

DISCUSSION PAPER

Regional Concept Note Development in the Global Fund's (New) Funding Model

*Observations from the first round
of regional concept notes*

June 2015

icaso
until **we** end aids

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Together to end AIDS

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Abbreviations

AMSHER	African Men for Sexual Health and Rights
ASWA	African Sex Workers Alliance
BCS	Bid coordinator secretariat
CAL	Coalition of African Lesbians
CCM	Country coordinating mechanism
CN	Concept note
EOI	Expression of Interest
INPUD	International Network of People who Use Drugs
KANCO	Kenya AIDS NGOs Consortium
MENA	Middle East & North Africa
MENAHRA	The Middle East and North Africa Harm Reduction Association
NAP	National AIDS program
NGO	Non-governmental organization
PR	Principal Recipient
RANAA	Regional Arab Network Against AIDS
RCN	Regional concept note
SAT	Southern African AIDS Trust
SR	Sub-recipient
SWEAT	Sex Workers Education & Advocacy Taskforce
The Alliance	International HIV/AIDS Alliance
TRP	Technical review panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development

Acknowledgements

ICASO and the International HIV/AIDS Alliance extend their gratitude to the more than 20 key population advocates, civil society representatives, NGO personnel, and regional concept note steering committee members who contributed their time and insights for interviews, draft reviews, and overall commentary. This paper is a synthesis of their combined contributions.

Executive Summary

Various consortia around the world were engaged in developing regional concept notes through 2014 into 2015 for submission in January 2015 to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). This paper synthesizes lessons from the first set of regional program proposals since the full launch of the funding model in 2014. ICASO and the International HIV/AIDS Alliance (the Alliance) have both acted as observers and participated in various country and regional concept note development, in particular three regional concept note (RCN) development processes: in Eastern Africa, Southern Africa, and the Middle East & North Africa (MENA). The intention of this participatory and observation roles is to share common and unique lessons learned, and offer recommendations to improve the process as it progresses. The Alliance was directly involved in the development of all three RCNs and has provided key contacts, background and guidance to ICASO, which led the development of this paper.

All three RCNs focused on various key populations to address gaps in country-level programs, strengthen key population networks and improve the policy and human rights environment for key populations. Each regional process was convened by the prospective principal recipient (PR), used a regional steering committee format to guide the development attempts, recruited consultants to write the concept note (among other items), and submitted their RCN on time. Key differences lay in the systems that were used to manage RCN development (a “bid coordinator secretariat” for one, an “administrative committee” within the regional steering body for another), the level of human and financial resources brought to bear on the process, and the outcome of the applications. For instance, the MENA proposal was withdrawn after an initial rejection, after which they were invited to submit a new Expression of Interest (EOI) for the next window in 2016. Valuable lessons were learned in each process. However, it is important to note that these are not all novel findings; much of what was observed are persistent challenges that have been identified before, and some recommendations echo those made before.

Key Lessons Learned and Recommendations

- 1. The regional concept note (RCN) template is inadequately tailored for regional programs.** The RCN template is confusing and in some cases inappropriate for regional programs. Particularly, the Modular Template is ill-suited for programs with limited available baseline data or less tangible outcomes such as improvement in the policy environment.

Recommendation 1.a: Establish a working group to review the RCN development process, application template, and associated protocol. A multi-stakeholder working group which reports to the Strategy, Investment, and Impact Committee (SIIC) at the Global Fund can offer broad, cross-cutting advice and recommendations on how best to shape and support the RCN development process. A revised application template is better suited to its purpose and users.

Recommendation 1.b: Revise the RCN template. The RCN template should be reviewed and revised so that it accurately reflects the context and intentions of regional programs. One immediate fix should be to set the Workplan Measures Template as the default monitoring and evaluation structure, rather than the more data-driven Modular Template.

- 2. Country coordinating mechanism (CCM)/National AIDS Program (NAP) endorsement requirements present a substantial burden to RCNs.** CCM or NAP endorsement of RCNs can be difficult or impossible to obtain – for some of the same reasons that the regional programs exist. For example, because of a lack of political will to address the needs of criminalized and stigmatized populations. In addition to the political challenges, the process can be labor and resource-intensive, often requiring frequent communications and travel throughout the region.

Recommendation 2.a: Review the CCM/NAP endorsement requirements for RCNs. The Global Fund should review existing CCM/NAP endorsement requirements for value and feasibility. The RCN working group will have a critical role to play in this review.

- 3. The complexity and resource-intensiveness of RCN development is not in alignment with the capacity of many key populations organizations, nor the unpredictability of ultimately receiving funds.** Successful RCN development can take as long as 20 months and cost more than US\$150,000, with no guarantee of receiving funds after these investments (unlike the predictability offered to country applicants). Furthermore, the standard allocation by the Global Fund of US\$10,000 for RCN development falls far short of the more than US\$100,000 needed in the three regions examined. Risking hundreds of thousands of dollars is simply not plausible or sustainable for key population networks.

Recommendation 3.a: Use the Expression of Interest (EOI) process to screen applications, and then provide more intensive support to the EOIs recommended for RCNs. The EOI was initially a screening process at which various regional proposals could be reviewed, disqualified, recommended for RCNs, or even combined. The Global Fund should revert to this approach and expand upon it. EOIs should be the end of the competitive phase.

Recommendation 3.b: Increase the standard RCN development allocations to reflect the actual cost of development. By increasing the standard RCN development allocation to US\$100,000, the investment will be better aligned with the actual costs of the process as evidenced.

- 4. With the right support, key population networks will have the capacity to develop and lead regional concept note development.** In the cases observed, key population networks did not generally have the capacity to lead RCN development. All three of the regional proposals were developed with a view to building the capacity of key population networks and other civil society organizations to be in a position to lead the RCN development and programming in the future.

Recommendation 4.a: Enshrine capacity development for civil society organizations and key population networks in the RCN template. Civil society and/or key population network capacity building plans should be a required component for all RCNs.

- 5. The iterative process for concept note development is a point of strength, yet there is an inadequate level of coordination of communications at the Global Fund Secretariat regarding regional concept notes.** While the overall result of iterative guidance from the Global Fund was positive, communications often lacked consistency and reliability. Confusing, and sometimes outright contradictory messages were communicated to the RCN development teams about the template as well as the resultant outcomes of the RCN.

Recommendation 5.a: Enhance the iterative process by streamlining RCN-related guidance and communications at the Global Fund Secretariat. The RCN working group should review the current internal processes and protocol for providing guidance to applicants and addressing questions and challenges.

Regional programs address contextual concerns such as reductions of HIV incidence and building the capacity of key population networks, and as such offer opportunities for civil society that may not be a given in national programs, especially where the political will does not exist to tackle stigma and discrimination of key populations. Yet the regional programs are burdened with the same requirements for concept note development, unsuitable as they are, as those of national programs. Also troublesome is the country coordinating mechanism (CCM)/National AIDS

Program (NAP) endorsement requirement which presents a substantial drain on those engaged in RCN development. Perhaps not as easily fixed as switching approaches to monitoring and evaluation, the Global Fund needs to recognize that it may have to play a more leading role in facilitating such endorsements, or alternatively review its own set of requirements to streamline the process. Overall, opportunities exist to increase efficiency, offset by the dire need to increase RCN-development funding allocations to better align the costs associated with the process. Finally, it should be recognized that few key population networks have the capacity to develop and lead RCN development, and that capacity development for civil society organizations and key population networks should be an integral approach to the RCN process, and not a token add-on.

Introduction

This discussion paper offers observations and lessons learned through three case studies of regional concept note (RCN) development: in Eastern Africa, Southern Africa, and the Middle East and North Africa (MENA). All three concept notes focus on improving the engagement and access to HIV services of key populations in the respective regions. As regional programs provide a unique and critical space for Global Fund-supported advocacy for key populations, this paper details some of the challenges and opportunities presented in the processes and offers recommendations for how various stakeholders can manage such processes moving forward. The case studies and recommendations draw on document reviews and interviews with stakeholders involved in each of the three regions. Each process was unique, and therefore there are different lessons to be learned from each experience.

Background on funding model and regional proposals

The Global Fund began fully rolling out its funding at the beginning of 2014. The most distinguishing features of the funding model, as opposed to the former rounds-based system, are the attention given to focusing resources where they will have the most impact, the formulation of a flexible, iterative process for proposal (now: "concept note") development, and the emphasis on a broad engagement of stakeholders in concept note development and program implementation. The goal of *greater impact* seems to have universal support, but there is no consensus yet on how it is defined and applied.

