



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (39)/16.23
Issue date: 11 November 2016

THIRTY-NINTH MEETING

Date: 6-8 December 2016

Venue: Executive Board Room, WHO, Geneva

Agenda item 7

Report by the NGO representative

An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response

Additional documents for this item: *none*

Action required at this meeting – the Programme Coordinating Board is invited to:

See decisions in paragraphs below

82. *Recalling* the 2016 United Nations Political Declaration on HIV and AIDS, paragraphs 60d and 64a,¹ *call* on UN Member States, to urgently examine domestic funding mechanisms and systems to determine where barriers to funding community-led organizations exist, particularly funding for networks and organizations of people living with HIV and other key populations, including women and young people, and to *create* mechanisms that effectively and sustainably fund the community-led response.

83. *Recalling* decisions 5.2, 6.2(b) and 6.4² from the 38th Programme Coordinating Board, and the commitments in the 2016 Political Declaration on HIV and AIDS, paragraphs 63 (a)–(e)³, *call* on UNAIDS, to:

- a. *Conduct* an analysis of systemic, political, legal, and social barriers to the integration of community-led HIV responses in national AIDS plans and of potential solutions for removing those barriers, including attention to the actions that Middle-Income Countries can take to support community-led responses in their transition financing plans, in particular community-led key population responses;
- b. *Adapt* existing mechanisms to support UN Member States to track and share their progress in effectively funding community-led organizations;
- c. *Provide* guidance to funders on good practices for the monitoring and evaluation of funds to grassroots and community-based organizations, and guidance for countries to create or reform national mechanisms to fund comprehensive community responses to HIV;
- d. *Identify* innovative measures to support UN Member States to effectively strengthen the input of communities, in accordance with the GIPA Principle, in the committees formed to design, evaluate, and review national HIV programmes as well as national and donor investment frameworks for HIV; and
- e. *Report* on progress at the 41st PCB.

84. *Recognizing* the urgent need to integrate HIV response programming with sexual and reproductive health and rights (SRHR) programming and other health programming, and *recalling* the Busan Partnership for Effective Development Cooperation, 2011,⁴ *call* on UNAIDS, to engage with other multilateral platforms including but not exclusively, the Global Fund for AIDS, TB & Malaria; the Global Fund for Woman; regional development banks; and donor development agencies, in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors.

INTRODUCTION: PURPOSE AND METHODOLOGY

1. The NGO Delegation brings the unique, first-hand experiences and perspectives of people living with HIV and key populations to the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB). Each year, it presents a nongovernmental organizations' (NGO) report that focuses on a critical emerging issue for affected communities and that is informed by the Delegation's constituencies.
2. The 2016 NGO Report is entitled *An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response*. This report provides an overview of the global consensus on the need for a well-resourced community response to HIV. It outlines some of the key barriers faced by communities in terms of accessing funding from donors, and provides practical recommendations for improving financing systems so as to better support the community response. Furthermore, this report offers examples of good practices and case studies of select mechanisms through which communities can access funding. The purpose of this report is to provide insight and guidance to donors, Member States, and UNAIDS on the importance of, and approaches to, effective financing of communities in the HIV response. It is the NGO Delegation's intention to support, with this report, the implementation of decisions set out above and at the end of this document (see paragraphs 82–84).
3. This NGO Report is informed by consultations conducted by members of the NGO delegation in August and September 2016. Consultation and survey participants are quoted throughout, with their comments informing the evidential foundation and overall spirit of this report. The paper is also informed by a review of relevant literature, including research papers, advocacy and analysis reports from civil society, descriptive content from funding institutions, and resources published by UN organizations.
4. The original data presented in this report are from two sources: a) regional consultations, and b) a global web-based survey conducted by members of the NGO Delegation. For the regional consultations, the NGO Delegates identified key stakeholders (n=30) from community-led organizations and from advocates knowledgeable about local, national, and regional funding environments and engaged them in structured interviews lasting from 30 to 60 minutes. The interviews took place in August and early September 2016. The people who were interviewed are listed in Annex 1.
5. The web-based survey, designed primarily for people working within community-led projects, was created and distributed in English, Spanish, and Russian. The survey was promoted through the NGO Delegation email list and social media links and through each Delegate's networks. The survey was started by 198 respondents and completed by 156 respondents.⁵ Respondents are from at least 63 countries.⁶ Survey respondents are primarily from small organizations, with 50% reporting that their organization had one to ten employees and another 18% indicating that they all worked as volunteers. The great majority of respondents (85%) indicated that their geographic focus was local or national. The majority of survey respondents (62%) indicated that they had to decrease their organizational budgets in the past three years, compared with 23% who noted that their budgets had stayed the same and 15% who had seen increases in their budgets. A list of survey respondents who wished to be named can also be found in Annex 1.
6. While the NGO Delegation sought a wide-range of experiences and expertise, there are limitations to any process of data collection. In particular, limits of language and Internet access mean that the responses do not include organizations whose leaders lack fluency in

English, Spanish or Russian, who do not have reliable access to the Internet, or are not linked into the networks connected to the NGO Delegation. Further, the organizations that are struggling the most might not have the time to complete a survey, while organizations that are doing well might not have the motivation. One significant limitation is that the respondents only came from organizations currently in operation: organizations that have closed for lack of funds (or other reasons) are not represented in these results. Therefore, data described here should be understood not as representative of all community-led organizations in the AIDS response. Rather, they are illustrative of the ways in which communities, in their efforts to maintain critical service delivery and advocacy work, have and continue to engage with funders.

BACKGROUND: A CONSENSUS ON THE NEED FOR THE COMMUNITY RESPONSE

THE ROLE OF COMMUNITIES IN THE HIV AIDS RESPONSE

7. The achievements of the AIDS response are largely due to the efforts of communities. The great strides we have made in preventing infections, reaching vulnerable people, and bringing a strong human rights and gender perspective to health and development are some of the many contributions communities make. Added to that are the decades of activism and advocacy that compelled governments to recognize people living with HIV and that spurred researchers to develop effective treatments. However, if a strong community response, composed of sufficiently respected and resourced community organizations, is not able to continue to play its vital and evolving role, the idea of ending the AIDS epidemic by 2030 will be a dream unrealized.
8. Historically, communities were first to act in the HIV response. And communities tended to be there first, over and over again as the epidemic matured and reached new places. This has been the case especially for the most vulnerable and marginalized people affected by HIV, such as gay men and other men who have sex with men, transgender people, sex workers, and people who use drugs, as well as people from all walks of life who have been diagnosed with HIV infection. Community responses become the places that people living with HIV, key populations, and others turn to first for support.
9. There is a range of types of community responses, from informal to formal. The “most informal” types of community responses include those in households, families, and neighborhoods. Other types of informal community responses involve community leadership (such as political and religious leaders) and community initiatives (such as mutual care and support groups) that do not have any official status or formal recognition from governments. In many instances, they include initiatives which governments refuse to recognize officially or register, for a variety of political and other reasons. Formal community responses are those that are “owned” or driven by officially recognized entities such as registered community-based organizations (CBOs), local NGOs, networks of key populations, and social movement and rights-based organizations.⁷
10. Community responses to HIV can achieve unique impacts within the overall AIDS response. UNAIDS and Stop AIDS Alliance, in *Communities deliver*, asserted that, “*community action translates into results. It can achieve improved health outcomes, mobilize demand for services, support health systems strengthening, mobilize political leadership, change social attitudes and norms, and create an enabling environment that promotes equal access.*”⁸
11. Communities have always played a leadership role in advocacy. In the regional consultations, respondents frequently cited local advocacy to political leaders and

government agencies, as the core province of the community response. This advocacy was described as a critical corollary to the provision of politically sensitive services, such as harm reduction, accessing hard-to-reach populations, and creating enabling environments in which people living with HIV could thrive.

