programs and medical activities beyond the termination of Global Fund grants.

• The Global Fund needs to provide openings for meaningful involvement of key affected populations and other civil society representatives at all stages of the strategic planning and project development/implementation processes, as well as in sustainability planning for successful transition to domestic funding to end the three diseases.

• For those countries where governments are able, but not willing, to support programs for key populations, the Global Fund needs to either expand the implementation of ‘the NGO rule’ or develop and enforce other appropriate funding mechanisms to allow NGOs to continue their work with key populations. These funding mechanisms should focus not only on services, but also on solidifying the Community Systems Strengthening components and reducing legal barriers.”

**Strategic message 3:** The Communities Delegation has played a central role in ensuring the high profile of communities’ issues within the core frameworks that guide the Global Fund, notably the (new) Funding Model and the Global Fund Strategies for 2012-16 and 2017-22.

The Review found that, in addition to individual policies, the Communities Delegation has played an important role in shaping the overall models and frameworks that guide the work of the Global Fund. This was identified as a ‘stand out success’ by stakeholders both within the Delegation (through the Members Survey) and external to the Delegation (through the stakeholder interviews).

Out of principle, the Communities Delegation voted against (GF/B28/DP04, 28th Board Meeting) or abstained from (GF/B31/DP09, 31st Board Meeting) Decision Points on the introduction of the Global Fund’s (new) Funding Model. It has, however, made a pragmatic and active contribution to how the Model has been developed, piloted, rolled-out, implemented and improved [see box]. It has, in particular, emphasised that the iterative process in countries should provide: entry points for meaningful engagement by communities (such as through genuinely participatory Dialogues); and opportunities to resource evidence-based programming (such as through including proven, rights-based interventions for key populations in Concept Notes). The Delegation’s activities have included commissioning research into key populations’ engagement in the Funding Model in 11 countries [see case study].

**Shaping the Funding Model**

“The CD ensured that there was extensive dialogue in the discussions around (new) Funding Model. As such, gender, human rights and issues related to stigma were prioritised by GF.”

“The CD was instrumental in ensuring that CSS and gender are key components of the GF policies for implementing the Concept Notes in the NFM, which was a great step into ensuring community voices of the most vulnerable populations are heard for better impact.”

Delegation Members Survey

The Communities Delegation also played a key role in ensuring that, for the first time, a Global Fund Strategy (for 2012-16) included a specific objective on human rights.
More recently – alongside other advocates, including within civil society – it played an even stronger role in shaping the Strategy for 2017-22. The latter includes that: Objective 1 commits to scaling-up evidence-based interventions with a focus on “key and vulnerable populations disproportionately affected by the three diseases”; and Objective 2 specifically focuses on gender equality and human rights. As a representative of the Global Fund Secretariat said: “The new Strategy has undoubtedly got the Delegation’s mark on it.”

The Communities Delegation has consistently emphasised the need for the Global Fund to remain global. For example, it has repeatedly advocated for the provision of funding to Band 4 countries. This has recognised that – within concentrated epidemics, no matter the country’s economic status – those most affected by HIV, TB and Malaria are often neglected by their own governments and lack opportunities beyond the Global Fund to secure programmes and resources. In 2015-16, the Communities Delegation has heavily engaged in strategic discussions about the Global Fund’s Sustainability, Transition and Co-Financing (STC) policy – emphasising the need for transparent transition assessments and plans that respond to the needs of communities and ensure their safe and meaningful engagement, including within oppressive legal environments. Its activities have included co-hosting a consultation, in Amsterdam in May 2016, for communities and civil society to identify their priority needs and ‘asks’ for transition processes. This led to a letter to the Chair, Vice-Chair and Executive Director of the Global Fund, as well as the formation of a dedicated group of civil society and other stakeholders - including foundations - to work on issues of sustainability and transition.

The Communities Delegation has also been a strong supporter of the Global Fund’s targeted strategies for CRG-specific areas. For example, during 2011-16, it contributed to the development and monitoring of the: Gender Equality Strategy and Gender Equality Action Plan 2014-16; and Sexual Orientation and Gender Identity (SOGI) Strategy and Key Populations Action Plan 2014-17.

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**Case study: Research on communities engagement in the Funding Model**

Throughout the development of the Global Fund’s Funding Model, the Communities Delegation repeatedly highlighted the need for the meaningful engagement of key populations and affected communities throughout the iterative processes. After the launch of the Model at the 31st Board Meeting, it commissioned an analysis of 11 countries to assess the reality of engagement, programming and investment for such communities and the support available from the Global Fund Secretariat and technical partners. The key findings included that:

- The Funding Model and its requirements for the engagement of a range of stakeholders had improved the involvement of some key populations in most settings. The explicit requirement for engagement had played an important catalytic role in some contexts, setting the scene for ‘engagement like never before’.
- While people living with HIV networks and organisations appeared to be more strongly involved, the meaningful engagement of communities affected by TB or Malaria, prisoners, men who have sex with men, transgender people, sex workers and people who inject drugs, remained problematic.
- Political contexts in each country - as well as the existing state of the community system and the financial, political and legal frameworks for key populations - impacted the way in which requirements shaped the process and the influence of key populations on national Concept Notes. Longer-term, systemic changes are required to address these barriers, attitudes and laws.

The analysis identified key challenges, including the lack of: clear guidelines on Country Dialogue; clear roles for stakeholders, including technical partners and CCM members; and influence of key populations on the final selection of interventions, implementation modalities and budget allocations. The Delegation recommended: (1) Enforcement of Global Fund requirements for inclusive engagement of key populations; (2) Strengthened and sustainable expertise within the Global Fund Secretariat and technical partners to support community engagement; and (3) Requirements to ensure long-term, strategic investments in costed interventions on human rights, gender and CSS in every Concept Note.
Strategic message 4: The Communities Delegation’s Strategic Plan, based on five Strategic Areas, provided a useful framework to plan and report on its work in 2011-16. However, some of the Plan’s wording became out-dated, while the document was not widely owned or used by the Delegation as a whole.

The Review found that the Communities Delegation’s first ever Strategic Plan – which was based around five Strategic Areas - served as a useful framework for its work in 2011-16. It provided a tool with which to plan and report on the Delegation’s activities in relation to the Global Fund’s:

- Policies, programs and impact - through Strategic Area 1. Human rights and Strategic Area 2. Access to prevention, treatment, care and support.
- Model, strategy and ways of working through Strategic Area 3. Effectiveness and efficiency.
- Resources - through Strategic Area 4. Replenishment and resource mobilisation.

The Strategic Plan also balanced such external-facing work with internal-facing efforts, addressing the Delegation’s own functions (through Strategic Area 5. Delegation processes).

The development of the Delegation’s Strategy took place at a turbulent time for the Global Fund – including with the cancellation of Round 11 and the report of the High Level Panel (highlighting serious concerns around risk and accountability). This led to the Strategy including some language – such as around ‘effectiveness and efficiency’ – that, while relevant at the time, quite rapidly became out-dated. This left the Plan a little ‘clumsy’ - in terms of the Delegation’s evolving work not easily fitting within the Strategic Areas. It also contributed to some of the language being too high level – in terms of not providing a clear indication of what types of actions would be involved.