BOX 1

KEY AFFECTED POPULATIONS AS DEFINED BY THE GLOBAL FUND*:

- › Women & girls
- › Men who have sex with men
- › Transgender people
- › People who use drugs
- › Sex workers
- › Prisoners
- › Refugees and migrants
- › People living with HIV
- › Adolescents and young people
- › Orphans and vulnerable children
- › Populations of humanitarian concern

* <http://www.theglobalfund.org/en/ccm/>

One aspect of greater impact has been a new focus on key populations (see Box 1).¹ While key populations vary by context, the term generally applies to populations which bear significant disease burden (most often with regard to HIV, and sometimes tuberculosis), and have reduced access to prevention and treatment services, and experience significant stigma and discrimination. In many cases, key populations are most vulnerable to the diseases because they are criminalized for their identity, behaviors, or occupation. Often times, the national governments which are chiefly responsible for overseeing Global Fund grants are the same governments charged with enforcing laws which harm those most vulnerable, such as the criminalization of sex work and drug use, and anti-homosexuality laws. This creates a substantial contradiction for the Global Fund, particularly in the areas of *greater impact* and the *broad engagement of stakeholders*.

1 The Global Fund, *Key Populations Action Plan 2014-2017*. July 2014. http://www.theglobalfund.org/en/publications/2014-07-25_Key_Populations_Action_Plan_2014-2017/

The Global Fund defines a regional application² as:

“an application from a group of countries within the same geographic region aimed at addressing common issues such as cross-border interventions and structural barriers that impede access to services (e.g. harm reduction, advocacy and policy, drug resistance, migrants and displaced populations, etc.). A regional applicant – either a Regional Coordinating Mechanism (RCM) / Regional Organization (RO) – may only include activities and interventions that cannot be funded effectively through a country allocation due to their inherently regional nature.”

Regional programs provide one avenue for addressing some country-level challenges for key populations, such as criminalization and political obstacles. While regional programs are intended to be complementary to country-level programs, they are not beholden to the laws or customs of any one specific nation, and are generally overseen by a consortium of civil society, international NGOs, and technical partners, rather than national governments. Additionally, regional programs offer an important way to engage countries that may currently or soon be ineligible for Global Fund grants. Despite the fact that many middle income countries have or will soon become ineligible for country grants based on changes to their income classification due overall economic growth, key populations and people living with HIV often remain in need of greater support than their governments are willing to provide.

While there are some aspects of regional programs which are similar to country-level programs, such as the presence of principal and sub-recipients, the submission of concept notes and oversight from the Global Fund Secretariat by a fund portfolio manager, there are some distinct characteristics – most notably, **the regional concept note is screened and competitive**. Once a regional consortium has decided to pursue funding from the Global Fund, they first must submit an “Expression of Interest” (EOI). The EOI is a much less detailed proposal than the concept note. In the first period of the funding model there were two windows for submission of regional EOIs: May 1, 2014 and April 1, 2015. The Global Fund Secretariat screens EOIs, and selects and invites some to submit a concept note. The concept note deadline for those who submitted an EOI on May 1, 2014 was January 30, 2015. However, being invited to submit a concept note

² The Global Fund, *Regional Concept Note Instructions*. October 2014 http://www.theglobalfund.org/documents/fundingmodel/FundingModel_RegionalConceptNote_Instructions_en/

does not guarantee funding, as there is still a competitive process. Each window has US\$80-\$100 million available,³ whereas the applications were expected to total several times that amount.

Methodology

This paper was developed between December 2014 and May 2015, a period that included the concept note submission deadline of January 31, 2015. Desk research included reviews of relevant documents, such as draft and final concept notes, meeting minutes, and communications pertaining to each of the three regions' concept notes. Key informant interviews were conducted with a range of persons involved in each RCN, including key population network representatives, proposed principal recipients, consultants, technical partners, and other stakeholders. An interview guide was developed and used for interviews, which were all conducted by phone.

RCN DEVELOPMENT TIMELINE

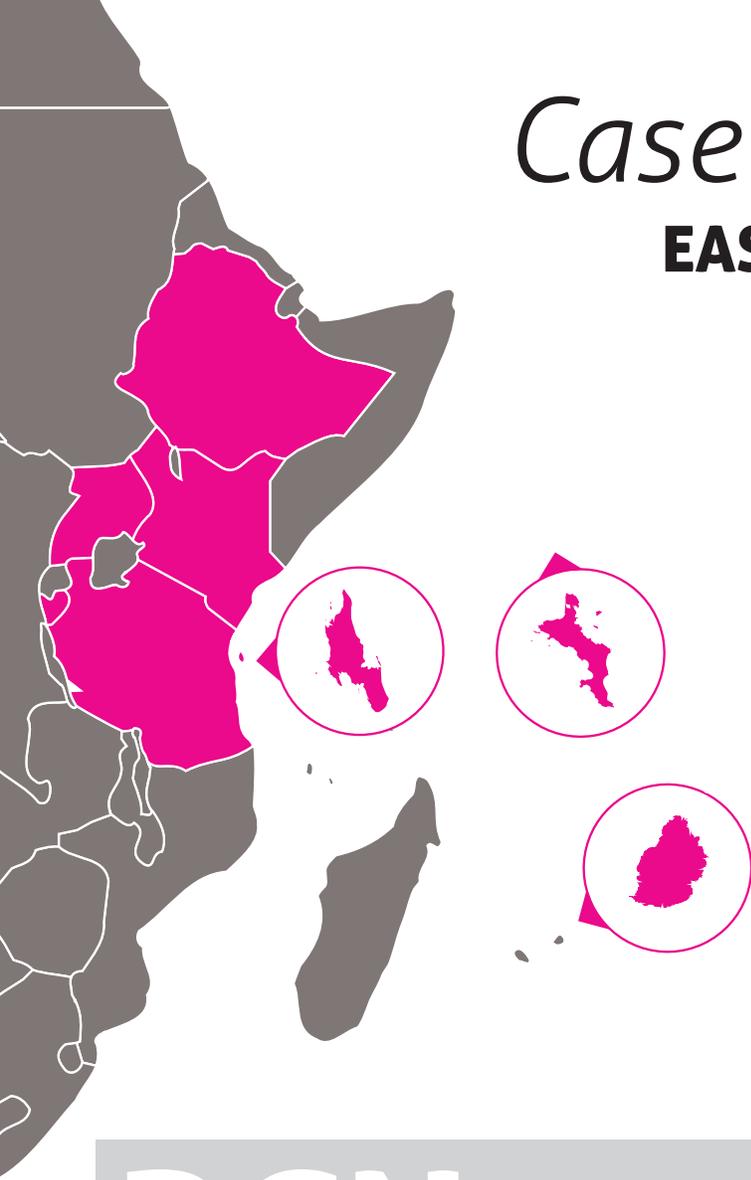
January 31, 2015 was the deadline for the first round of regional concept notes within the Global Fund's (new) funding model. The concept notes submitted for this deadline were all preceded by Expressions of Interest (EOI), which were submitted in April-May 2014. Based on the EOIs, in July 2014 the Global Fund invited some regional consortia to develop and submit regional concept notes. From this point on, a new process unfolded in numerous regions, taking a range of forms and involving many stakeholders in each region.