12. Communities also provide core HIV prevention and treatment services, and can do so in ways that achieve unique impact. According to a 2013 World Bank report,⁹ uptake of HIV treatment and prevention services is greatest when CBOs are active. For example, in Nigeria, for each community-based organization created per 100 000 people, there was a 64% increase in treatment access, and uptake of prevention services doubled.

CONSENSUS ON THE IMPORTANCE OF A WELL-RESOURCED COMMUNITY RESPONSE TO HIV

13. There is a global consensus on the need for a well-resourced community AIDS response. Because of this consensus, the NGO Delegation presents this paper with an operating assumption regarding the value of and need for a well-resourced community response. The following excerpts from global policy, advocacy, and funding institutions illustrate this consensus.
14. There is agreement among governments across the world on the need to urgently increase funding for the community-led response. Two paragraphs from the 2016 United Nations Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030¹⁰ illustrate agreed global-level goals for expenditures in and on communities for HIV. In these paragraphs, United Nations Member States committed to “expanding community-led service delivery to cover at least 30% of all service delivery by 2030” (60 d)¹¹ and to “ensur[ing] at least 6% of all global AIDS resources are allocated for social enablers including advocacy, community and political mobilization, community monitoring, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction” (64 a).¹²
15. The UNAIDS 2016–2021 Strategy includes many references to the importance of community responses. Among the most succinct and resounding endorsements is this: “Community-led networks and organizations (especially of women, young people and key populations) must be supported financially and politically to become more central in service delivery and in reaching constituents to inform, empower and link to services.”¹³
16. In *Communities deliver*, UNAIDS and the Stop AIDS Alliance highlighted the need to integrate community responses into the overall response: “It is essential that community responses are integrated into the overall response linking effectively with health-care systems and embedding community activities into a wider context—to transform the AIDS response in the post-2015 development agenda.”¹⁴
17. In its 2017–2022 Strategy, titled *Investing to end epidemics*, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) highlights that, “[c]ivil society and communities must play a central role in the design, delivery and oversight of the response, including community-based service delivery.”¹⁵ In its *Community systems strengthening framework* of 2014, the Global Fund also acknowledged the added value of communities to providing services in an overall response: “Community organizations and networks have a unique ability to interact with affected communities, react quickly to community needs and issues,

and engage with affected and vulnerable groups. They provide direct services to communities and advocate for improved programming and policy environments."¹⁶

18. Writing for the World Bank, Rosalia Rodriguez-Garcia reflects on the important role of communities throughout the response: "*Community involvement has been identified as a 'critical enabler' of an effective HIV/AIDS response; to succeed, communities, civil society, people living with HIV/AIDS, and those affected by the epidemic must be critical partners in these efforts.*"^{17 18}
19. Beyond the HIV response, there has been recognition of the critical role communities and civil society play in achieving larger development objectives. This was noted by the Busan Partnership for Effective Development Co-Operation Fourth High Level Forum on Aid Effectiveness, in 2011: "*Civil society organizations (CSOs) play a vital role in enabling people to claim their rights, in promoting rights-based approaches, in shaping development policies and partnerships, and in overseeing their implementation. They also provide services in areas that are complementary to those provided by states.*"¹⁹
20. We have a global consensus that this important work must continue, must be supported, and must be funded. But implementing agreements about funding communities will take more than political will. There are practical obstacles – built into the existing funding methodologies – that will have to be addressed with seriousness and urgency if there is to be a realistic prospect of ending the AIDS epidemic over the next fourteen years. This paper provides a preliminary review of some of the key challenges to communities' access to funding from donors, and presents proposals for actions that could be taken to make it possible for the global donor community to start moving from rhetoric to reality.
 - a. "*The first realization has to be that community-based work needs and deserves funding. If supporting community-based organizations is a priority, then you'll find a way to create the structure you need.*"
– Lee Waldorf, North America

CHALLENGES IN FINANCING THE COMMUNITY RESPONSE: CONTEXT AND BARRIERS

21. This section discusses the context of donor funding for communities, where there are significant challenges and threats to this access, and how donors and global institutions might mitigate these challenges in order to support the vital work of communities in bringing the AIDS epidemic to an end everywhere. This section draws heavily on the inputs of regional consultation participants and global survey respondents. The discussion of key barriers is structured to align with the later discussion of practical solutions.

LIMITED DATA AVAILABLE ON FUNDING FOR COMMUNITIES

22. It is difficult to describe clearly how much of the global resources allocated for HIV is going to communities. But it is clear that it is not enough. Nonetheless, accurate information is urgently needed. As Rodriguez-Garcia et al noted: "*Information on the direct and indirect funding [going to communities] is not readily available from the donors' centralized database as donors do not routinely disaggregate funding by implementing partners (e.g., government, civil society, international organizations).*"²⁰
23. There are some estimates, but they are limited in number and scope. For example, in 2014, UNAIDS estimated that funding for community-led services comprised about 1% of total global resources for the AIDS response, and that that amount would need to grow:

“Community services will become a larger part of the AIDS response and UNAIDS estimates that resources for community mobilization will increase from 1% of global resource needs in 2014 (US\$ 216 million) to 3.6% in 2020 and 4% in 2030. This includes antiretroviral therapy and HIV testing and counselling. Community systems strengthening aims to bolster the role of key populations, communities and community-based organizations in the design, delivery, monitoring and evaluation of services, activities and programmes.”²¹