The Strategic Plan has formed the basis for the Delegation’s annual workplans. These plans have, similarly, provided a useful framework, as well as a tool to support resource mobilisation. However, some stakeholders – notably past and present members of the Delegation itself – have found the workplan to be too complex and inaccessible.

The Review raised questions as to the degree of ownership of the Strategic Plan and annual workplans among the Communities Delegation as a whole. For example, in the Members Survey, high proportions of respondents (59% and 50% respectively) said that they did not know how well the Delegation had performed in relation to its Strategic Areas 4 and 5. This was partly because many of the respondents were new members who, having only joined in 2016, lack institutional knowledge. However, it also seems to reflect that the Strategic Plan has not been a very ‘alive’ document, in terms of being something that all members are familiar with and relate to. Of the members that did express an opinion about the Delegation’s performance, the feedback was broadly positive – with 50%, 45% and 73% (respectively) assessing it as excellent for Strategic Areas 1, 2 and 3.

Two notable gaps in the Delegation’s Strategy developed in 2011 were a theory of change and monitoring and evaluation (M&E) framework. A theory of change could have more clearly expressed how the Delegation aimed to achieve change – not only directly (through its presence in the Board and its Committee), but indirectly (such as by working with other stakeholders to shape or implement Board decisions). Meanwhile, an M&E framework could have made reporting on the Delegation’s results both simpler and more transparent – better articulating the results, while also building accountability among constituents.

In interviews, some stakeholders encouraged the Communities Delegation to be more proactive in its work – advocating for its own vision for the Global Fund and the responses to the three diseases, rather than predominantly reacting to the options on the table. The Delegation is also encouraged to use its Strategy and workplans to foster a more integrated (rather than disease-specific) response to HIV, TB and Malaria, within the context of the Sustainable Development Goals (SDGs).
Strategic message 5: The Communities Delegation has made important efforts to strengthen its internal processes, such as through the clarification of ToRs and the development of transparent policies. However, it remains vulnerable - with high dependence on a small number of individuals and with some key procedures requiring further attention.

As outlined under Strategic Area 5 in Section 2, during 2011-16, the Communities Delegation continued to conduct core internal functions. Examples include that it: held annual retreats; recruited and inducted new members; selected Board Members; disseminated information; and coordinated Delegates for Board meetings. During the period, the Delegation also took significant measures to strengthen some of its internal functions – developing, reviewing and/or changing policies and procedures, such as relating to conflict of interest. The relevant documents were the subject of open discussion within the Delegation and of democratic processes to reach a consensus decision.

The Communities Delegation has also undertaken steps to increase the breadth and diversity of its membership, for example with specific recruitment drives for representatives from Malaria communities. The Strategic Review confirmed that all of these efforts are welcome and important. They represent a significant body of work - in particular by the CFP and Leadership Group - and structural progress for the Communities Delegation, in terms of its effectiveness and accountability. However, the Review also highlighted some major issues about the present and future status of the Delegation. Overall, there is concern that it is, as a current member described it, “worryingly fragile” – with its strength, even existence, being vulnerable to change.

A central, on-going challenge is the number of members who are actively engaged in the Delegation’s position development and decision-making processes. This issue raises tensions on both ‘sides’. On the one hand, the Leadership Group and AWG experience a very heavy workload and feel frustrated when their multiple efforts to engage other members receive little or no response. For instance, there are numerous examples of Delegation teleconferences that have been organised and publicised, only to have a handful of participants. On the other hand, some members perceive the Leadership Group and, more recently, AWG to be closed groups that are inaccessible. Some members also perceive a lack of support in navigating the Delegation’s work, for example with documents sent only in lengthy formats and with impatient responses to enquiries for explanations.

Throughout 2011-16, the need for capacity strengthening and mentoring was consistently identified by the Delegation’s members, especially new ones, including at the Annual Retreats. However, the efforts made to respond – including the provision of induction and a handbook - proved largely ineffectual, due to the lack of time and/or resources to implement them. There remains an unresolved dilemma as to whether – regardless of what is stated in their formal selection criteria and ToRs - new members perceive that they should come to the Delegation pre-equipped with knowledge and skills or whether there are opportunities to strengthen such knowledge and skills once within the Delegation. Resolving this is critical to addressing the challenge of the Delegation needing to, alongside retaining members with experience, build a new cadre of communities representatives.

A further on-going challenge for the Communities Delegation is how to maintain institutional memory – such as about past Board decision points, constituency positions and advocacy strategies. In particular, different approaches have been explored to maintaining the involvement and, in turn, experience of past BMs and ABMs. However, there remains a need for a more systematic mechanism.

The Communities Delegation is credited for its good practice of having a system – based on KPIs listed in the relevant ToRs – for all those involved (members, BM, ABM and CFP) to undergo performance appraisal. This has, where appropriate, been used to end the term of some that have under-performed. However, some of the KPIs have proved challenging to monitor, while there remains debate about the extent to which they are meaningful indicators of engagement and contribution.
In terms of how the Delegation works, the Strategic Review found concern – expressed by both internal and external stakeholders - that it has become over-dependent on the CFP. The position-holder is the sole paid member of staff (although a part-time administrative assistant has occasionally been hired to provide logistical support) and brings extensive experience and institutional memory. These assets are highly valued. However, there is concern that, during periods when the BM or ABM were less effective – and/or the demands on the Delegation were particularly intense – the CFP had to assume significant responsibilities, including representing the Delegation. Under such circumstances, there is fear about the impact of the immense workload, both on the CFP’s wellbeing and on the sustainability of the Delegation (should she become burned-out or leave).

In interviews, some stakeholders – both internal and external - also questioned whether key people within the Delegation have achieved an appropriate balance between core Delegation work and ‘other’ initiatives. The latter include W4GF and GFAN – both of which are directly related to the Delegation’s priorities and included in its Annual Workplans, but are perceived by some to be distractions that should be of a lesser priority, unless additional people can be employed to implement them.

A number of stakeholders consider that, for 2017-22, the Delegation has a particular need for more members with analytical skills (such as to translate communities’ experiences into Global Fund policies) and technical expertise in emerging areas (such Universal Health Coverage (UHC)). In recent years, the Delegation has suffered the loss of several ‘critical thinkers’, due to members dying, experiencing ill health or becoming ineligible for the Delegation (as a result of changing jobs). Critical thinking is an especially vital skill for the BM and ABM. Over the course of 2011-16, the Delegation benefitted from some highly qualified and talented people in these positions - who represented communities with skill and passion and gained significant respect, both among civil society and within the Global Fund. However, across the period, there were what one stakeholder described as “large fluctuations in quality”. Some BMs and ABMs were less effective and representative, for example not consulting with the Delegation prior to Committee Meetings or being dependent on pre-prepared written statements (rather than being able to advocate ‘on the spot’).

The Delegation has succeeded in implementing transparent procedures to select, assess and – as was necessary in one case during 2011-16 – terminate the position of BM/ABM. However, it remains a reality that such processes cannot guarantee appropriately qualified candidates for the position, if the pool of members from which the selection is made is not strong enough. Measures continue to be taken to address this. For example, since 2014, candidates short-listed for membership are interviewed – to ensure that they can communicate effectively in English, to corroborate their engagement with the Global Fund and to ensure they understand the work of the Communities Delegation on the Board.