³ The Global Fund, *Frequently Asked Questions: Regional Proposals*. March 2015. http://www.theglobalfund.org/documents/fundingmodel/FundingModel_RegionalApplications_FAQ_en/

Case Study 1

EASTERN AFRICA

Burundi
Ethiopia
Kenya
Mauritius
Seychelles
Tanzania
Uganda
Zanzibar



OVERVIEW

K

KEY POPULATION FOCUS
PEOPLE WHO USE DRUGS

D

DISEASE FOCUS
HIV

RCN

RCN TOTAL BUDGET
US\$12,166,365

RCN DEVELOPMENT COSTS
US\$175,000

RCN DEVELOPMENT SPONSORS
**GLOBAL FUND
INTERNATIONAL HIV/AIDS ALLIANCE
UNAIDS TECHNICAL SUPPORT FACILITY (TSF)**
RCN DEVELOPMENT STRUCTURE
**STEERING COMMITTEE
BID COORDINATOR SECRETARIAT**

RCN STATUS

Application approved by the Technical Review Panel (TRP) for a maximum of US\$5,566,264 (46% of the proposed budget)

PR

PRINCIPAL RECIPIENT
KENYA AIDS NGOS CONSORTIUM (KANCO)

Timeline

March 2014: KANCO learned of EOI opportunity from The Alliance

May 2014: Submitted EOI

July 2014: Global Fund invited regional consortium to submit RCN

September-November 2014: Country dialogues held by country focal points in each country

October 2014: Bid coordinator hired

November 5-6, 2014: Meetings in London and Brighton, UK with technical partners
November 2014: 2-day regional dialogue in Nairobi

December 2014: First draft of RCN ready

January 21 and 23 2015: Global Fund staff visit to KANCO to support RCN development

January 2015: Mock TRP

January 30, 2015: RCN Submitted

February 17, 2015: Country team revision and comments received

February 19, 2015: Final RCN submitted for TRP review

May 21, 2015: KANCO notified of approval by TRP and invited to grant making

Context

The regional proposal was developed to strengthen networks of people who use drugs, harm reduction policy, and improve strategic information generation on people who use drugs in the region. Mauritius has **extensive support for harm reduction in its National Strategic Plan**, and is seen as the regional leader in this respect. There have been limited harm reduction programs (including needle/syringe programs and medically assisted therapy, such as opioid substitution therapy) in Tanzania since 2012, as well as some harm reduction programs started in Kenya and Zanzibar. In terms of mobilization of people who use drugs there are Real Activist Community ([REACT](#)) and Tanzania Network of People who use Drugs (TaNPUD) in Tanzania, and in Kenya, the Kenya Network of People who use Drugs (KeNPUD) is a registered network of people who use drugs. In terms of positive policy developments for harm reduction, Mauritius, Tanzania, Kenya, and Zanzibar are in the best positions, all having included some harm reduction provisions in their national strategic plans.

At the opposite end of the spectrum is Ethiopia, which has a particularly repressive drug control framework, minimally developed harm reduction programming, and virtually no active networks of people who use drugs.

Although the data is sparse, there are signs of a growing prevalence of drug use in Ethiopia,⁴ without the concomitant HIV prevention programming for people who use drugs. The other participating countries (Seychelles, Zanzibar, Uganda and Burundi) sit somewhere between Mauritius and Ethiopia on the spectrum of network development for people who use drugs, and greater political willingness to embrace harm reduction.

Proposed Program

The goal of the proposed program is the advancement of harm reduction policies, strategic information generation, and programs in Eastern Africa, so that more and better services are available and accessible to people who use drugs. The three primary components of the program are structured as three objectives: 1) to enhance the policy environment; 2) to strengthen the people the community of people who use drugs and 3) to improve the available data on people who use drugs.

Objective 1: Create an enabling policy environment to support harm reduction interventions in Eastern African countries. Leveraging existing regional political frameworks (East African Community, East African Legislative Assembly, and others), the program will create physical and political space for local champions of harm reduction policy. The aim is to advocate to elected officials and regional and national level political bodies for the adoption of supportive laws and policies for needle/syringe programs, as well as other harm reduction initiatives, and for putting an end to laws that criminalize drug use and harm reduction practices, through formal action.

Objective 2: Strengthen community systems for a sustained HIV response among people who use drugs in Eastern Africa. The proposed program aims to strengthen the nascent networks of people who use drugs and service providers in the region to more effectively advocate for policy change, and deliver the services as more resources become available and if and when the legal environment becomes more favorable.

Objective 3: Generate and use strategic information on injecting drug use-related HIV epidemics in the region. Quality advocacy and service provision will require more and better data on injection drug use in Eastern Africa.

⁴ There has so far been limited research into HIV transmission through unsafe drug injection in the country, despite the fact that drug trafficking routes passing through Ethiopia may have significant implications for drug use and the HIV epidemic.

Developing the Concept Note

The two main features of the Eastern Africa RCN development structure were the regional steering committee and the bid coordination secretariat. A concept note writing team was also formed, comprising people from the steering committee, the bid coordination secretariat, the PR, and additional consultants. The bid coordination secretariat is the most distinguishing component of the Eastern Africa RCN development experience.

REGIONAL STEERING COMMITTEE

The regional steering committee was formed in the fourth quarter of 2014, with its first meeting held on November 26. All eight countries were represented by up to three people, with one serving in a focal point role. Focal points were responsible for coordinating country-level dialogue among key stakeholders.

REGIONAL AND COUNTRY DIALOGUE

Each country held a one-day country dialogue between September and November 2014. These informed the two-day regional dialogue which was held in late November in Nairobi. The first regional steering committee meeting was held immediately following the regional dialogue, so that the members could readily synthesize the discussions in preparation for concept note writing.

CONCEPT NOTE WRITING

The bid coordinator convened a team of experts from some of the participating countries, and from some technical partners (such as a harm reduction expert from Alliance Ukraine), to develop the concept note. A marathon meeting was held over six days (December 5-10), during which the concept note was developed by the team. By December 12 the team had prepared the zero draft, which was circulated by the bid coordinator among the regional steering committee and other stakeholders. Comments mostly came back after the New Year. Over the course of January, multiple iterations of the RCN were developed and circulated. In total there were 19 different communications to improve concept note, including those sent by technical partners (International Drug Policy Consortium, Harm Reduction International (HRI), Médecins du Monde (MdM), the International Network of People Who Use Drugs (INPUD), Alliance Ukraine, and London School of Hygiene and Tropical Medicine (LSHTM), as well as the Global Fund, mock TRP, some country CCMs, the PR and other involved people. The final RCN was submitted at the end of January 2015.

THE BID COORDINATOR SECRETARIAT

It is common for CCMs and regional entities to hire a consultant, or team of consultants to lead the drafting of a proposal or concept note. However, where most CCMs have a staffed secretariat to manage the various aspects

of concept note development in addition to the writing, regional consortia do not always have that pre-existing infrastructure. KANCO, the proposed PR, played a convening role since the initiation of the regional proposal development process, and therefore naturally facilitated the establishment of a bid coordination secretariat. The bid coordination secretariat, or BCS, comprised a full-time lead consultant (lead bid coordinator) hired by KANCO, two local volunteers, and three technical consultants who were jointly identified as the lead bid coordinator and KANCO. The small team was housed at KANCO and regularly worked with KANCO staff whose time had been partially allocated to the RCN development. Additionally the BCS interacted with outside consultants and the regional steering committee. Funding for the bid coordinator was provided by The Alliance.

The BCS was established in October 2014 with the hiring of a lead bid coordinator who had extensive prior experience with Global Fund proposals. The first task was to develop a roadmap for concept note input and writing, and then to shepherd the roadmap forward. Because of the short timeline - less than four months from hiring the bid coordinator to the submission deadline -having personnel who were fully focused on the proposal was considered essential.

COST

The Eastern Africa RCN development process required significant resources to be effective, and to meet basic Global Fund requirements such as hosting country and regional dialogues. The Global Fund standard allotment for RCN development is US\$10,000. The Global Fund provided an additional US\$15,000 for the Eastern Africa Proposal, for a total of US\$25,000. The primary technical partner and funder for the RCN development process, The Alliance, provided an additional US\$100,000 to support consultants, travel, and logistics. The UNAIDS Technical Support Facility for Eastern and Southern Africa provided US\$50,000 in a mix of funding and in-kind support of personnel. Total funds raised and spent on developing the RCN were US\$175,000.

"Nothing was moving before we got the coordinator in place. All of the steering committee members have full-time jobs—some things fall through the cracks."

–Steering Committee Member

Main Challenges

THE FINAL STRETCH: CCM ENDORSEMENTS AND FINAL DRAFTS

One of the more challenging features of regional proposals is the need to obtain the endorsement of the CCMs or NAPs from all participating countries, or to be able to demonstrate substantial efforts to obtain said endorsements where one is not provided. This process can be politically challenging. But in many cases it also presents a significant logistical undertaking. The zero draft of the East Africa proposal was not ready to be shared until December 15, just 45 days before final submission. If one considers the Christmas and New Year holidays, which eliminated about 14 days from this period, there were only 31 days, or about 24 available business days between draft availability and submission deadline. During this time the steering committee needed to provide feedback on a first draft, which was not generally provided until after the New Year. As such, a generous reading of this calendar suggests that the RCN had three weeks to obtain the endorsement of eight CCMs, spread over roughly seven million square kilometers of Eastern Africa and the Indian Ocean. Because of slow email response times—and to some extent reluctance or disinterest, and even resistance, to endorsing the RCN by CCMs—visits to most of the capitals to meet personally with CCM members was necessary to either obtain the endorsement or to demonstrate that a substantial effort had been made to obtain the endorsement. The bid coordination secretariat was responsible for coordinating these visits (for instance identifying the people and locations, setting up travel logistics, and providing documents) during the three weeks that the RCN was also going through at least four successive drafts as per feedback from steering committee members, technical partners, advisors and consultants, and other stakeholders.