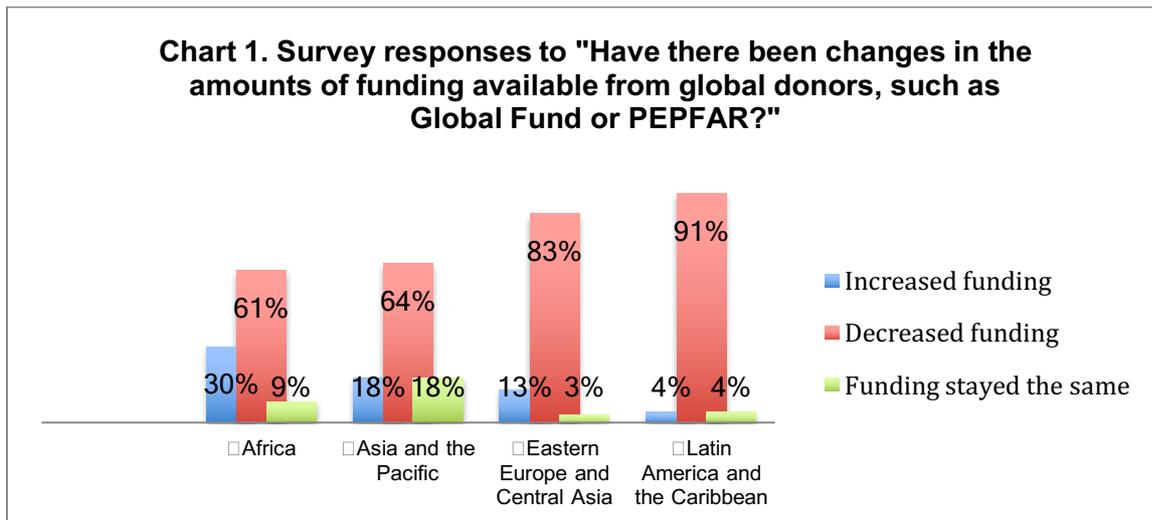
24. In 2016 world leaders revisited this question and determined that funding for communities needs to be considerably higher, calling for 6% of global resources to be dedicated to community-led work to create enabling social and political environments.²²

COMMUNITIES GET THEIR FUNDING FROM INTERNATIONAL DONORS

25. While community responses are defined by being local and/or population-specific, the resourcing of these responses is profoundly dependent on non-local sources of funding. “Civil society organizations depend to a great extent on funding from outside their communities.”²³ In fact, the regional consultations confirmed that nearly all of the funding received by local and population-based organizations, other than those located in Western Europe or North America, was received from non-domestic sources, such as major multilateral institutions (for example, the Global Fund and UN agencies), bilateral donors (including the United States and European countries through their aid and development entities, such as the US President’s Emergency Plan For AIDS Relief, PEPFAR, the US Agency for International Development, and the UK Department for International Development etc.), and private foundations (including the Bill and Melinda Gates Foundation, Open Society Foundations, the MAC AIDS Fund etc.), most of them based in the Global North.
26. National governments in lower and middle-income countries, in general, have a particularly problematic track record in terms of providing funding for local communities. The findings of the Delegation’s global survey indicated that only 29% of respondents in Eastern Europe and Central Asia, 39% in Latin America and the Caribbean, and 49% and 54%, respectively, in Asia and the Pacific and in Africa were aware of *any* communities in their region receiving *any* funds from their own governments.²⁴

“ELIGIBILITY” CHANGES EMPOWER DONORS TO ABANDON COMMUNITIES AND COUNTRIES

27. There is a painful awareness among communities in countries whose economies are growing that donors are pulling out and abandoning them – or, as it is commonly termed, “transitioning”.²⁵ This process is driven by the criteria donors have laid out for eligibility, and demonstrated by the actual level of disbursements going to some countries. But communities know that growing economies do not equal growing domestic support for communities in the HIV response.



28. Survey respondents indicated a general downturn in available funding from international donors. Among survey respondents, 53% reported losing access to Global Fund support, 26% reported losing funds from the UN system, 24% reported losing funds from private donors, 12% reported losing bilateral funding, and 12% reported losing funding from their own governments. These trends were most pronounced in regions where donors are “transitioning” away from providing funding to countries which are said to be moving out of the low-income and lower-middle-income categories, into upper-middle-income and high-income categories, especially in Latin America and the Caribbean, Eastern Europe and Central Asia, and Asia and the Pacific, as shown in Chart 1.

- a. *“Community organizations, including of people living with HIV, don’t have our own resources and we depend on donors for funding.”*
– Shiba Phurailatpam, Asia and the Pacific
- b. *“The Global Fund has mostly left the region. There are some final rounds at the moment in some of the countries but most countries are already without Global Fund funding and that, in most countries, has had a catastrophic effect on services and programmes run by communities.”*
– Marama Pala, Asia and the Pacific

29. As an example of changing eligibility, the Global Fund relies on the World Bank’s income classifications for countries, in conjunction with their disease burdens, to determine eligibility and allocation levels for countries, by disease. With the new allocations for 2017–2019 to be announced later this year, it will be possible to assess directly the trends in Global Fund spending within its “new funding model.”

- a. *“The Global Fund is leaving the [Eastern Europe and Central Asia] region. Most countries in transition, or those that have transitioned, don’t develop proper mechanisms to replace Global Fund money with domestic resources when it comes to prevention work especially done by communities. Most domestic resources go into treatment provision. The Open Society Foundations and other private funders disappeared from Russia and communities and civil society have difficulties accessing funds from these sources in other countries as well due to the challenging political or legal environment.”*
– Michael Krone, Europe

- b. *“If you go and talk to any networks, a lot of them will say that funding has been cut, that ‘our funding from the donor has been reduced.’ Most of the community organizations are struggling when it comes to funding.”*
– Shiba Phurailatpam, Asia and the Pacific
- c. *“Countries are becoming more and more middle-income and this creates space for countries to self-fund some aspects. We have seen a huge increase in domestic funding for treatment, for some components of the HIV response, but the question is what will happen with the more sticky and difficult pieces like criminalized populations, doing advocacy work around regulation of civil society, and investing in new prevention technologies, community-led service delivery. Kind of the structural stuff, I guess, that drives the HIV epidemic, that governments less want to tackle.”*
– Chris Connelly, Asia and the Pacific

30. Further illustrating the scope of “transitions,” in October 2016 the Global Fund produced a list of projected transitions from Global Fund support. These included the 25 countries (by disease component) that will be facing a loss of Global Fund support over the next nine years, representing perhaps one-fifth to one-quarter of all Global Fund recipient countries. These are the 25 countries where communities and key populations are at high risk of losing funding (see Table 1, which is adapted from the Global Fund’s document, for further details).

WHEN DONORS LEAVE, THE COMMUNITY RESPONSE SUFFERS

31. The gradual process of “transition,” or divestment of donors, will mean a slow death of the community response, away from the headlines and without emergency actions. In this process, the scope of community programmes will diminish, organizations will rely more and more on volunteer time and resources, and their reach and impact will be mitigated, but they may still exist for some time. This process is often compounded by histories of long-term underfunding for community organizations, limiting their capacity to respond to the changing context.