3.2. Future directions for 2017-22

Strategic message 6: In 2017-22, a strong Communities Delegation will be more important than ever - for keeping the Global Fund global, rights-based and responsive to the real needs of communities. This will require a Delegation that has its own vision and is driven by a clear and prioritised strategic agenda.

A broad message from the Strategic Review was that for its next era – that of 2017-22 – the Communities Delegation should develop as clear and strategic a Strategic Plan as possible. The period is predicted to be a highly challenging one for global health and development in general and the Global Fund in particular. Within it, the role of the Communities Delegation will be more important than ever. Stakeholders – both internal and external – have diverse opinions about what the future of the Delegation should look like, but share a common desire for it to thrive [see box on next page].
A further message from the Review was that the Communities Delegation’s next Strategy should more strongly articulate priorities. Business as usual will not be enough. Instead, the Delegation will need to be more ‘smart’ - with a more defined direction and more efficient ways of working. It should not attempt to ‘do everything’, but, instead, identify and champion matters most to it and to communities.

The Strategy should not only indicate what the Delegation wants to influence, but how – with a theory of change that shows how its actions will bring about both direct and indirect change. Furthermore, the Strategy should have a basic M&E framework that supports the Delegation to track and assess its own results and lessons, as well as to share them with others, including donors.

In the Members Survey, when asked what the overall aim of the Delegation should be in 2017-22, respondents gave varied answers [see box below] 20. However, a common thread of concept and language was inclusion of the voices and needs of communities – including community systems and community responses – in the future development and implementation of the Global Fund’s Strategy, policies and processes and in the responses to the three diseases. Other themes included: ensuring access to funding for communities; and monitoring performance and ensuring accountability of the Global Fund, in particular its CRG-related work.

### Future directions for the Communities Delegation

“We need a stronger, more angry and more fierce Communities Delegation … one that will tell us what is happening for communities, why it matters and what needs to be done to address it.”

Representative of a Delegation to the Board of the Global Fund

“We need a Communities Delegation that is not too fused with the Global Fund beast – one that is part of it, but is focused on making it better and is not scared to make a noise when it’s not performing.”

Representative of a civil society organisation

“In the future, the architecture for the three diseases will change. We need a vocal and strong Communities Delegation – one that can adapt to the changing context, but that also has its own strong vision for the future of the Global Fund.”

Representative of the Global Fund Secretariat

“We need a Communities Delegation that genuinely represents all three diseases.”

Representative of a technical partner

“We need a Delegation of members who are proactive, responsive and engaged. The Delegation can only be as strong as its members.”

Member of Communities Delegation Leadership Group

“We need to learn to be a unit, not three diseases.”

Current Member of the Communities Delegation

“The years ahead are going to be the toughest yet. We need a Communities Delegation that is able and willing to be argumentative and to ask the difficult questions, not one that attends the cocktail parties and shakes peoples’ hands.”

Former member of the Communities Delegation

### The aim of the Communities Delegation in 2017-22

The following are examples of responses to the Members Survey for the Strategic Review:

“To promote the Global Fund’s contribution to supporting community systems strengthening and responses, and to make sure communities play a key role in shaping the Global Fund and its priorities, processes and procedures.”

“To make sure that the money go through to the communities.”

“Advocacy for replenishment ahead of the next cycle. Advocacy of clear key performance indicators and CRG has to have its own indicators that also measure the performance of Global Fund. Work hand-in hand with CCMs so as to facilitate how a country is moving towards transition from Global Fund.”
“To focus on Global Fund impact as it relates to communities involvement.”

“To bring the voices and needs of the community to the Global Fund Board. To be able to advise the board on what works for the communities.”

“To provide strict control and meaningful involvement of communities voices in New GF Strategy and fields around it.”

“To ensure that key populations have a voice that is heard and listened to, in all Global Fund processes.”

“To ensure that CSOs are fully involved in the GF execution of the Strategy.”

“To ensure accessibility of funds to all vulnerable populations and ensure transparency and accountability of GF.”

“Improved and strengthened monitoring of GF funds in countries. There is need to ensure that enough funding gets to the vulnerable communities and not just at higher levels.”

“Ensure the greater and meaningful engagement of affected communities are at the centre of the fast track plan to end AIDS and eliminate TB and Malaria.”

“Increase the voice of the voiceless communities living with HIV and affected by TB and Malaria at the table where decisions are made.”

“Accountability for all.”

“To ensure the most vulnerable people (not countries) … remain at the centre of the Global Fund.”

Across all of the methods used for the Strategic Review, the most commonly identified areas for prioritisation by the Communities Delegation in 2017-22 were:

- Championing community systems and community responses.
- Championing communities’ engagement in all processes related to the Global Fund.
- Keeping the Global Fund global – emphasising issues related to sustainability, transition, and middle-income countries.

The Review highlighted that the Delegation’s 2017-22 Strategy should continue to be framed by the Delegation’s unique role as a formal component of the governance of the Global Fund. It should be informed by what added-value the Delegation can bring and how it can complement the advocacy efforts of other stakeholders, including those within wider civil society who influence other aspects of the Global Fund. The actions should address what the Delegation can do before/during/between both Board Meetings and Committee Meetings. In relation to the latter, the Delegation should develop a sub-strategy for how it will maximise its seat on the Strategy Committee, secured in 2016.

The Review also suggested that the Delegation’s next Strategy should not only react to the Global Fund’s Strategy for 2017-22, but be proactive – providing the Delegation’s own vision for the future. This should be based on the needs, concerns and aspirations of communities. However, it should also be informed by the changing environment. This includes in relation to the: civil society architecture (for example, recognising that movements of people living with HIV may become less powerful); and health and development landscape (such as with increased attention to integration across disease areas, within the context of the SDGs). The Delegation should have a long-term view that, for example, considers how the ‘gains’ of the Global Fund (such as for communities participation and investment in key populations programmes) could be maintained even if, for example, CCMs were to become redundant or the Global Fund were to widen its remit or merge with another institution.
Strategic message 7: To fulfil its Strategy for 2017-22, the Communities Delegation will need to be fit for purpose. This will involve implementing its existing internal processes, while further strengthening key areas such as its: representation across the three diseases; active engagement of members in developing positions; and expansion of partnerships beyond the ‘usual suspects’.

The Strategic Review found that, to succeed in its next era, the Communities Delegation will need to not only have a strong Strategy, but be fit for purpose as an entity. This will involve continuing the good work carried out to date – such as in developing the Delegation’s policies and conducting transparent recruitment process (for Delegation members and the BM/ABM). It will also involve continuing to implement core processes, such as the: provision of an annual Delegation Retreat; coordination of a Delegation list-serv; organising of teleconferences to discuss upcoming issues for Committee Meetings; and coordination of a Delegation group at each Board Meeting.