Among those interviewed, there were different perspectives about whether or not the steering committee had started too late on obtaining CCM endorsements. On the one hand, there needs to be a coherent RCN for the CCMs to endorse, rather than a general set of ideas. On the other hand, CCMs can be engaged earlier in the process, so that they are not only aware that such a proposal is being developed, but have the time to understand the function of the regional program, how it is intended to be complementary to the national programs, and have some discussion on what is required to obtain their endorsement. This was partially addressed by setting up the steering committee early in the process and having country focal points present the EOI and explaining the RCN to CCMs prior to the draft being shared with them. With prior engagement, the CCMs should be able to move more quickly and intentionally on endorsing an RCN, thereby reducing the last-minute (and high-cost) travel and wrangling that was experienced in the Eastern Africa RCN development process.

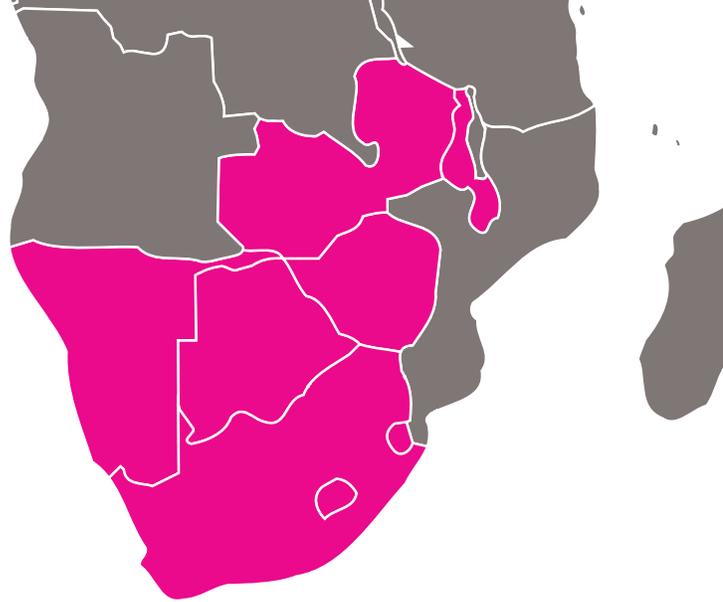
NEW TERRITORY: HARM REDUCTION

With exceptions in Mauritius, Tanzania and Kenya, harm reduction is a novel concept in much of the Eastern Africa region. This novelty underpins the rationale for the regional program being proposed: to engender a more hospitable political environment to expand harm reduction services for people who use drugs in Eastern Africa. Because harm reduction, and services targeting people who use drugs are innovative approaches for the region, there is little local expertise with program development and advocacy agenda-building for people who use drugs. There is also an acute shortage of existing regional networks of people who use drugs.

Mauritius, Tanzania, and Kenya provide some regional experience of harm reduction programming. One of the guideposts for the RCN has been the scale up of the model that has been already applied in the region (such as in Mauritius), and strengthening existing efforts by creating supporting policy. However, limited capacity in areas of policy development, mobilization, and strategic information remains a challenge in the region. The Alliance was able to support content expertise through its Ukraine affiliate, which provided a lead technical consultant with a focus on harm reduction program development. The leveraging of the technical partners' (International Drug Policy Consortium, Harm Reduction International, International Network of People who Use Drugs, Médecins du Monde (MdM), Alliance Ukraine, London School Hygiene and Tropical Medicine) broad experience with what is novel in this region was critical to developing an RCN with a cohesive harm reduction approach.

Case Study 2

SOUTHERN AFRICA



*Botswana
Lesotho
Malawi
Namibia
South Africa
Swaziland
Zambia
Zimbabwe*

OVERVIEW

K

KEY POPULATION FOCUS
Men who have sex with men, women who have sex with women, transgender people, sex workers, people who use drugs

D

DISEASE FOCUS
HIV

RCN

RCN TOTAL BUDGET
US\$19,541,221

RCN DEVELOPMENT COSTS
~US\$215,000

RCN DEVELOPMENT SPONSORS
**HIVOS, GLOBAL FUND,
THE ALLIANCE, POSITIVE VIBES**
RCN DEVELOPMENT STRUCTURE
**STEERING COMMITTEE
ADMINISTRATIVE COMMITTEE
CONSULTANT TEAM**

RCN STATUS

Application approved by TRP for maximum
US\$11,471,785 (59% of proposed budget)

PR

PRINCIPAL RECIPIENT
HIVOS (REGIONAL OFFICE, SOUTH AFRICA)

Timeline

- September 2013:** Hivos has internal discussion about regional proposal
- September 2013:** Lead consultant identified (former Hivos Southern Africa director)
- October 2013:** Hivos--Southern Africa organized an initial stakeholder consultative meeting to discuss feasibility
- December 2013:** Ad hoc stakeholder group decides to proceed with EOI, with Hivos as PR
- February 2014:** Steering committee formulates EOI content
- February 2014:** Transgender workshop and consultations held
- April 2014:** Steering committee finalizes EOI and shares with CCMs
- April 2014:** EOI submitted
- July 2014:** Global Fund invites Southern African RCN
- August-October 2014:** Focus group discussions held with transgender networks in South Africa and Zimbabwe
- September 2014:** Formal regional steering committee formed and concept note development process agreed
- November 2014:** Steering committee consultation, regional dialogue, and Global Fund Community Rights and Gender department visit
- December 2014-January 2015:** RCN drafting
- January 2015:** One-on-one consultation with network of people who use drugs
- January 30 2015:** RCN Submission
- May 15 2015:** Hivos notified of approval by TRP and invited to grant making

Context

Southern Africa continues to experience one of the most extreme HIV epidemics in the world. As the regional concept note articulates: "The southern African countries included in this proposal (Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) clearly form the epicenter of the HIV epidemic. Despite enormous achievements in the last decade in the provision of treatment and the reduction of AIDS related deaths which fell by 39% between 2005 and 2013 in sub-Saharan Africa,⁵ new infections among key populations are on the rise, specifically

5 UNAIDS The Gap Report, Global Report, 2014. <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport>

among young key populations.⁶ Sex workers, men who have sex with men and transgender people are disproportionately affected.”

Two overarching barriers to expanding HIV services for key populations in Southern Africa are the overwhelming HIV burden in the general population and the challenging political and legal environment for most key populations. On the one hand it is not politically expedient for governments to allocate divert resources to men who have sex with men, transgender people, sex workers, and people who use drugs, and on the other there are more people in need of treatment and prevention services than there are resources to support. Thus, key populations are often the last to be addressed. The contradiction here is that key populations tend to bear a significant burden of disease, which in turn drives the overall epidemic in important ways. It is a matter of basic human rights that all people have equal access to HIV services. And it is a matter of practical disease control measures that those communities with greater disease burden have proportionate availability of services. Unfortunately, neither is the case in most of Southern Africa today.

Proposed Program

The proposed program is entitled “Key Population Representation, Evidence, and Advocacy for Change in Health,” or KP REACH. The program focuses on community systems strengthening and targets four key populations: men who have sex with men, sex workers, transgender people, and people who use drugs. Involvement and alignment with networks of women who have sex with women is also addressed in the RCN. The program aims to **strengthen key population networks, generate more and better evidence on key populations, and reduce stigma and discrimination.** The program objectives, as explained in the concept note:

Objective 1: To strengthen five existing and emerging regional networks in Southern Africa so that they work strategically and efficiently together and with others to contribute to the effective development, monitoring and reporting of HIV prevention, testing and treatment services, programs and policies for key populations at regional and national levels by 2018.

Objective 2: To improve data collection/evidence and use, knowledge management, scale up and replication of best practices for more responsive national level programming and policies for improved access to HIV prevention, testing and treatment services for key populations in at least 75% of participating countries by 2018.

⁶ UNAIDS: Getting to Zero, HIV in Eastern and Southern Africa, Regional Report 2013. In Kenya and South Africa, these key populations (sex workers, men who have sex with men and people who use drugs) were estimated to account for 33% and 26% respectively of new HIV infections, page 21.

Objective 3: To develop a unified key population-led voice and disseminate messaging co-created with key populations that aims to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment services for key populations in at least 75% of participating countries by 2018.