- a. *“What we see in the country level is that since the budget level has been cut, you have different provinces or districts and in the past they have been providing services in [many] districts. Now they are only delivering in five districts. Also, in the past you have 20 outreach workers and now you only have three. The kinds of changes that you see are very visible for PLHIV networks.”*
– Shiba Phurailatpam, Asia and the Pacific

Newly ineligible since 2014–2016 allocation and may receive transition funding in 2017–2019	Projected to become ineligible in 2017–2019 based on country move to upper middle-income status and may receive transition funding in 2020–2022	Projected to become ineligible based on country move to upper middle-income status in 2020–2022 and may receive transition funding in 2023–2025
Albania (HIV, TB) Algeria (HIV) Belize (TB) Botswana (malaria) Bulgaria (TB) Cuba (HIV) Dominican Republic (TB) Paraguay (TB, malaria)	Armenia (HIV, TB) El Salvador (TB, malaria) Kosovo (HIV, TB) Philippines (malaria) Sri Lanka (HIV, TB)	Bolivia (malaria) Egypt (TB) Guatemala (TB, malaria)

Panama (TB) Sri Lanka (malaria) Suriname (TB) Turkmenistan (TB)		
Countries projected to move to High Income status and become ineligible (high-income countries are not eligible for transition funding)		
<i>Projected to become ineligible over 2017–2019</i>	<i>Projected to become ineligible over 2020–2022</i>	<i>Projected to become ineligible over 2023–2025</i>
Malaysia (HIV) Panama (HIV)	Costa Rica (HIV) Romania (TB)	Kazakhstan (HIV, TB) Mauritius (HIV)

32. The process is not always gradual. Sometimes whole streams of funding disappear. When they do, it can mean the immediate loss of vital services provided by communities. The lost services tend to be those deemed “non-essential” or incongruent with political priorities by donors or national governments when donors leave. But communities know that they are, in fact, critical services and when they are cut, there are grave consequences. People do not access testing, and they present for treatment only once they have AIDS-defining illnesses, or they do not access the prevention services that could prevent their HIV infection. People get sick and people die.

- a. *“Community centres [suffered most when] funds were cut for that in Global Fund proposals in recent years. Only prevention services have stayed. So most damaged are the community centres, which were a platform for community growth.”*
– Igor Gordon, Eastern Europe and Central Asia
- b. *“The Global Fund supported an HIV programme from 2010 which focused exclusively on men who have sex with men, transgender people, and hijras. This closed in 2015. In 2008, the BMGF-supported programme closed after only five years. This programme focused on sex workers in India, and included, for the first time, transgender sex workers, male sex workers and ‘bar girls.’ Previously funded interventions have challenged the legal or political environment in India and donors should support such kind of activities as key populations’ lives do matter!”*
– Abhina Aher, Asia and the Pacific
- c. *“The most important loss has been the Global Fund. This not only means reduced funding for activities, but also the complete disappearance of activities like advocacy and service delivery, and of organizations.”*
– Michael Krone, Europe

33. There is not enough coordination among donors or supportive architectures for communities in the AIDS response to adequately mitigate the effects of reductions in funding for communities. This contrasts with the substantial support systems available to nation states and the private sector. This void becomes more profound where donors are “transitioning” out of countries. Without formal means of coordination of funding – or perhaps more importantly, reductions in funding – donors are left to base decisions on observable trends, such as changes in Global Fund eligibility or allocations.²⁷

- a. *“There is a global architecture of institutions and mechanisms, both proactive and reactive, supporting nation states. There is a global architecture of supportive institutions and mechanisms supporting the private sector. Why is it that there is no global, continental or local architecture supporting civil society?”*
– Jonathan Gunthorp, sub-Saharan Africa

b. *“What is the worst about [the Global Fund exiting countries] is that the other donors follow the Global Fund and cut their budgets for that activity as well.”*
– Igor Gordon, Eastern Europe and Central Asia

c. *“And also [UN] member states: they sit on the boards of global health agencies and have different positions depending on the board they sit. They should be more consistent, and if they ask for money for advocacy for instance at UNAIDS board, they should promote this in the Global Fund, WHO, UNITAID, GAVI, and UN agencies.”*
– David Ruiz, Europe

34. The reality of donors “transitioning” out is that the community response is at risk of transitioning out as well. This is incongruous with the global consensus on the importance of the community response to HIV. Communities are being hamstrung and they will be hamstrung even further by these transitions. There exists a grave threat to our aspirations to end the AIDS epidemic, by 2030 – or even 2080. The asserted importance of communities to the response must be backed up with increased, not reduced, investments.

CONDITIONS OF DONOR FUNDING

35. While it is well established that external donors are the primary sources of funding for communities, and donors should be applauded for their support, communities often face challenges when accessing the funding. Global donors tend to have expectations for recipients that are not aligned with the capacity or on-the-ground realities of CBOs. Thus funding tends to go to organizations that best fit the expectations of donors, and it is often channeled through large NGOs or governments. This can have the effect of isolating the most grassroots groups or of considerably reducing the amount of funding that reaches the community level. As Rodriguez-Garcia, et al. noted: “Donor funding is not reaching all organizations equally. At the national level, most of the funds are disbursed to a few large international and national NGOs. This reflects the initial focus of the global AIDS response on achieving results quickly and in a manner that would meet the reporting requirement of donors.”²⁸

a. *“What we know is that in countries, we have [a few] partners who are well-funded but it just so happens that they are the right organization in the right place at the right time.”*
– RD Marte, Asia and the Pacific

b. *“Partnering with large NGOs [is a challenge]. The risks are that youth groups will be left in the shadows in a way that their work and direction of action will not be given priority consideration.”*
– Sarah Mbabazi, sub-Saharan Africa

36. Donors do not write checks without terms. They are established with mandates and governed by boards or governments, who set their priorities. Thus they have their own priorities and make funding allocations and disbursements based on those priorities. The priorities of donors and communities can be in alignment, but often they are not. The key to success for many community-based organizations has been to identify where and how their priorities and skill-sets align with those of their donors, or how they can make their priorities sound like the donors’ priorities. However, when there is a significant discrepancy, donor priorities win the day. Thus if community organizations want to survive, they must accept donor priorities and measures of success. Community organizations may also have to re-

align a significant portion of their work to satisfy heavy donor reporting and monitoring requirements, shifting the organization away from their core focus.