However, the Delegation’s future success will also require attention to critical areas of effectiveness, representation and accountability that require further strengthening. According to the Review’s literature review, stakeholder interviews and Members Survey, examples of such areas include:

- Addressing specific gaps and weaknesses in the Delegation’s membership, such as by:
  - Further expanding the Delegation’s membership among TB and Malaria communities, including through targeted membership drives in collaboration with technical partners.
  - Proactively addressing geographical gaps in the Delegation’s membership, such as, currently, for West Africa, the Middle East and North Africa (MENA) and Latin America and the Caribbean.
  - Recruiting members from specific key and vulnerable populations, including those for TB and Malaria.
- Reviewing the Delegation’s position-making processes to identify innovative and sustainable ways to relieve the workload on the Leadership Group and to motivate and engage a larger number of members.
- Exploring options to develop and resource a capacity building and mentoring programme for Delegation members, in particular those that are new and/or young. This could address information and skills relating to both: the Global Fund; and relevant technical areas, such as gender equality and human rights. It could include exploring linkages with existing capacity building and information-sharing initiatives - such as the Regional CRG Communication and Coordination Platforms and grants to global/regional key population networks (in partnership with the Robert Carr Civil Society Networks Fund (RCNF)), supported through the Global Fund’s CRG Special Initiative.
- Revisiting how to retain and/or make better strategic use of former Delegation members, including past BMs and ABMs.
- Taking a fresh look at the Delegation’s communications methods and tools, in particular to:
  - Explore ways to ensure the further breakdown of complex Global Fund information into user-friendly tools and to mobilise interest among a larger number of members and external stakeholders. This could, again, involve forwarding such information released by the Regional CRG Communication and Coordination Platforms, as well as other initiatives such as AIDSpan.
  - Better ‘keep in touch’ with key partners – such as other Delegations, beyond the Implementers Group - not only before and during, but in between Board meetings.
- Ensuring that members have - and make good use of - links to their constituencies in order to facilitate consultation and feedback on Board agenda items.
- Exploring ways to ensure access to relevant technical/analytical skills for the Delegation – such as through the recruitment/retention of members that offer such skills and/or through the development of partnerships to access such skills from external stakeholders.
• Taking steps to proactively build a cross-disease and integrated approach within the Delegation – such as building mutual knowledge on programming for HIV, TB and Malaria.
• Strengthening succession planning within the Delegation to prepare and protect it from the impact of key members lessening their involvement or leaving.
• Reviewing and better enforcing a simple process of performance appraisal for all involved in the Delegation, including the use of practical KPIs.
• Clarifying the Delegation’s relationship with, and capacity to invest in, other Global Fund-related platforms, such as W4GF and GFAN – to ensure that all stakeholders are clear about how such efforts support the Delegation’s core work.
• Strengthening the Delegation’s partnerships with stakeholders beyond the ‘usual suspects’, such as including:
  – Other constituencies to the Board of the Global Fund, beyond the Implementers Group.
  – Other Divisions within the Global Fund Secretariat, beyond the CRG Department.
  – Technical partners with the relevant expertise to address emerging issues (such as UHC and resistance to HIV, TB and Malaria medicines).

SECTION 4. CONCLUSIONS

Section 4 presents the conclusions from the Strategic Review.

As detailed in Section 3, the strategic messages from the Strategic Review were:

<table>
<thead>
<tr>
<th>Strategic messages from Strategic Review</th>
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<tbody>
<tr>
<td><strong>Strategic message 1:</strong> The Communities Delegation plays a unique and essential role in the governance and accountability of the Global Fund. It provides a ‘reality check’ - bringing the voices of those living with and affected by the three diseases to the Board’s deliberations and championing communities’ needs, principles and priorities.</td>
</tr>
<tr>
<td><strong>Strategic message 2:</strong> The Communities Delegation has made a major contribution to critical discussions, decisions and policies by the Global Fund Board. Within these efforts, it has championed the issues that matter most to communities, such as: human rights; meaningful engagement; CSS; eligibility and allocation; sustainability and transition; and funding for Regional Programmes and the CRG Special Initiative.</td>
</tr>
<tr>
<td><strong>Strategic message 3:</strong> The Communities Delegation has played a central role in ensuring the high profile of communities’ issues within the core frameworks that guide the Global Fund, notably the (new) Funding Model and the Global Fund Strategies for 2012-16 and 2017-22.</td>
</tr>
<tr>
<td><strong>Strategic message 4:</strong> The Communities Delegation’s Strategic Plan, based on five Strategic Areas, provided a useful framework to plan and report on its work in 2011-16. However, some of the Plan’s wording became outdated, while the document was not widely owned or used by the Delegation as a whole.</td>
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<tr>
<td><strong>Strategic message 5:</strong> The Communities Delegation has made important efforts to strengthen its internal processes, such as through the clarification of ToRs and the development of transparent policies. However, it remains vulnerable - with high dependence on a small number of individuals and with some key procedures requiring further attention.</td>
</tr>
<tr>
<td><strong>Strategic message 6:</strong> In 2017-22, a strong Communities Delegation will be more important than ever - for keeping the Global Fund global, rights-based and responsive to the real needs of communities. This will require a Delegation that has its own vision and is driven by a clear and prioritised strategic agenda.</td>
</tr>
<tr>
<td><strong>Strategic message 7:</strong> To fulfil its Strategy for 2017-22, the Communities Delegation will need to be fit for purpose. This will involve implementing its existing internal processes, while further strengthening key areas such as its: representation across the three diseases; active engagement of members in developing positions; and expansion of partnerships beyond the ‘usual suspects’.</td>
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</table>
Overall, the Strategic Review confirmed that the Communities Delegation has continued to play a unique role in the governance and policy-making of the Global Fund. In 2011-16, it achieved many results, influencing policies and processes that, ultimately, bring multiple benefits to engagement, programmes and investments for communities living with HIV, and affected by TB and Malaria.

As an entity, the Delegation has made significant progress in putting in place the policies and systems necessary to ensure its quality and accountability. However, it has struggled with the challenge of representing a global community of diverse stakeholders – plus working within a complex and ever-changing global health institution – while having a modest level of financial resources and human capacity.

The Communities Delegation faces its next era – that of 2017-22 – with a strong reputation and significant respect from its peers. It has unprecedented opportunities – notably with a new Global Fund Strategy that gives its core issues (such as of human rights, gender equality and community systems) an unprecedented profile. However, the Delegation also faces uncertainties and threats. Within an increasingly tense and complex environment, it will need to hold firm to its principles, while also identifying strategic priorities and ‘smart’ ways of working. It will also need to ensure that the Delegation itself is fit for purpose – as a strong, representative and well-informed group.

SECTION 5. NEXT STEPS

Section 5 builds on the findings and conclusions of the Strategic Review to suggest next steps for the Communities Delegation, in terms of key questions and potential directions to be addressed in its Strategic Plan for 2017-22.

Based on the findings and conclusions of the Strategic Review, it is suggested that, as next steps to inform and develop its work for 2017-22, the Communities Delegation should:

1. Develop a clear and strong Strategic Plan, in line with the timeframe of the Global Fund’s Strategy 2017-22. This should: outline the Communities Delegation’s priorities; include a theory of change; and provide a monitoring and accountability framework. It should be the subject of a review after approx. two years.