Developing the Concept Note

The most distinctive aspect of this RCN development process was the immense human and institutional resources which were invested over a substantial period of time – 17 months- and how well all the stakeholders reported to have worked with each other throughout. Many of the steering committee members at the time of submission in January 2015 had been involved since the initial discussions in September 2013, and a significant number of the partners had been collaborating in earlier Global Fund rounds, and even pre-dating the Global Fund in some cases; with Hivos (both its headquarters in the Netherlands and the Southern African entities) playing a convening role since the 1990s.

REGIONAL STEERING COMMITTEE

Hivos convened a group of stakeholders in October 2013 to discuss a prospective regional concept note for Southern Africa which would focus on key populations. The people and organizations who participated in that meeting would largely form the regional steering committee, which was formally established after the Global Fund gave a green light for concept note development in July 2014. The steering committee was formed of an expansive group of people and organizations, mostly with a high degree of familiarity with one another. The group included the PR (Hivos, Southern Africa Regional Office and the Netherlands headquarters), The Alliance, four regional key population networks, African Men Sexual Health and Rights (AMSHER), African Sex Workers Alliance (ASWA), Coalition of African Lesbians (CAL), Gender Dynamix (representing transgender networks in the region), regional advocacy and service partners (Southern Africa HIV & AIDS Information and Dissemination Service (SAfAIDS), Positive Vibes – An Alliance Linking Organisation, and Southern African AIDS Trust (SAT), UNAIDS as global technical partner, the Human Science Research Council as the research partner, a communications firm (M & C Saatchi World Service), several of the participating CCMs, and the writing consultants. Most of the steering committee members had worked together on regional proposals previously (Rounds 10 and 11 before it was cancelled), and many have ongoing working and funding relationships. This familiarity was highlighted by several participants as being essential to a collaborative, productive, and efficient environment within which to develop the RCN. As one key population representative noted: **"The confidence had already been built."**

Additionally, the prior experience of Hivos, as well as its commitment to transparency and to elevating the voices of key population networks, was noted as critical to the success of the process. Several participants suggested that, no matter the outcome of the Global Fund RCN, this group, and particularly the key population networks, were in a very strong position to make an impact for key populations in the region moving forward.

“The power dynamics you usually get in this type of thing were not there this time. The key population networks already knew each other and could drive the discussion together.”

– Key population network representative

ADMINISTRATIVE COMMITTEE

Despite the obvious value in having so many stakeholders involved in the steering committee, large groups – particularly when they are spread out over such a vast territory – can be difficult to convene regularly and productively. To mitigate that challenge, a smaller administrative committee was set up to keep things moving. The administrative committee included the two consultants, Hivos (Southern Africa and the Headquarters), the Alliance, SAfAIDS, Positive Vibes, and a rotating key population seat. Participation in meetings was generally most difficult for key population representatives, typically due to limited human resources capacity. In an effort to address this, it was suggested that the key population networks be represented by a single seat in the administrative committee, with rotating responsibility, sharing information with each other before and after admin committee meetings. Unfortunately, this approach did not sufficiently mitigate the challenge for the key population networks, and their participation was limited in the administrative committee. The committee was roundly regarded as a smart and well-handled means of efficiently proceeding through the RCN development process.

Early on, the committee identified the need for a coordinator to shepherd the RCN process. Funds were set aside, a recruitment process implemented and a candidate was offered the position. Unfortunately the candidate declined the offer, at which time the committee, determining it was too late to go through another hiring process, decided to take on the role itself. The absence of a coordinator was brought up as a significant challenge by a majority of those interviewed.

PARTICIPATION OF KEY POPULATION NETWORKS

Each interviewee was asked whether they felt that the key population networks played more of a consultative role or more of a leadership role in the RCN development process. Some firmly said “leadership,” and others “consultative.” Most, however, explained that both roles were played, at different times and in different ways, by different key population networks.

In essence, the key population networks did not lead the process. Hivos convened the stakeholders and hosted the initial discussions, coordinated the RCN development, including marshalling resources to support the process. Most interviewees indicated that none of the key population

KEY POPULATIONS CONSULTATION

The writing consultants carried out an extensive consultative process with key population networks which extended beyond the regional dialogue and stakeholder meetings. Over two weeks, in individual and small group meetings, the consultants met with 49 representatives of regional key population networks and NGOs with key population-focused programs. The purpose of the consultations was to “conduct a gap analysis and provide ideas for concrete interventions.” The systematic process produced a substantive report and analysis of gaps and needs, as described by key population networks and advocates. The report was then presented to the steering committee as it prepared the EOI.

networks currently have the convening and technical capacity to do what Hivos has in leading the RCN development. Due to those capacity constraints (addressing these is central to the RCN), a strong consultative role may have been the most practical one for the key population networks. As one key population representative put it: **“We are consulted and we make recommendations. The [writing] consultants met with us independently and with our members.”** Another member of the steering committee indicated that, **“The entire concept note is based on a thorough and jointly built theory of change, which led us to discuss [the key population networks’] individual roles and added value to achieve the common goal.”**

If the capacity constraints are accepted, there are some important ways in which the key population networks did play more of a leadership role in the

process. Most notably, **“we shaped the interventions in the concept note,”** as one key population representative stated. The interventions in the RCN are the core materials on which the entire process rests. Content leadership is arguably the most important part of this process. Additionally, the key population networks did not just attend meetings or contribute when summoned by the PR or consultants. The key population groups regularly met on their own, as a bloc, to discuss the RCN, sometimes achieving consensus on issues ahead of larger meetings.

LATE INCLUSION OF PEOPLE WHO USE DRUGS

Depending on one’s perspective, one of the strengths or weaknesses of this RCN is that there are a large number of specific key populations addressed in the proposed program: men who have sex with men, women who have sex with women, sex workers, transgender people, and people who use drugs. Before late December 2014, people who use drugs were not included in the RCN, and as such their networks were not involved in ongoing regional dialogue, steering committee meetings, or any other components of the development process. Only weeks before the submission deadline, the Global Fund shifted from merely suggesting to requiring that people who use drugs be included in the concept note.

As one stakeholder remarked, **“The context is one in which there is a disconnect between what the Global Fund sees as key populations, and what we see here as key populations.”** The problem here is not that there are no people who use drugs in the region, or that anyone involved in the process is opposed to expanding services for them. The problem is that among LGBTI and sex worker networks in Southern Africa, **“drug use is seen as an intersecting issue, not as its own population.”** Whether or not this perspective is accurate, completely honest, or problematic, is debatable. What is not is that the regional steering committee and key population networks involved in the RCN did not independently include networks of people who use drugs in their proposal. The Global Fund and UNAIDS had pushed hard for their inclusion in the proposal. And by making their inclusion a functional requirement so late in the RCN development process (January 2015), the Global Fund essentially complicated a methodical process of key population engagement over the preceding 17 months. The extent of engagement of people who use drugs in the proposal development was one brief, yet helpful, consultation with one network in South Africa two weeks before the RCN was submitted. The definition of key populations was broadened in the concept note, to bring it into alignment with the expanded list of populations.

Despite the late engagement of people who use drugs in the RCN development process, there is a robust assessment of their issues and specific programming included in the RCN. This is impressive given the short timeline, but also suggests that there was some natural space for people who use drugs in the construction of the proposal, i.e. the needs being addressed for men who have sex with men, women who have sex with women, transgender people, and sex workers are highly comparable

to needs of people who use drugs in terms of networking-building, data collection, and advocacy strengthening. Therefore, the outcome of the inclusion of people who use drugs may be positive, but the process to get there could have been much more methodical, as it was for the other key populations.

Main Challenges

GLOBAL FUND REQUIREMENTS VERSUS GLOBAL FUND GUIDANCE

After the universal insufficiencies of funding, human resources, and time, the main challenge indicated by participants in this RCN development process were the Global Fund procedures themselves. Interviewees complained that at the same time that the Global Fund has complex forms and extensive procedural requirements, they offer little in the way of practical guidance and support for meeting those requirements. Furthermore, the procedures and requirements had a tendency of changing throughout the process, and the guidance that was received from different offices within the Global Fund was sometimes contradictory.