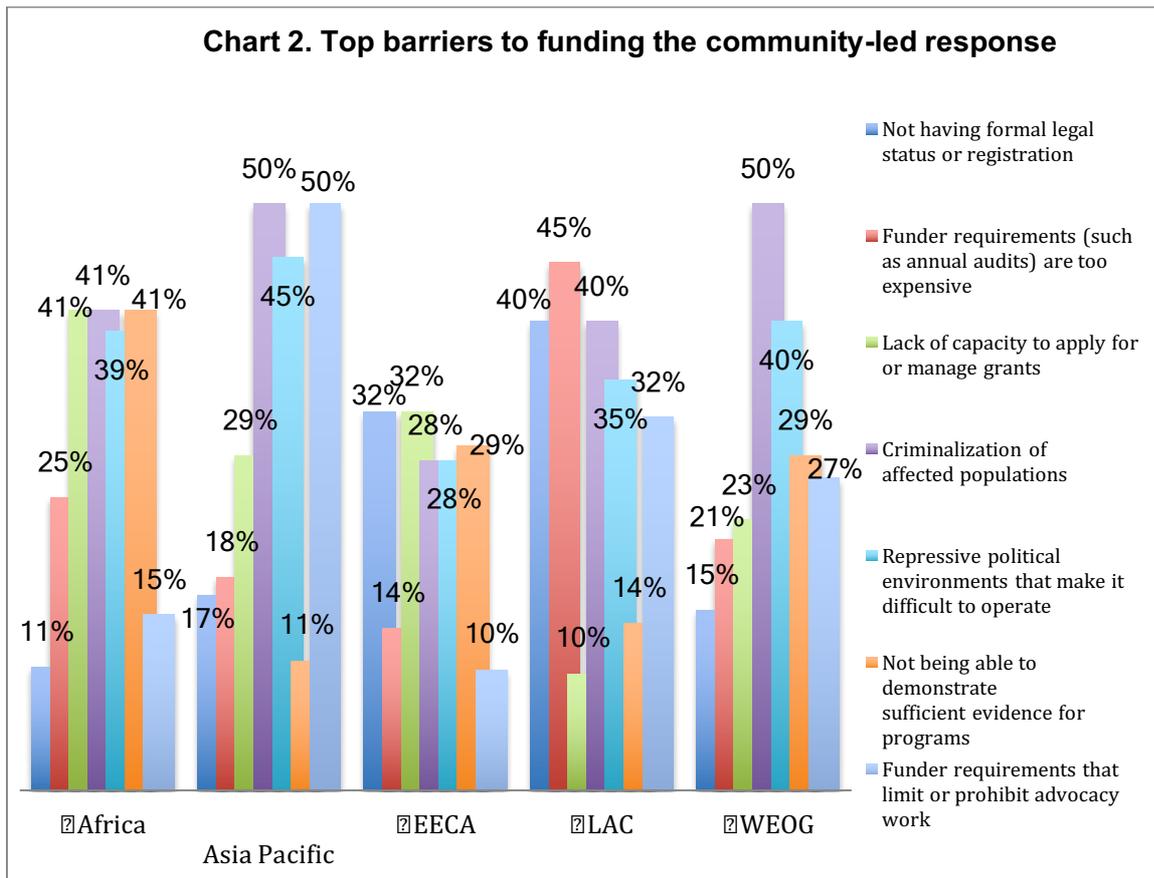
- a. *“If the money available that they can access now is for something else, rather than for the work that they want to do, then that’s the only work that they can do for them to survive. But if they take it they will do what they need to do for the donors. But at the same time, they still need to do what is [their] priority. I think from time to time, you need to do it. You need to sustain the organization [...]”*
– Shiba Phurailatpam, Asia and the Pacific

BARRIERS: CHALLENGES AND CHOKEPOINTS IN COMMUNITY FUNDING

37. Despite donors’ acknowledgement of the importance of communities in the AIDS response, communities face numerous and significant barriers to actually access funds, even when they are available. These challenges were reported at length during the regional consultations, and the most common barriers are discussed below. Practical solutions to the challenges are discussed in the next section.

REPRESSIVE LEGAL AND POLITICAL ENVIRONMENTS THREATEN THE COMMUNITY-LED RESPONSE

38. Unfavourable political and legal environments are perhaps the most significant and intransigent challenges faced by community organizations, particularly those that serve key and vulnerable populations such as people living with HIV, sex workers, people who use drugs, gay men and other men who have sex with men, and transgender people. Survey respondents ranked “repressive political environments” and “criminalization of affected populations” as the most critical barriers to community-level funding, as shown in Chart 2. What makes these environments so difficult is the fact that repressive environments drive the epidemic. The environments marginalize people for the same identities and behaviours that put them at elevated risk for HIV infection, and then hamper or forbid the provision of services to those same people. It is a vicious cycle, with the drivers of the AIDS epidemic also limiting the community’s ability to address the epidemic.
39. There is also an awareness of the ways in which the HIV funding architecture has changed power dynamics within communities, by depoliticizing community responses and by conflating service delivery with advocacy. When organizations take on funding for service provision, their ability to be the fierce advocates their communities need is often compromised. They find themselves in a position that requires them to “play nice” with governments and donors to preserve their ability to provide desperately needed services.
 - a. *“This is problematic because the kind of advocacy required for greater domestic investment is redistributive in nature – it is not neutral to politics – and therefore cannot be done by community service providers, which are often required to cooperate with government structures as part of country strategies.”*
– Jonas Bagas, Asia and the Pacific



40. Where there is smoke, there is fire. Environments that present a challenge to community-led AIDS responses are generally marked by poor human rights records, the criminalization of people living with HIV or who are at risk for HIV infection, and low levels of inclusion and engagement of overall civil society in decision-making processes. The Eastern Africa National Networks of AIDS Service Organizations demonstrates this connection clearly. In their analysis of the inclusion of civil society priorities in Global Fund concept notes, measured against the World Bank’s Worldwide Governance Indicators, they found that “countries with a greater degree of freedom of association and freedom of expression submitted concept notes to the Global Fund that were more inclusive of civil society priorities.”²⁹ This analysis connects democratic and human rights environments with community input and roles in HIV programming. Where there is less freedom, there is less space for community-led responses.