The Communities Delegation should develop a ‘next generation’ Strategic Plan that clearly and confidently articulates its role and priorities for 2017-22. This should – rather than attempting to cover everything - focus on strategic priorities that the Delegation will champion. The Plan should include a monitoring framework – to enable the Delegation to assess its work and be held to account, in particular by its constituencies.

The Strategic Plan 2017-22 should include a theory of change. This would support the Communities Delegation to more clearly think through and articulate how its work not only achieves short-term results (outputs), but influences wider and longer-term change (outcomes and impact). It should address both the Delegation’s: direct role (such as in shaping the content of Global Fund policies approved by the Board); and indirect role (such as in collaborating with other stakeholders to roll-out and/or watchdog such policies). The theory of change should be simple, user-friendly and fully integrated into the Delegation’s Strategic Plan. It should provide a tool that will enable the Delegation to check-in on how its work catalyses change and how it fits within the wider civil society architecture of the response to the three diseases and global health.
The Strategic Plan should be presented in an attractive and user-friendly way – enabling it to support the Communities Delegation’s resource mobilisation work, while also serving as a ‘live’ and practical tool to support the members and Leadership to keep focused and make appropriate decisions. The Plan should be freely available, for example on the Delegation’s website.

The Strategic Plan should be the subject of a review after its initial implementation (approx. two to three years) to check its relevance and effectiveness and, as required, to make modifications.

2. **Identify a limited number of strategic priorities for 2017-22 that reflect both: what matters most to communities living with HIV and affected by TB and Malaria; and where the Communities Delegation can, as part of the governance of the Global Fund, bring the greatest influence and added-value.**

As noted above, the Strategic Plan should outline the key issues that the Communities Delegation will champion in 2017-22 – in terms of investing the most energy and achieving the highest profile. These priorities should reflect both: the priority needs of communities living with and affected by the three diseases; and the issues to which the Communities Delegation can bring particular value (for example, in the case of issues that can only be decided by the Global Fund Board and/or that are neglected by other Board constituencies). As examples for consideration, the Strategic Review indicated that such priorities might include:

- Investment in community systems and community responses.
- Communities engagement in sustainability and transition.
- Monitoring the implementation of the human rights, gender equality and CSS aspects of Global Fund Strategy 2017-22.

3. **To achieve its identified priorities, further develop the Communities Delegation’s strategic partnerships, with attention to both: strengthening the effectiveness of its work with existing key partners (notably other constituencies on the Board of the Global Fund); and exploring new partnerships (to address the changing environment and emerging issues).**

The development of the Strategic Plan for 2017-22, including the defining of priorities, should provide the Communities Delegation with an opportunity to review ‘what works’ in its partnerships with other stakeholders. In turn, the Delegation should identify ways to strengthen or expand its work with existing partners, such as the civil society and other constituencies on the Board. It should, however, also be open to new partnerships – in particular with entities that can provide expertise or advocacy support on emerging topics of relevance to the future of the Global Fund and the responses to the three diseases.

4. **Within its Strategic Plan for 2017-22, be mindful of continuing to achieve an effective balance between external-facing advocacy work and the internal-facing development, sustainability and accountability of the Communities Delegation itself.**

As a general principle, within the development of its Strategic Plan for 2017-22, the Communities Delegation must ensure that it achieves a healthy and appropriate balance between its outward-facing advocacy work and the development and sustainability of itself as an entity. As outlined in Section 3, the Strategic Review indicated that further energy and resources could be invested in efforts to: address specific gaps and weaknesses in the Delegation’s membership; strengthen member participation in position-making processes; and explore options for capacity strengthening and mentoring for members.
5. **Among the Delegation and with external partners, identify and debate key strategic questions that will shape the future work of the Communities Delegation within the context of the evolving response to the three diseases, health and financing architecture and role of the Global Fund.**

To inform its Strategic Plan for 2017-22, the Delegation should hold in-depth discussions – both among its members and, where relevant, with other key stakeholders - about key questions identified through the Strategic Review. The discussions could be conducted through multiple communication channels, including the Delegation’s list-serv, social media and an in-person meeting. Examples of key questions include:

- **What type of Global Fund does the Communities Delegation want to see in 2017-22 and beyond?**
- **What steps can – or cannot - the Communities Delegation take to make that Global Fund a reality? What factors can – or cannot – the Delegation influence?**
- **What difference will the wider global health and development trends – such as towards greater integration of health responses - make to the work of the Global Fund and Communities Delegation? How can the Communities Delegation best prepare for and respond to those trends?**
- **What ‘intelligence’ does the Communities Delegation have about ways in which the Global Fund is likely to change in 2017-22 and beyond? Will ‘rumours’ – such as of it becoming a Global Fund for Health – be likely to come true and what would be the implications for the Delegation?**
- **Which issues – among the many of concern to the Communities Delegation – will other constituencies to the Global Fund Board be championing in 2017-22? What are the implications for what the Delegation should, therefore, prioritise?**

6. **Use the opportunity of developing and publishing the Strategic Plan 2017-22 for a ‘communications drive’ to clearly articulate to key stakeholders: what the Delegation is (and is not); how it works; and what issues it champions.**

There is a need for the Communities Delegation to continuously conduct clear communications about the ‘basics’ of its purpose, role and work. The production of a Strategic Plan for 2017-22 will provide a strategic opportunity for a ‘communications offensive’ among a wide range of relevant stakeholders. Such communications should serve to manage expectations of what the Delegation is (and is not) and also to highlight – to current and potential partners – opportunities for shared agendas and collaboration.
ANNEX 1: STRATEGIC REVIEW ENQUIRY FRAMEWORK

<table>
<thead>
<tr>
<th>Part A: Review of Communities Delegation Strategic Plan 2011-16</th>
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</thead>
<tbody>
<tr>
<td><strong>In 2011-2016:</strong></td>
</tr>
<tr>
<td>1. What <strong>overall contribution</strong> did the Communities Delegation make to the governance and policy-making of the Global Fund?</td>
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<tr>
<td><em>For example:</em> What unique role did the Delegation play? What added value did it bring? What difference did it make?*</td>
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<tr>
<td>2. What <strong>concrete results</strong> did the Communities Delegation achieve within the governance and policy-making of the Global Fund?</td>
</tr>
<tr>
<td><em>For example:</em> What decisions, policies or resource allocations did the Delegation influence? What communities’ issues did it raise? What evidence did it bring? What opinions did it change?*</td>
</tr>
<tr>
<td>3. How appropriate and effective were the five <strong>Strategic Areas</strong> used as the framework for the Communities Delegation’s Strategic Plan for 2011-16?</td>
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<tr>
<td><em>The Strategic Areas were:</em></td>
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<tr>
<td>Strategic Area 1: Human rights</td>
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<td>Strategic Area 2: Access to prevention, treatment, care and support</td>
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<td>Strategic Area 3: Effectiveness and efficiency</td>
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<tr>
<td>Strategic Area 4: Replenishment and resource mobilisation</td>
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<tr>
<td>Strategic Area 5: Delegation processes</td>
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<tr>
<td><em>For example:</em> Were the 5 Strategic Areas the right ones to focus on? Should the Delegation have focused on something different? Was there an appropriate balance across the Areas?*</td>
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<tr>
<td>4. What <strong>lessons</strong> did the Communities Delegation learn - in terms of the key challenges and success factors for its work?</td>
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<tr>
<th>Part B: Development of Communities Delegation Strategic Plan 2017-2022</th>
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<tr>
<td><strong>In 2017-22:</strong></td>
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<tr>
<td>5. Overall, what should the Communities Delegation <strong>aim</strong> to achieve?</td>
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<tr>
<td>6. What <strong>strategic areas</strong> (types of work) should the Communities Delegation use to achieve that aim?</td>
</tr>
<tr>
<td>7. What <strong>issues</strong> should the Communities Delegation prioritise to achieve that aim?</td>
</tr>
</tbody>
</table>
ANNEX 2: STRATEGIC REVIEW LITERATURE REVIEW