Among the exhaustive requirements is the regional dialogue process. The Global Fund requires that dialogue occur, but offers little guidance on what this should look like, or rather, what a regional dialogue that satisfies the requirement would look like. One steering committee member remarked: **"It's not clear what the Global Fund wants from that process. The Global Fund doesn't know what it wants."** The lack of guidance, coupled with strict requirements, can stymie progress. One person mentioned: **"Global Fund directives seem to paralyze people."** It was suggested that the absence of Global Fund personnel in-country amplified the confusion and "paralysis" experienced by those developing proposals and implementing programs. In the regional context, where there is no CCM at country level, the distance between the Global Fund and the ground can be even greater.

Between the regional dialogue and individual country dialogue activities, the steering and admin committee meetings, the hiring and managing of consultants to write the RCN, travel between the countries to meet with CCMs and NAPs (to obtain required endorsements), review and revision of drafts, and technical consultations, the development of a strong RCN requires a great deal of time and money. Some see this as disproportionate to the resources being provided by the Global Fund. One steering committee member remarked: **"We've invested one and a half years in developing a proposal for a three-year program!"** On the other hand, **"You get many, many times back what you invest from the Global Fund, so it is worth it."**

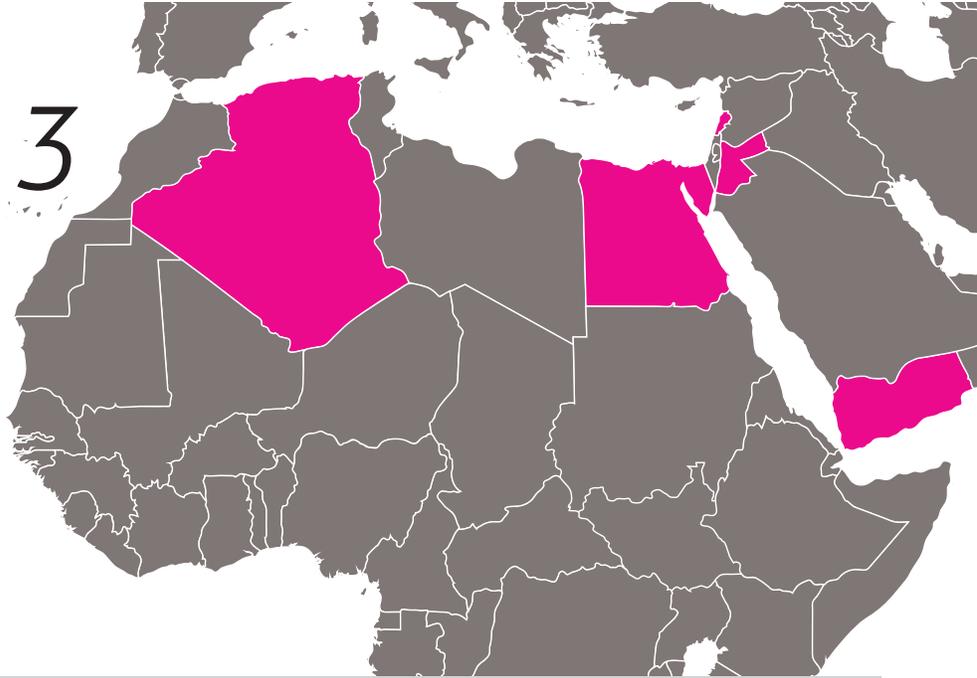
REGIONAL CONCEPT NOTE TEMPLATE IS NOT TAILORED FOR RCNS

Interviewees also bemoaned the incompatibility of Global Fund systems, such as proposal forms, with the intent of RCNs. The standard concept note is very focused on hard numbers, such as for service delivery. It was noted by one interviewee that, **"this is not a service-delivery proposal, and it's not supposed to be."** RCNs such as this one are more focused on less measurable outputs such as environmental and social change. Interviewees suggested that specific forms for regional concept notes should be developed, as the current form is not appropriate. One example of a disconnect between the forms and the reality of RCNs was the confusion between the use of the Modular Template versus the workplan tracking measure for monitoring and evaluation in the RCN. According to one of the interview participants, the Global Fund asked the RCN development team to complete the Modular Template, **"...even though they knew from past experience that most regional proposals end up using the workplan tracking measures instead. Consequently, we spent a very long time filling in the Modular Template, to be told we did not have strong enough outcomes and that we should fill in the workplan tracking measure instead. [This resulted in] lots of wasted time and money."** This type of interaction between the Global Fund and RCN development team points to the need for a review of RCN protocol which take into account a range of perspectives and experiences, and procedural pressures.

Case Study 3

MIDDLE EAST & NORTH AFRICA

Algeria
Egypt
Jordan
Lebanon
Yemen



OVERVIEW

K

KEY POPULATION FOCUS
men who have sex with men, sex workers, and people living with HIV

D

DISEASE FOCUS
HIV

RCN

RCN TOTAL BUDGET
US\$8,160,404

RCN DEVELOPMENT COSTS
~US\$71,000

RCN DEVELOPMENT SPONSORS
**GLOBAL FUND
INTERNATIONAL HIV/AIDS ALLIANCE
UNAIDS
USAID**

RCN DEVELOPMENT STRUCTURE
PR AND CONSULTANTS

RCN STATUS

Application withdrawn,
re-applying 2016

PR

PRINCIPAL RECIPIENT
REGIONAL ARAB NETWORK AGAINST AIDS (RANAA)

Timeline

May 2014: Submitted Expression of Interest

July 2014: Invited to submit RCN

September 2014: Hired lead consultant

October 2014: First regional dialogue, Algeria

November 2014: Hired technical consultant to support lead consultant

December 2014: Second regional dialogue, Egypt

December 2014-January 2015: Concept note drafting, revising

January 30 2015: RCN submission

February 2015: RCN rejected due to insufficient documentation (registration and CCM/NAPs endorsement); new April 1 deadline offered

March 2015: RANAA decided to withdraw from the 2015 application process and re-focus on 2016

Context

A very modest amount of Global Fund grant money in the Middle East & North Africa (MENA) goes to civil society today. Based in part on this minimal investment, civil society infrastructure in the region is underdeveloped, leading to major capacity constraints. This is especially true where key populations such as men who have sex with men, transgender people, and sex workers are concerned. Sex work is highly stigmatized and illegal throughout the region. Jordan decriminalized homosexuality in 1951, and Lebanon did so only as recently as 2014. In the other countries, homosexuality is illegal, with punitive emphasis on sex between men. Punishment for sex between men ranges from up to two years imprisonment in Algeria to death-by-stoning for married men in Yemen. These environmental factors leave sex workers, men who have sex with men, and transgender people in the region extremely vulnerable to repression and with severely limited access to services.

The need for alternative funding streams – outside of the national health systems – is clear: men who have sex with men, transgender people, and sex workers are significantly impacted by HIV, but their needs are not adequately addressed by national programs, if at all. Although there is a paucity of data on these populations, a recent systematic review of health service statistics and survey data related to HIV and men who have sex with men in MENA reveals that HIV epidemics appear to be emerging in several countries, with a prevalence reaching up to 28 percent among certain

groups.⁷ However, the repressive environment means there is little in the way of support for key population networks or civil society infrastructure to support advocacy and growth in services for these populations; and there is limited political interest in doing so.

Proposed Program

The main theme of the MENA RCN is the strengthening of civil society's capacity to respond to HIV among key populations in the region. This approach is informed by both the lack of investment in civil society leadership in the regional response overall, and the need for civil society to step in for key populations whom governments have ignored and/or criminalized.

The concept note included institutional capacity building for existing civil society organizations and key population networks in the region. The most established organizations, RANAA and MENARosa, a network of women living with HIV, and the nascent key population networks are still being built. The institutional capacity building will center on strengthening governance and personnel, and enhancing advocacy and resource mobilization capabilities.

The RCN also proposed enhancing surveillance and population data in the region for key populations, as there is currently minimal reliable data available for population estimates of key populations. This data is critical for stronger program development and key population advocacy. Additionally, the program seeks to support and expand HIV prevention programming in the region for men who have sex with men, transgender people, female sex workers and their clients, and people living with HIV.

A key piece of the proposed program is addressing legal barriers to services and human rights violations of key populations. The program seeks to strengthen civil society's capacity to document and respond to legal barriers to providing targeted prevention and care services for men who have sex with men, transgender people, and female sex workers. NGOs would also be funded to **"document human rights violations and provide emergency response and referral systems to mobilize national legal service providers."** At the regional level, the program would create a platform to advocate for the ratification of the Arab Convention on HIV and the Protection of the Rights of People Living with HIV,⁸ which was adopted by the Arab Parliament in 2012.