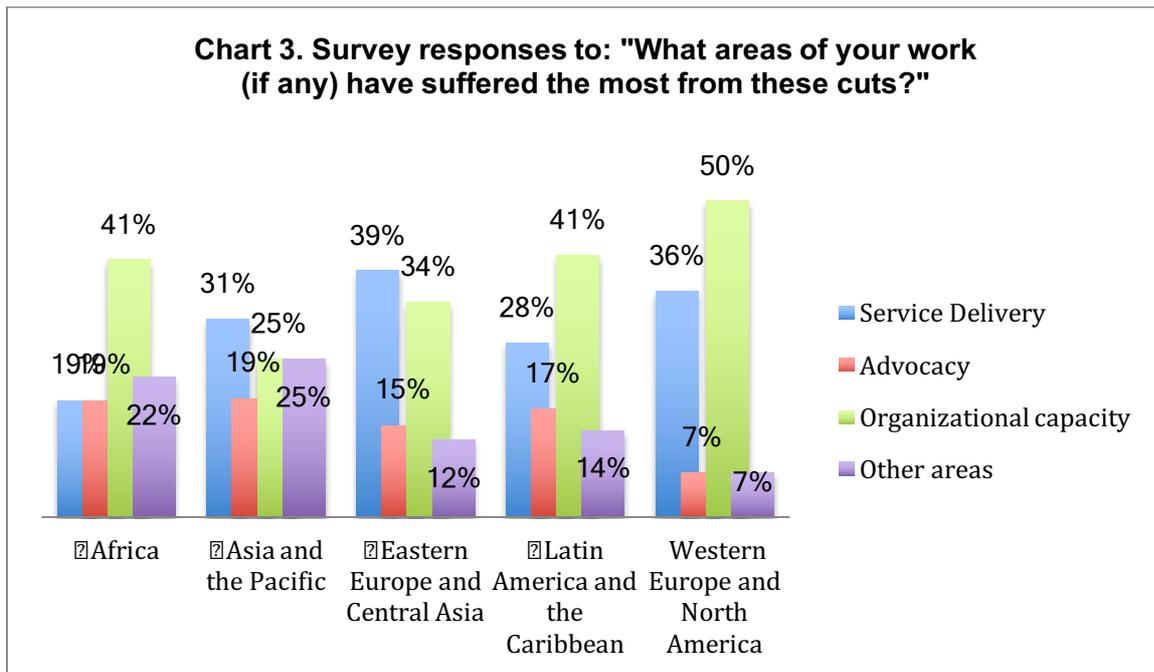
41. In the 2016 Political Declaration on HIV and AIDS, the United Nations General Assembly recognized “that progress in protecting and promoting the human rights of people living with, at risk of and affected by HIV has been far from adequate, and that human rights violations remain a major obstacle in the response to HIV.”³⁰ While having specific and tragic implications for the community-led AIDS response, these factors present significant threats to democracy and representation overall.

- a. “Over the years, when we talk about colonization, a lot of Māori organizations and indigenous-led organizations have been targeted and treated badly within the government system.”
– Marama Pala, Asia and the Pacific

42. Repressive legal and political environments also compound other challenges, such as requirements for CBOs to be legally registered in order to be eligible for funding. When organizations' target populations are criminalized, it can be difficult to access funding. Even if funding is accessed, such as through international donors, it can be challenging or even dangerous to implement those programmes. When communities cannot legally provide services to their members, they generally will not be granted legal status. The danger may arise in the form of physical or legal prosecution of individuals for performing criminalized services, or it may be more "administrative", such as having bank accounts frozen or facilities closed for operating without proper authorization (i.e. not being registered).
- a. *"[Another] question, in terms of registering your organization, is in cases when your community is criminalized. That's also an issue."*
– RD Marte, Asia and the Pacific
- b. *"The other barriers are legal and policy barriers in South and Southeast Asia. You are not allowed to register a group. You are not allowed to hold protests."*
– Anand Chabungbam, Asia and the Pacific
43. Repressive legal and political environments can be dangerous for organizations and providers. They can also be dangerous for the recipients of services, since the act of accessing services can be treated or perceived as disclosure that a person belongs to a criminalized group or participates in illegal activities (such as using drugs, doing sex work or having same-sex relationships, among others). In countries with laws criminalizing HIV non-disclosure, exposure or transmission, people living with HIV who access sexual and reproductive health services may face criminal charges for seeking antenatal or sexually transmitted infection care. In countries that criminalize lesbian, gay, bisexual or transgender relationships, or sex work or drug use, people in those communities fear losing not only their liberty, their employment or their housing, but even having their children removed from their care. People under the age of legal consent who access services may fear that their parents will be informed.
44. Community organizations face serious complications when conducting programmes for criminalized populations. Those difficulties can make it more expensive to provide services, while simultaneously limiting the abilities to access funds, particularly from domestic sources. Community organizations have to find ways to ensure the safety and the confidentiality of staff and service recipients, and to communicate clearly to everyone in their programmes what their legal risks might be. This requires additional legal support and protected systems for maintaining staff and client information. The threats and other complications of managing programmes for criminalized populations can discourage community organizations from even pursuing funding, while also discouraging larger NGOs from implementing programmes for those communities even when they may have significant funds for HIV programmes that target less affected populations. Furthermore, these conditions can encourage or force international donors to exit countries prematurely.
- a. *"The Open Society Foundations and other private funders disappeared from Russia, and communities and civil society have difficulties accessing funding from these sources in other countries as well, due to the challenging political or legal environment."*
– Michael Krone, Europe
- b. *"We have never even tried to get any funds from government. We don't believe it is possible for [people who use drugs] organizations in our region."*
– Andrey Jarovoy, Eastern Europe and Central Asia

LIMITED FUNDING FOR CORE OPERATING EXPENSES OF COMMUNITIES

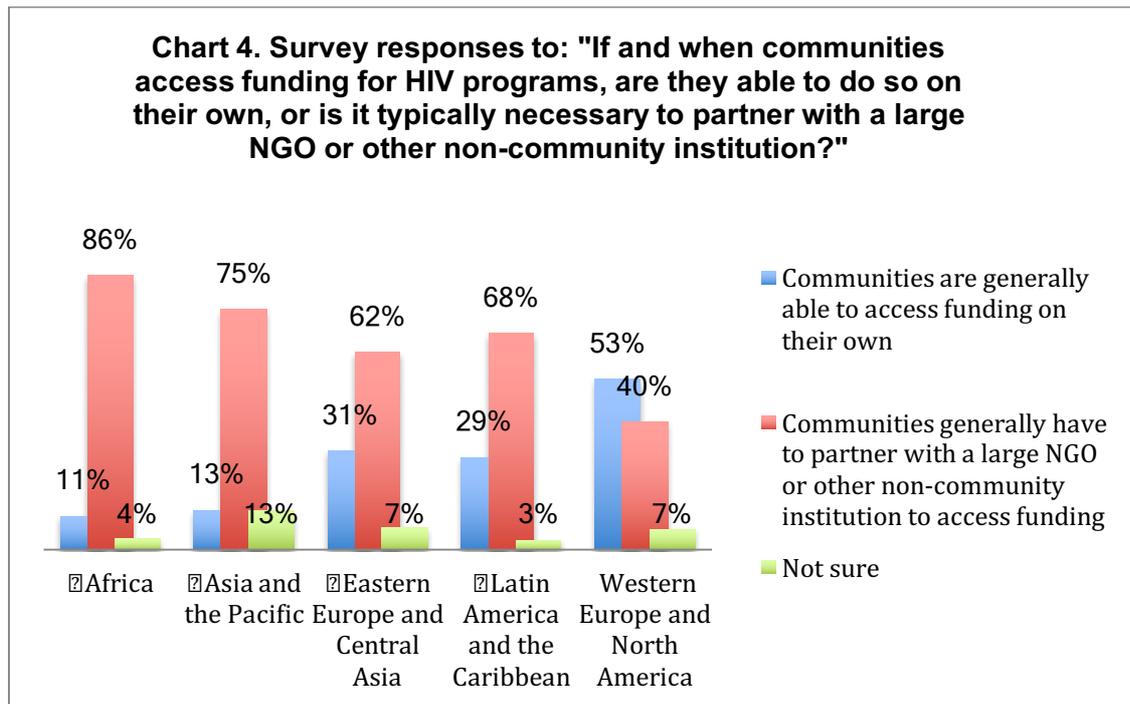
45. Donors have overhead expenses; communities do, too. However, the funding that reaches community groups tends to be project-based. Some project budgets cover core expenses, such as office space and salaries. But donors are often most interested in project results rather than organizational sustainability and development. Thus they expect to get the most immediate kinds of results for the funding they provide. Donors are rarely willing to give money that is not directly tied to some kind of programmatic output.
46. Communities are commonly reliant on project-based funding. They therefore have severely limited abilities to invest in their organizations, such as through retention of staff beyond specific project periods, allocating staff time to strategic long-term interests of the organization and the AIDS response, education or skills enhancement for staff, or the development of cash reserves. Community systems and, therefore, overall health systems are systematically depleted of funds and human energy. Donors understand that these types of investments are critical for their own solvency and sustainability. But that awareness does not always translate to their grant-making practices. Even if a donor is willing to support such costs, the intermediary organizations which communities are required to partner with may not pass along that philosophy to the communities that receive funding from them.
- a. *"[There is] no funding for core costs. Communities are very dependent on funding, so if a grant comes in too late, this means staff costs can't be covered."*
– Survey respondent
 - b. *"Funders are increasingly making their application process more complicated, e.g., requesting higher pre-funding resources and not supporting travel costs or core activities, such as staff, office rent and yet [they] require audited reports and higher quality reports and quick wins."*
– Survey respondent, Africa
 - c. *"Most of the funders don't provide overhead cost because it's very political."*
– Marama Pala, Asia and the Pacific
 - d. *"It's also a question of chicken-and-egg. The more you don't support strengthening of communities and civil society, the more it would be hard for [communities and civil society to] be able to contribute, and the more [governments] will have reason not to fund them because they are not effective."*
– RD Marte, Asia and the Pacific
 - e. *"This lack of core funding has an unintended impact in bias towards vertical or issue-based responses and way from horizontal or systems-based responses. Inadvertently, it thus weakens resilient systems for health by weakening one of the key players in these systems, communities."*
– Jonathan Gunthorp, sub-Saharan Africa
47. As described in Chart 3, communities' overall organizational capacity is the area most affected by reductions in available funding. Despite being of critical importance to the sustainability of organizations and the overall community response, organizational capacity appears to be most vulnerable to declining resources from donors.