4. Workplan for 2016-17 (Draft), Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2016.
5. Interim Project Grant Report to Open Society Foundations 01/31/2012, Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012.
8. Interim Project Grant Report to Open Society Foundations 01/31/2015, Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2015.
12. Communities Delegation Calls On Australia For Renewed Commitment And Invest In The Global Fund To Fight Aids, Tuberculosis And Malaria, Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria and APN+, 5 November 2013.
17. Communities Consultation on the Global Fund’s New Funding Model, Amsterdam, Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, January 2013.
23. Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria: website; http://www.globalfundcommunitiesdelegation.org
## ANNEX 3: STRATEGIC REVIEW STAKEHOLDER INTERVIEWS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td><strong>Past/present members of the Communities Delegation:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Rico Gustav</td>
<td>(Current/Outgoing) Alternate Board Member, Communities Delegation</td>
</tr>
<tr>
<td>2. Alexandr Curasov</td>
<td>(Current/Outgoing) Board Member, Communities Delegation</td>
</tr>
<tr>
<td>3. Rachel Ong</td>
<td>(Current) Communications Focal Point, Communities Delegation</td>
</tr>
<tr>
<td>4. Shaun Mellors</td>
<td>(Past) Board Member, Communities Delegation</td>
</tr>
<tr>
<td>5. Maurine Murenga</td>
<td>(Current) Delegation Member, Communities Delegation</td>
</tr>
<tr>
<td>6. Louis da Gama</td>
<td>(Current) Delegation Member, Communities Delegation</td>
</tr>
<tr>
<td>7. Carol Nyirenda</td>
<td>(Current) Delegation Member and (Former) Board Member, Communities Delegation</td>
</tr>
<tr>
<td>8. Javier Hourcade Bellocq</td>
<td>(Former) Board Member, Communities Delegation</td>
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<tr>
<td><strong>Civil society stakeholders:</strong></td>
<td></td>
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<tr>
<td>10. Sergey Votyagov</td>
<td>Eurasian Harm Reduction Network (EHRN)</td>
</tr>
<tr>
<td>11. Ruth Morgan Thomas</td>
<td>Global Network of Sex Work Projects (NSWP)</td>
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<tr>
<td><strong>Global Fund Secretariat:</strong></td>
<td></td>
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<tr>
<td>12. Mark Dybul</td>
<td>Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>13. Carole Presern</td>
<td>Governance Department, the Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>14. Kate Thomson</td>
<td>Community, Rights and Gender Department, the Global Fund to Fight AIDS,</td>
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<tr>
<td></td>
<td>Tuberculosis and Malaria</td>
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<tr>
<td>15. David Traynor</td>
<td>Community, Rights and Gender Department, the Global Fund to Fight AIDS,</td>
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<tr>
<td></td>
<td>Tuberculosis and Malaria</td>
</tr>
<tr>
<td>16. Pauline Mazue</td>
<td>Senior Advocacy Officer, the Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td><strong>Other constituencies of the Global Fund Board:</strong></td>
<td></td>
</tr>
<tr>
<td>17. Hristijan Jankulowski</td>
<td>Communications Focal Point, Developed Country NGOs Delegation</td>
</tr>
<tr>
<td>18. Aida Kurtovic</td>
<td>Vice-Chair of the Global Fund Board; (Former) Board Member of EECA</td>
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<tr>
<td></td>
<td>Implementers Group</td>
</tr>
<tr>
<td>20. Kieran Daly</td>
<td>Bill and Melinda Gates Foundation, Private Foundations Group</td>
</tr>
<tr>
<td><strong>Donors of the Communities Delegation:</strong></td>
<td></td>
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<tr>
<td>21. Heather Benjamin</td>
<td>Open Society Foundation (OSF)</td>
</tr>
<tr>
<td><strong>Technical partners of the Communities Delegation:</strong></td>
<td></td>
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<tr>
<td>22. Deborah von Zinkernagel</td>
<td>United Nations Program on AIDS (UNAIDS)</td>
</tr>
<tr>
<td>23. Lucica Ditiu</td>
<td>Stop TB Partnership</td>
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ANNEX 4: STRATEGIC REVIEW DELEGATION MEMBERS SURVEY

The following summarises the results of the Delegation Members Survey conducted as part of the Strategic Review, with a total of 22 responses received:

A. Past work of the Communities Delegation

1. In your opinion, what overall contribution has the Communities Delegation made between 2011-16 to ensuring that the voices and issues of people living with HIV and affected by TB and Malaria influence the decisions of the Global Fund? [Please select one option]

[Total of 22 respondents]

- Poor contribution: -
- Good contribution: 45% (10 respondents)
- Excellent contribution: 55% (12 respondents)
- Do not know: -

2. In your opinion, what is the most important contribution that the Communities Delegation has made to the governance and policy-making of the Global Fund between 2011-16? [Please give one example, such as of: a policy that the Delegation influenced; a Board decision point that the Delegation shaped; an issue that the Delegation advocated on; evidence that the Delegation highlighted; or a process that the Delegation coordinated]

[Total of 22 respondents]

Comments:
- They contributed in voting of an Officer for Governance. Board decision in some location where meetings were held, for example board meetings. Delegation contributed to key performance indicators for Strategic Plans.
- One very amazed to influence the TGC in the BM decision.
- The recent inclusion of the partnership for Maternal and Child Health on the Board.
- I can only speak for my term (since last year); I guess our most important contribution is bringing communities, human rights and gender agenda to the development of the Strategy, KPIs and policies (STC, allocation, eligibility)
- The Delegation influenced financing for co-infection like Hep C. The Delegation influenced the inclusion of Partnership of Maternal, New Born and Child Health as part of the Delegation members. The Delegation also influenced the use of Key Population Multiplier as a funding determinant for Band 4 countries. We had a strong influence for inclusion of gender as a part of Strategic Objective.
- Development of the Gender and SOGI Strategies. Ensuring that laws banning people living with HIV to travel to certain countries where removed.
- The Delegation coordinated the question about Hep C and transition period 2017-2022 Strategic KPI Framework.
- BM 33 access to HCV treatment among KPs.
- The work on transition has limited the damage from poor decision making by the Global Fund.
- In my opinion, the Delegation played a very important role in ensuring that the Board critically look into strengthening the position of the affected population in TB to be more active across the globe.
- The Delegation influenced the decision on the eligibility policy. The sustainability and transition policy.
- Fronting names for CD member to be on SIIC and other decision-making Committees was very good.
- They influenced the decision to strengthen the OIG.
- Drug patenting (law or policy) that enhanced availability of HIV and TB commodities to low resource countries.
• The CD ensured that there was extensive dialogue in the discussions around (New) Funding Model. As such, gender, human rights and issues related to stigma were prioritized by GF.