⁷ Ghina R. Mumtaz et al., "Are HIV Epidemics Among Men Who Have Sex With Men Emerging in the Middle East and North Africa? A Systematic Review and Data Synthesis," *PLOS Medicine* 8, no. 8 (2011): 1-15.

⁸ This document has only been published in Arabic.

Developing the Concept Note

The process for developing the RCN for MENA was **“very improvisational, due to limited resources and experience.”** The proposed PR, RANAA, is a network of national networks from 25 countries in the MENA region. RANAA has a board of seven elected directors from civil society organizations from Algeria, Egypt, Lebanon, Morocco, Palestine, Syria and Tunisia, and a Secretariat in Beirut with a full-time executive director and one assistant. This small, yet dedicated, organization carried the majority of the burden for the process: coordinating dialogue activities, interfacing with national AIDS programs, technical partners, and other stakeholders, managing consultants, attempting to obtain CCM or NAP endorsements, and coordinating the drafting and submission process. This fell to RANAA because there are virtually no other civil society organizations with comparable experience or coverage at the regional level. The only other regional-level organizations named by those interviewed were two networks without legal status: MENARosa and M-Coalition, an Arab network of men who have sex with men which was only launched in July 2014. The MENA Harm Reduction Association (MENAHRRA) is the only regional-level HIV-related civil society organization with legal status. MENAHRRA was involved in the original development of the RANAA RCN, but not included in the proposed program because they were already implementing a separate GF-funded regional program.

Upon initial screening by the Global Fund, the MENA submission was flagged. In a February 23, 2015 letter to RANAA, the Access to Funding department at the Global Fund Secretariat indicated that the RCN was flagged because RANAA had not provided documentation of its registration as a legal entity and because four of the five concerned national authorities (CCMs or NAPs) had not indicated endorsement of the RCN. RANAA was given until April 1 to provide all of the missing eligibility documents. Without them, the RCN would be considered incomplete and would not be reviewed by the TRP for possible funding. After assessing the likelihood of making the April 1 deadline, RANAA decided to withdraw from the application process for 2015, and refocus on a new EOI in partnership with MENAHRRA, for RCN submission in 2016.

A SMALL TEAM

As one interviewee said: **“the plain reality is that the four of us were the universe of people regularly involved [in the RCN development process].”** The interviewee was referring to RANAA’s Coordinator, the lead consultant, the civil society advisor of UNAIDS regional office in Cairo, and the regional advisor of The Alliance. Compared with the extensive steering committees and consultant groups and “bid coordinator secretariats” that supported the other two RCNs, there is a clear role for more robust human resources in the RCN development process. That said, it appears to be two issues beyond the control of the small consortium which imperiled the MENA RCN: unanticipated delays in the registration process within the

Lebanese government, and limited interest and investment among some of the concerned CCMs or NAPs. For RANAA's part, despite major capacity constraints, they appear to have come very close to submitting a robust and eligible RCN.

REGIONAL DIALOGUE

Two regional dialogues were held in the course of developing the RCN. The first was held in Algiers, Algeria in October 2014. The one-day Algiers meeting included some regional-level partners (RANAA, MENARosa) and global-level partners (UNAIDS, The Alliance, and the International Development Law Organization), but the only country-level representatives were those from Algeria (the Ministry of Health and some NGOs). The meeting was facilitated by the lead writing consultant. The meeting was helpful in terms of bringing some key stakeholders together, but **"was not very useful to develop or confirm content of the concept note."** To many at the meeting, this was their introduction to the regional proposal. The participating countries were not finalized yet. The mostly vague and conceptual discussions were **"not particularly helpful."** This type of top-level, formative interaction may very well have a place in a robust RCN development process. However, at this late stage in the development of this particular RCN, with the various capacity constraints it was subject to, a meeting like this probably needed to be more directly useful to the development of the concept note, rather than an introduction to it.

The second dialogue was held in Cairo, in December 2014. Civil society organizations, national AIDS programs, and UNAIDS country offices from all five countries were present, as was the Fund Portfolio Manager from the Global Fund, and the regional and global level partners from the Algiers meeting. RANAA board members were also present at both dialogues. There was a strong showing of Egyptian civil society, as there had been in Algeria. Unfortunately the meeting was structured almost identically to the Algiers dialogue, with minimal time in the agenda allotted for discussion of specific interventions. The most notable observations from the Cairo meeting were the Lebanese and Jordanian governments' shutting down of the discussion on transgender people and a heated discussion of who would be country-level sub-recipients. As noted by one interviewee, **"It was a wasted opportunity to get more input from the partners in the room."** According to several interviewees, this was not the result of a lack of strategic thinking or planning on the part of the RCN committee, but a matter of not having the right facilitation for the dialogue.

Main Challenges

LACK OF POLITICAL SUPPORT

The central contradiction of the MENA RCN development experience (and outcome) is that there is limited political support in the region for HIV programming that targets men who have sex with men, sex workers, and/or transgender people, yet the RCN is expected to demonstrate political support for the proposal throughout the region. The key form of this demonstration is the endorsement of the RCN by participating countries' CCM or NAPs. **Only one country has a CCM (Egypt), meaning that the RCN development team needed to obtain direct governmental endorsement (via NAPs) for the RCN; governments which generally criminalize homosexuality and sex work, and have complicated and oppressive relationships with the transgender community.** Only one endorsement was obtained, leaving the application ineligible. Despite a collaborative spirit among representatives of the NAPs, larger political realities compromised their ability to share endorsements and financial data in a timely and comprehensive manner. Compounding these challenges is that the language required for endorsements is English, while the primary languages spoken in the participating countries are Arabic and French.

RANAA's status as an unregistered organization in Lebanon was the other disqualifying factor. The reality is that RANAA's application for registration has taken much longer than expected. The team believes that the Syrian refugee crisis, among other conflicts, has shifted priorities for the Lebanese government, thereby delaying the registration. However, greater political support for the RCN within the government would likely have aided the application.

CAPACITY

There are insufficient resources and political support in the MENA region to develop and implement HIV prevention and treatment programming for key populations. This stems in large part from the extreme marginalization of men who have sex with me, transgender people, and sex workers. Even beyond key populations, there is minimal HIV infrastructure in MENA, and almost none of it is community-based. Nonetheless, the Global Fund applied the same expectations and investment for regional proposal development in MENA as it did in regions with sizeable HIV programmatic, funding, and advocacy infrastructure. At present, the proposed PR requires additional investment to build its capacity to be an effective PR. While they have experience, passion, and important partnerships, they could benefit from support to enhance their technical and human resource capacity. Nonetheless, the Global Fund wants to see a civil society organization PR for the MENA region, while UNAIDS and The Alliance have expressed confidence in RANAA to play this role. This desire needs to be met with appropriate investment, support, and expectations. In applying a standardized package

of resources and attention, the Global Fund did not provide sufficient accommodations for the uniquely challenging context faced in MENA.

CONTEXT: CONFLICT AND MARGINALIZATION

The MENA region is one which has been embroiled in intense conflict in recent years. There is an ongoing insurgency in Yemen. Egypt continues to deal with the fall-out of a violent revolution, while also combating an emergent threat from the likes of the “Islamic State” and sharing a huge border with an unstable Libya—as does Algeria. Lebanon and Jordan share borders with Syria, where arguably the bloodiest ongoing civil war in the world rages today. These major security threats, coupled with the social, cultural and legal barriers to delivering quality HIV-related services to men who have sex with men, transgender people, and sex workers create a situation where national governments are severely restricted in their ability and/or willingness to meet the needs of key populations. This may be the definitive example of why regional programs are necessary.

MODULAR TEMPLATE

As was cited by other RCN development teams, the Modular Template within the monitoring and evaluation section of the RCN presented a challenge for the MENA team. **“In a region with weak HIV surveillance systems and limited key population-disaggregated data and almost no population size estimates,”** says one interviewee, it can be nearly impossible to set informed targets. There is scarcely a baseline against which to measure progress.

Key Lessons Learned and Recommendations

1. The Regional Concept Note template is inadequately tailored for regional programs.

Regional programs are important because they are distinct from national programs. The basic premise of the regional program is that it should add value to national programs. In practice, regional programs provide a space for non-governmental actors to address structural barriers that impede access to services (for e.g. stigma and discrimination). The regional programs therefore tend to focus less on “hard target” issues such as treatment coverage and reductions in HIV incidence, and on more contextual factors like the policy environment and building the capacity of civil society organizations and key population networks to implement programs and provide oversight. Despite the important distinctions between national and regional programs, the Global Fund currently uses the same basic template for both types of concept notes, a significant limitation for the RCN development teams.