ISSUES OF COMMUNITY CAPACITY RELATED TO ELIGIBILITY AND APPLICATIONS FOR FUNDING

Required partnerships with non-community institutions, international NGOs

48. Requirements to partner with larger organizations can lead to the siphoning of funds on their way to communities. They also can limit the eligibility of community-level groups that lack status or infrastructure, as well as reduce the community's influence on programme design and objectives. There is an inherent tension between the stated need of funders to be able to account for their disbursements and the ability of communities to perform extensive accounting and financial management procedures. Thus funders, seemingly in good faith, see intermediaries (i.e. governments, and large or international NGOs) as a means to secure financial accountability while funding communities. However, the approach has significant negative side effects. As shown in Chart 4, survey respondents from low- and middle-income countries overwhelmingly reported that communities generally have to partner with a large NGO or other non-community institution to access funding. Eighty-six percent of respondents from Africa, 75% of respondents from Asia and the Pacific, and 68% from Latin American and the Caribbean indicated this was the case. Aside from reducing the amount of funding that finally reaches community organizations, this arrangement impacts on community ownership and leadership in the design, implementation and evaluation of programmes. In addition, the role of larger NGOs in limiting the ability of community organizations to participate in direct funding arrangements needs to be considered. This is especially relevant when NGOs are being tasked with building the capacity of community organizations.



- a. *"Global Fund, for instance, supports regional grants that course through international and regional civil society networks who have relatively established systems. At the same time, these monies are cut once they go down to the communities because anytime you put a middle person, the money that communities receive on the ground decreases."*
– RD Marte, Asia and the Pacific
- b. *"Let's use Global Fund as an example – how it's done through the CCM [Country Coordination Mechanism], government to private, private to CCM, and a bare minimum trickles down to community. Most of these stop at the hospitals and the healthcare settings. We know there are corrupt practices there. When we know only the bare minimum goes down to communities, what I can say to UNAIDS, for example, would be to cut out the middle men and [deal] directly with the community."*
– Marama Pala, Asia and the Pacific
- c. *"In many of our countries, communities receive funds from funding agencies such as PEPFAR and Global Fund which provide money to national NGOs through the civil society's principal recipient however these funds do not necessarily translate into support to youth-led and grassroots organizations."*
– Bukenya Aisha, sub-Saharan Africa
- d. *"Funders spend too [much] of the available funds engaging multinational contractors, therefore giving less than 10% engagement to the community that really does the work and delivers services to the consumers. This is not ownership, this is not a patient-centered approach and it will never encourage sustainability, accountability and transparency if the community is not at the centre of grant access, implementation and management."*
– Victor Olaore, sub-Saharan Africa
- e. *"The financial resources are not enough for the needs of the communities and, at the same time, the few resources stay with intermediaries."*

- Consultation participant, Latin America and the Caribbean
 - f. *“Communities are underestimated, and this it is justified with the supposed absence of technical capacities. Donors always use third parties to finance communities.”*
 - Survey participant, Latin America and the Caribbean
 - g. *“Most of our community initiatives are over-rid[den] by partners who come with their tailor-made initiatives for support. Hence we get diverted due to resource scarcity.”*
 - Consultation participant, sub-Saharan Africa
49. Requirements to partner with international NGOs cater to donors’ risk mitigation needs, but do not cater to communities’ needs to sustain the gains after donors leave. Due to their design, international NGOs’ operational decisions depend heavily on the availability of resources, which enables them to quickly adapt to changes in the funding landscape. On the ground, this can translate into leaving a priority area when donor resources are no longer available. This becomes a significant problem because management capacity-transfer never occurred while they were partnering with local communities. For that reason, when a donor leaves a country, the communities are left with a very difficult situation: a) resources are no longer available, and b) the technical capacity (previously provided by international NGOs) is not present either.