• The New Strategic Plan 2017-2021. Resource mobilization under the GFAN (Global Fund replenishment).

• Global Fund replenishment in mobilizing funds through GFAN. The new Global Fund Strategy 2017 with much focus on community system strengthening.

• Replenishment and community support.

• The CD was instrumental in ensuring that CSS and gender are key components of the GF policies for implementing the Concept Notes in the NFM, which was a great step into ensuring community voices of the most vulnerable populations are heard for better impact.

3. In its Strategic Plan for 2011-16, the Communities Delegation outlined five Strategic Areas (i.e. areas of work). How well do you think the Delegation has performed in each of these areas? [Please select one option for each Strategic Area]

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Poor performance</th>
<th>Good performance</th>
<th>Excellent performance</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Area 1: Human rights</td>
<td>-</td>
<td>-</td>
<td>50%</td>
<td>41% (9 respondents)</td>
</tr>
<tr>
<td>Strategic Area 2: Access to prevention, treatment, care and support</td>
<td>-</td>
<td>-</td>
<td>45%</td>
<td>50% (11 respondents)</td>
</tr>
<tr>
<td>Strategic Area 3: Effectiveness and efficiency of the Global Fund</td>
<td>-</td>
<td>5%</td>
<td>73%</td>
<td>23% (5 respondents)</td>
</tr>
<tr>
<td>Strategic Area 4: Replenishment and resource mobilisation for the Global Fund</td>
<td>-</td>
<td>5%</td>
<td>32%</td>
<td>59% (13 respondents)</td>
</tr>
<tr>
<td>Strategic Area 5: Delegation processes</td>
<td>-</td>
<td>9%</td>
<td>36%</td>
<td>50% (11 respondents)</td>
</tr>
</tbody>
</table>

B. Future directions for the Communities Delegation

4. In 2017-22, should the Communities Delegation focus on the same five Strategic Areas or work differently?

[Total of 21 respondents]

• Yes, the Delegation should focus on the same Strategic Areas: 67% (14 respondents)

• No, the Delegation should work differently: 33% (7 respondents)

Please explain why:

− All the Strategic Areas are of great importance. We need to further align them with the new 2017-2022 Global Fund Strategy. Also these Strategic Areas should align with new Sustainable Development Goals.

− Because the Global Fund Strategy also changes.

− These are key areas that will help the GF achieve the impact that is needed, on other hand we should also focus on Communities Systems Strengthening as a core strategic focus. As we join the not so comfortable movement for the end of the Global Fund, sustainable community systems shall be necessary in ensuring that the gains made are sustained. The Delegation needs to also focus on issues around transition and sustainability.

− I think we need Strategic Areas aligned with the global goals and present situation and policies of the GF. For example I see an urgent need to focus on key populations, if we are to end AIDS and our goal is to leave no one behind. In addition we need to address issues on transition and what will happen in countries who are or will soon transition for example LAC. We need to revisit and see how well this Strategic Areas cover all issue in concern.

− The Delegation should now introduce gender equality and sustainability and transition as Strategic Areas. These could be fitted in the existing ones or as standalone.
Yes I support the Community Delegation to focus on the same five Strategic Areas because it addresses most critical concerns of the Global Fund.

- The same 5 Areas + transition processes.
- Drop Area 3 and 4 and replace with transition and greater emphasis on Key Populations.
- Strategic Area 2 should take precedence over the others as this is were ownership can be taken.
- It will help keep track on the strategies we have started and push them further
- There is need to focus on other Strategic Areas as well. Notably is the monitoring of Global Fund utilization/management in the countries. There is a big gap despite the OIG, there is need to strengthen the monitoring. It is a very well known fact that most the Global Fund does not reach the vulnerable communities. Need to revisit the number of employees at PMU. The other Strategic Area to be included is the strengthening of the KPI especially in Malaria.
- The focus can continue with the same areas but they need to add a few other new Strategic Areas like:
- And also prioritize, gender equality and GIPA in Strategic Direction 1.
- We only need to include gender equality as it’s inter-related to human rights.
- Yes, but with a real participation of the CD members, always the same members at the meetings, processes etc.
- A lot of progress were made but we are still far over from being done, so we should focus on these Strategic Areas using the capacity built in the previous years.

- Do not know

5. In 2017-22, what should be the overall aim of the Communities Delegation?

[Total of 21 respondents]

Comments:

- Advocacy for replenishment ahead of the next cycle. Advocacy of clear key performance indicators and CRG has to have its own indicators that also measure the performance of Global Fund. Work hand-in hand with CCMs so as to facilitate how a country is moving towards transition from Global Fund.
- To make sure that the money go through to the communities needs.
- To focus on Global Fund impact as it relates to communities involvement
- To promote the Global Fund’s contribution to supporting community systems strengthening and responses, and to make sure communities play a key role in shaping the Global Fund and its priorities, processes and procedures.
- To bring the voices and needs of the community to the Global Fund Board. To be able to advise the Board on what works for the communities.
- Building the capacities of communities to advocate effectively in issues around human rights, gender, domestic financing at national levels
- Replenishment 2. Gender equality 3. Education and team building
- The overall aim of the Communities Delegation from 2017-2022 to focus on the five Strategic Areas critically than before and involvement of all members.
- To provide strict control and meaningful involvement of Communities voices in New GF Strategy and fields around it.
- To ensure that Key Populations have a voice that is heard and listened to, in all Global Fund processes.
- To ensure that CSOs are fully involved in the GF execution of the Strategy.
- To ensure that the take our position and push for decisions that make an impact to the communities.
- To ensure accessibility of funds to all vulnerable populations and ensure transparency and accountability of GF.
- Improved and strengthened monitoring of GF funds in countries. There is need to ensure that enough funding gets to the vulnerable communities and not just at higher levels. The Global Fund should be used for its intended purposes to save lives and not for salaries to PMU officers.
- To ensure that the global response to the three disease conditions is approached from the perspective of communities infected and affected by these three conditions.
- Ensure the greater and meaningful engagement of affected communities are at the centre of the fast track plan to end AIDS and eliminate TB and Malaria.
• Increase the voice of the voiceless communities living with HIV and affected by TB and Malaria at the table where decisions are made.
• A real connection and work among the regions related the GF processes.
• Accountability for all.
• To ensure the most vulnerable people (not countries) affected by the 2 diseases remain at the centre of the Global Fund

Any other comments

6. Is there anything more that you would like to say about the Communities Delegation’s past work (in 2011-16) or future directions (for 2017-22)? For example are there: Key lessons that the Delegation has learned? Key issues (such as about the changing environment) that the Delegation should consider? Partnerships that the Delegation should explore? Changes to make to how the Delegation works?