Specifically, the Modular Template for monitoring and evaluation which is used for most concept notes, does not fit well with the intention and practice of many regional concept notes, and often demands inputs which are unavailable such as solid epidemiological data. This misalignment presents a considerable challenge for RCN consortia. The Global Fund has demonstrated an awareness of this disconnect, but only on a case-by-case basis, and seems to only apply the awareness after RCN development teams have invested significant resources in attempting – often unsuccessfully – to satisfy the Modular Template requirements. Experience to date shows that the Workplan Measures Template is a more appropriate monitoring and evaluation approach for regional programs.

Recommendation 1.a: Establish a working group to review the RCN development process, application template, and associated protocol.

A working group which reports to the Strategy, Investment, and Impact Committee at the Global Fund can offer broad, cross-cutting advice and recommendations on how best to shape and support the RCN development process and revise the application template to be better suited to its purpose and users. The working group should include Global Fund Secretariat personnel, regional program implementers, civil society representatives, and technical partners such as UNAIDS. The RCN working group should review the existing approach, work with applicants (successful and not) to understand the challenges associated with the RCN template and protocol, and formulate recommendations to the Global Fund for revisions. The RCN working group should also review and comment on all written guidance provided to RCN applicants.

Recommendation 1.b: Revise the Regional Concept Note template. The RCN template should be reviewed and revised so that it accurately reflects the context and intentions of regional programs. One immediate fix would be to set the Workplan Measures Template as the default M & E structure, rather than the more data-driven Modular Template.

2. CCM/NAP endorsement requirements present a substantial burden to RCNs.

Regional programs tend to respond to needs that country programs are unable or unwilling to address. Particularly in cases where there is a lack of political will at the country-level, obtaining CCM or NAP endorsement of an RCN can be difficult or impossible. The Global Fund has acknowledged this by allowing RCN development teams to “demonstrate significant attempts” to obtain such endorsements in lieu of presenting actual endorsements. However, guidance on what constitutes these efforts is sparse and disqualification due to inadequate CCM/NAP endorsement in such a challenging context has occurred (see the MENA experience discussed in Case Study 3 above.)

Beyond the political challenges inherent in obtaining CCM/NAP endorsements of RCNs, the process can also be labor and resource-intensive. In a given region, CCMs can be on a range of meeting schedules, with a range of interest or prioritization of RCNs engagement (programs which they tend to have little financial or political investment in), requiring that RCN development teams pursue CCM representatives to an exhaustive degree. Many times, this goes beyond phone calls and emails, but requires RCN development team members to travel to participating countries for the sole purpose of obtaining (or attempting to obtain) the endorsements – a significant investment of time and resources.

Recommendation 2.a: Review the CCM/NAP endorsement requirements for RCNs. The Global Fund should review existing CCM/NAP endorsement requirements for value and feasibility. Some potential questions to guide the review are: What is the definable value of CCM/NAP endorsements to RCNs? What are examples of efficient approaches? What constitutes a significant attempt to obtain endorsements? How can the process be streamlined? What role can or should the Global Fund Secretariat and CCM Secretariats play in facilitating endorsements? The RCN working group (Recommendation 1.a.) may have a central role to play in this review as well.

3. The complexity and resource-intensiveness of RCN development is not in alignment with the capacity of much of civil society, nor the unpredictability of ultimately receiving funds.

As was observed in the above case studies, successful RCN development can take as long as 20 months and cost more than US\$200,000, with no guarantee of receiving funds after those investments. The (new) funding

model has taken steps to streamline application processes and improve predictability for countries, but has not extended these enhancements to regional programs.

The standard allocation by the Global Fund of US\$10,000 for RCN development falls far short of the US\$71-215,000 spent in the three regions examined. When the process is competitive, as RCNs now are, this can be a barrier for key population leadership. Risking hundreds of thousands of dollars is not plausible or sustainable for key population networks. By maintaining the requirements and not providing greater financial resources, the Global Fund reinforces a dynamic that makes it challenging for regional programs to be led by key population organizations.

Recommendation 3.a: Use the Expression of Interest process to screen applications, and then provide more intensive support to those EOIs which are recommended for RCNs.

The EOI was initially a screening process by which various regional proposals could be reviewed, disqualified, recommended for RCNs, or even combined. The Global Fund should revert to this approach and expand upon it. EOIs should be the end of the competitive process. Those proposals which are selected at this stage, should then transition into a concept note development process much like CCMs, where there is a defined amount of available funding, and the Global Fund works with the RCN team to develop a quality concept note which will ultimately be funded.

Recommendation 3.b: Increase the standard RCN development allocations to reflect the actual cost of development.

By removing the competitive component from the RCN-development phase, there will presumably be fewer applicants, and the Global Fund will be committed to funding all RCNs. By increasing the standard RCN-development allocation to US\$100,000 the investment will be better aligned with the actual costs of the process as evidenced thus far. Following on from this, applicant consortia may be required to submit a projected budget upon being invited to submit a full RCN.

4. With the right support, key population networks will have the capacity to develop and lead regional concept note development.

In the cases observed, key population networks did not generally have the capacity to lead RCN development. In some cases, they were significantly limited in their capacity to even engage these processes meaningfully. All three of the regional proposals were developed with a view to building the capacity of key population networks and other civil society organizations to be in a position to lead RCN development and programming at the end of the three-year proposed program.

Recommendation 4.a: Enshrine capacity development for civil society organizations and key population networks in the RCN template. Because

regional programs are not driven by governments, regional civil society organizations need to be in a position to effectively develop, implement, and administrate them. Civil society organization or key population capacity building plans should be required for all RCNs. The RCN working group should be charged with advising this revision to the template as well.

5. The iterative process for concept note development is a point of strength, yet there is an inadequate level of coordination of communications at the Global Fund Secretariat regarding regional concept notes.

Receiving direct guidance and feedback from Global Fund staff throughout the RCN development process was universally regarded as a positive feature of the (new) funding model. Building from the EOI, through the RCN drafts, to the TRP, the back and forth appeared to generally strengthen the RCNs. However, based on the reported experiences of many of the interview participants, the guidance provided by the Global Fund lacked consistency and reliability. Confusing, and sometimes outright contradictory, messages were communicated to RCN development teams about the template and the process. It was an iterative process for applicants, during which feedback was given from various offices at the Global Fund at various times. For RCN development teams, the primary points of contact with the Global Fund Secretariat tended to be assigned fund portfolio managers, personnel from the Community, Rights, and Gender Department, and representatives of the Technical Review Panel. The TRP has the final ruling, but it did not appear to some respondents that other communications were always reinforcing TRP guidance.

Recommendation 5.a: Enhance the iterative process by streamlining RCN-related guidance and communications at the Global Fund Secretariat.

The RCN working group should review the current internal processes and protocol for providing guidance to applicants and addressing questions and challenges. The RCN working group may then provide specific recommendations, or help to set priorities for streamlining communications and reducing conflicting messaging to applicants.

Conclusion

Regional programs are important, as they are aimed at addressing common issues such as cross-border interventions and structural barriers that impede access to services, filling a critical gap in national programming. However, the current process does not allow regional programs to fulfil their full potential. In a report called *The Global Fund's New Funding Model: Early Outcomes for Regional Civil Society Applicants*,⁹ ICASO documented the very similar experience of the Eurasian Harm Reduction Network in developing the first civil society regional application under the (new) funding model. The report noted that a robust regional dialogue process requires sufficient funding—for convening partners across multiple countries, translation, facilitation, dissemination of findings, and soliciting feedback and opinions. Additionally, civil society need a clearinghouse of quality technical support for applications focused on human rights, advocacy, harm reduction, community systems strengthening and related issues focusing on “critical enablers” to address harmful laws and policies. Moreover, the Global Fund should ensure the templates and an applicant’s performance framework and other tools for monitoring and evaluation reflect the needs of applicants whose concept notes do not easily cohere with typical quantitative performance indicators.

To be sure, these issues predate the existence of the (new) funding model. There has long been a need for embedded capacity building, technical support and flexibility to allow for the meaningful involvement of civil society and key population organizations. The Global Fund should capitalize on the opportunity presented by the (new) funding model to truly operationalize their stated commitment to greater impact in the response to the three diseases.

⁹ ICASO, *The Global Fund's New Funding Model: Early Outcomes for Regional Civil Society Applicants*. 2014. <http://www.icaso.org/files/the-global-funds-new-funding-model-early-outcomes-for-regional-civil-society-applicants>