[Total of 20 respondents]

Comments:
• Communities Delegation should work hand in hand with existing platforms such as GF4Women.
• The Communities Delegation should work to the ground also to hear more the problems in the field.
• The Delegation has grown in maturity and has gained credibility at the Board as evidenced by the inclusion on the SIIC. We remain with the challenge of retention of passionate members of the Delegation, however this was somehow address with the open-ended term. There are positive networking opportunities at the Board, which includes the introduction of much more focused Board members of the implementing countries delegations, ESA, LAC, WCA and MENA, the Delegation needs to expand its reach and work with these constituencies more.
• The Delegation should continue building its capacity through strengthening the capacities of its members
• We need to look at the effects of transition, income classification and key populations and partnerships with global networks of key populations.
• Delegation should have training sessions on issues such as gender equality, human rights and community systems strengthening.
• The Communities Delegation should make it a priority that in every country where they have a retreat, efforts should be made to also meet with policy makers so that they can sensitize them of our work and form strategic working arrangements, whether in donor or implementing countries
• Save partnerships with others Delegations, partners and inside CD.
• For future directions 2017-2022 community to advocate for the vulnerable population e.g. PWDS to be more targeted for prevention, care and support right from CCM level because this category of people are left out. We need every body on board to end the virus.
• Lessons - sometimes we should be more confront and aggressive in lobbying our interests. Key issue - PLHIV and key affected populations are still weak in understanding of GF processes. We should popularize and simplify meaningful involvement. Partnerships - we should explore whole range of Communities Forums which are Consultations with all Global KP Networks/Organisations in the field of GF processes (New Strategy, policies...) Changes (internally). Unfortunately, as a new member, I still not clear in understanding of some docs and processes (it seems like I’m not the one), so would like to propose some tutorial from “experienced” members. (Externally) it has to be wider involvement of our constituencies as a consultation partners.
• I think the Delegation remains strong and effective although choosing the new leadership is critical if this is to continue and keep hold of the CFP.
• To continue to explore the involvement of CSOs at all levels.
• We need to strengthen the HR skills of the CD members and also push to ensure that the CD has a representatives on CCMs.
• They have done great works previously however there is room for improvement. There is need for more transparency in the selection of Board Members/Alternate Members. The delegates need to vote for the two. In terms of changes on how it works so far it is working well but there is need to change the process for attendance to meetings and Board meetings.
• **Sustainable Development Goals** have replaced Millennium Development Goals as an international development blueprint. The CD must align its new Strategic Plan to the SDGs and seek a strategic alliance with the UN organ that is steering the SDGs.

• **For future directions**, ensure improved access to medicines and commodities to PLHIV, those affected with TB and Malaria in middle-income countries.

• **Hot topics and the shift of donor funding in the 3 diseases. Alignment of our strategy with the global goals (SDGs).**

• Sometimes I felt that the CD was a ‘special group’ when all the decisions is taken by them five or six persons, for example they decides who are in or out of the CD only based in on line participation.

• Some of the institutional knowledge needs to be continuously shared with the delegates. As there is still a lot of knowledge and information that gets lost in emails. Building stronger Delegation members and developing their strengths to also hold that institutional knowledge.

• The CD is of one of the most productive CD thanks to its leadership and Communication Focal Point, the CD should continue in this way.
ANNEX 5: REFERENCES

1 The voting members of the Board are: Communities; Developed Country NGO; Developing Country NGO; Eastern Europe and Central Asia; Eastern Mediterranean Region; Eastern and Southern Africa; European Commission; France; Germany; Canada/Switzerland/Australia; Japan; Latin America and the Caribbean; Point Seven; Private Foundations; Private Sector; South East Asia; United Kingdom; United States; West and Central Africa; Western Pacific Region.


3 The seven developing country seats are allocated to constituencies based on each of the six WHO regions and to an additional constituency from Africa. WHO has no role in selecting Board Members. WHO regions are used only as a reference for the purpose of aggregating developing countries into regional groups.


1. The right of people living with, and affected by HIV, TB and Malaria to be meaningfully involved at all levels of policy and programme development, implementation, monitoring and evaluation in response to the three diseases. 2. That all people infected and affected by the three diseases regardless of gender, sexual orientation, race, colour, age, language, religion, political or other opinion, national or social origin, economic condition, occupation, status at birth, physical, mental and sensory disability or any other health challenges, drug use, life choices, civil, political, social or other status have the right to a voice in responses to the three disease, and access to quality prevention, treatment, care and support. 3. Respect for value of all human life, the dignity and equality of all people, and the elimination of all human suffering.

7 Terms of Reference: Board Member and Alternate Board Member of the Communities Living with HIV, Tuberculosis and Affected by Malaria Delegation of The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, endorsed 14 April 2011.

8 Terms of Reference: Communities Delegation Member of the Communities Living with HIV, Tuberculosis and Affected by Malaria Delegation of The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, endorsed 14 April 2013.

9 Review: Terms of Reference For Board Member and Alternate Board Member: A Discussion Paper for the Communities Delegation on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Sarah Middleton-Lee (Independent Consultant), 2014.

10 Delegation Handbook of the Communities Living with HIV, Tuberculosis and Affected by Malaria Delegation of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

11 Terms of Reference: Communications Focal Point of the Communities Living with HIV, Tuberculosis and Affected by Malaria Delegation of The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, endorsed 14 April 2013.

12 Funding from the Global Fund Secretariat is available to all constituencies in the Implementing Group of the Board for communication, meeting, travel and staff costs incurred for intra-constituency functions. Board Constituency Funding Policy (November 2009) - GF/B20/A Annex 3, The Global Fund to Fight AIDS, Tuberculosis and Malaria, November 2009.


14 “UMICS not listed on the OECD’s DAC list of ODA recipients are eligible to receive an allocation for HIV and AIDS funding only if they have a reported disease burden of ‘High’, ‘Severe’ or ‘Extreme’ and are eligible to apply for such funds only if the following conditions are met: a. Confirmation that the allocation will be used to fund interventions that are not being provided due to political barriers and are supported by the country’s epidemiology; b. Confirmation that: (i) the application will be submitted by a non-CCM or other multi-stakeholder coordinating body; and (ii) the program will be managed by a non-governmental organization (NGO) within the country in which activities would be implemented; c. The government of such country shall not directly receive any funding; and d. Applicants meet all other applicable requirements as set forth in the Sustainability, Transition and Co-financing Policy, as amended from time to time.” The Global Fund Eligibility Policy, 35th Board Meeting, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2016.

15 Question 1 of Members Survey; percentages of total of 22 respondents.

16 Question 2 of Members Survey; percentages of total of 22 respondents.

17 Effective Engagement of Communities in the Country Dialogue Processes, Communities Delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2014.

18 Question 3 of Members Survey; percentages of total of 21 respondents.

19 Question 3 of Members Survey; percentages of total of 21 respondents.

20 Question 5 of Members Survey; total of 21 respondents.

21 Question 5 of Members Survey; total of 21 respondents.

22 Question 6 of Members Survey; total of 20 respondents.