Technical capacity for proposal writing and reporting

50. A major barrier for communities accessing funds from donors can be the complexity of applications and resource-intensiveness of proposal development processes. Even in cases where funds are intended to ultimately reach communities and support advocacy, these processes can be prohibitive for small CBOs in terms of cost and time.³¹ The most common “work-around” for that problem is the involvement of intermediaries, such as large NGOs or UN agencies. As highlighted above, that approach limits the resources ultimately reaching communities, and it can distort priorities along the way, and fail to build community capacity. After funds are received, reporting requirements can be exhaustive, placing great strain on the limited time and resources of CBOs, or encouraging community groups to opt out of processes that have requirements they cannot satisfy. Accountability is recognized across all levels of organizations as essential. However, complex accountability mechanisms can lead to community groups being seen as incapable, at best, or corrupt, at worst, even though the problem arises from a mismatch of requirements for the tasks at hand rather than from misconduct.
- a. *“What has been going on is you look mainly on how well you write a proposal. If I am asking for harm reduction and needle exchange, for example, anyone can do needle exchange. Even the small organizations. But a lot of donors do not look at it. They look at how well you write your proposal. This is the problem.”*
 - Shiba Phurailatpam, Asia and the Pacific
 - b. *“While most funders speak about the importance of community, their funding decisions do not match the rhetoric. In fact, donors increasingly expect data-driven impact evaluations of their investments, which are hard for community groups to deliver and which do not readily reflect the kind of work communities do.”*
 - Ben Plumley, North America
 - c. *“Most funding, especially EU [European Union] funds, require a lot of capacity that communities do not have. In Europe there’s also a language barrier, as most funds are*

accessible only in English. Also the technical requirements have become complicated, online applications are needed that require stable Internet and IT [information technology] background.”

– Michael Krone, Europe

Requirements to have legal status and financial sophistication

51. In order to be eligible to receive funds from most donors, organizations must be formalized and have financial controls in place. While it may seem obvious for a funder to require such protections, the expectation is not aligned with the reality of many actors in the community response. Obtaining registration or having solid financial protocols can be impossible for some key groups, since they are not “organizations” in a traditional sense, but rather networks or informal associations of affected people. They may also face deliberate regulatory or administrative barriers to receiving official recognition. For communities that are criminalized or otherwise marginalized, it can be impossible to obtain official recognition locally. Those types of requirements can perpetuate the inaccessibility of funds for many communities.

- a. *“There are lots of barriers for big or small community organizations to access funds. Issues around requirements for registrations, for bank accounts, for certain level of financial management, for certain level of experience like audited accounts or similar requirements. And you need a certain level of financial structure and management to be able to administer funds.”*
– Chris Connelly, Asia and the Pacific
- b. *“You have to demonstrate capacity, fiscal accountability, proper audit, report, etc. These are secondary when you’re a small NGO even if you are effective on the ground.”*
– RD Marte, Asia and the Pacific
- c. *“For community organizations, [they] need at least two to three years track record for holding funds or [they are] ineligible [to receive grants].”*
– Robin Montgomery, North America
- d. *Partners want to support communities that have already received some grant from other partners. Whom do they think will be first if they can’t be the first?”*
– Vimbai, sub-Saharan Africa

RISK IS DEFLECTED FROM FUNDERS TO COMMUNITIES

52. Risk is a priority consideration for donors – understandably so. Donors are averse to risk when contributing to, or, in their phrasing, “investing” in countries and communities. The risks for funders can include the mismanagement of funds, theft and poor performance, among others. These are risks for communities, too, because if theft or mismanagement occurs, their programmes are damaged. Mitigating those types of risk is therefore a shared concern for donors and communities. Too frequently, however, donors demand risk-free or minimum-risk scenarios that attempt to ascribe the norms of sophisticated, large and well-funded institutions to small community groups. That approach sets the bar too high, and it does not match the nature and strengths of communities. Communities are set up for failure because donors fail to recognize the actual conditions of risk in which communities operate. The attempts to insulate donors from risk by exporting it to the most vulnerable actors in the

global health and development supply chain is antithetical to the needs and values of the AIDS response.

- a. *“A zero appetite for risk, and a desire to invest in community change are incompatible. Many donors refuse to recognize this, and by their refusal simply ‘down-source’ risk to the already most vulnerable development players: NGOs.”*
– Jonathan Gunthorp, sub-Saharan Africa

53. As risk is shifted from donors to communities, it gains power. When communities take on disproportionate levels of risk, they take on existential threats. In a context where donors demand complete financial accountability from small organizations, the smallest mistakes in handling or reporting on funding, whether by organizational leaders, sub-grantees, partners, or front-line staff (anyone from nurses to drivers to outreach workers), can spell disaster for organizations when audits by multinational accounting firms are required. This misplacement of risk is a dangerous barrier to community organizations’ sustainability. In addition, the burden of heavy donor requirements can saddle a small organization with unrealistic expectations and divert it from its primary purpose: the communities and people it serves and advocates for.

- b. *“For example, if [indigenous peoples’ organizations] made mistakes with the funding, even if they were innocent mistakes, that might be reviewed and the funding will be taken off them.”*

– Marama Pala, Asia and the Pacific

- c. *“You can have the most sophisticated risk management and sub-granting system, a zero tolerance for corruption, and a track record of relentlessly pursuing and even prosecuting misuse of funds, but all it takes is one incident of sub-granted funds being declared disallowable and returnable, and your organization can be wiped off the map forever.”*

– Jonathan Gunthorp, sub-Saharan Africa

ADVOCACY IS CRITICAL, BUT FUNDING FOR ADVOCACY IS SCARCE AND RESTRICTED

54. At least among the big global donors and multilaterals, such as the Bill and Melinda Gates Foundation and the United Nations, and certainly among civil society, advocacy is acknowledged as a critical component of the HIV response. Advocacy helps improve political environments, open up new areas of funding, and advance human rights. But a combination of political sensitivity and difficult-to-document short-term outcomes means that advocacy is often a “nice-to-have” rather than a “need-to-have” for funders. But for communities, advocacy is very much a “need-to-have,” as it always has been. This “disconnect” means that much of the advocacy work that communities do – and do better than any other sector – is under-funded or entirely unfunded. CBOs must squeeze money for their advocacy activities out of other programme budgets or do the work on a completely voluntary basis.

55. In many cases, the aversion to funding advocacy activities is not about abstract sensitivity or relationships, but about specific restrictions put in place by funders. Some governments have been particularly unwilling to support advocacy activities. People across regions reported such experiences. Under the previous Government in Canada, for example, there was an explicit restriction against using the word “advocacy” where government funding was involved, which illustrates how unfavourable the overall conditions were at that time.

Notably, there is agreement among many Canadian advocates that the political climate has improved greatly for HIV-related advocacy since the new Government was elected last year.

- a. *"[In Canada] we were not allowed to use 'advocacy' in conversation or documents by projects funded by the government, so we had to get creative, because it's core to civil society organizations' mandates. It is our responsibility to be true to [our] mandate. [We would use terms like] 'public engagement,' or 'public dialogues' as alternative terms, as examples. Informational materials for civil society groups and communities suffered [as a result]. ... [There was a] contraction in Canada's civil society sector through the defunding of organizations that did advocacy work that is threatening to certain governments."*
– Robin Montgomery, North America

RECOMMENDATIONS: PRACTICAL SOLUTIONS FOR ADDRESSING THE BARRIERS TO FUNDING THE COMMUNITY RESPONSE

WORK TO IMPROVE POLITICAL AND LEGAL ENVIRONMENTS

56. Enabling political and legal environments are essential for communities to access services and for organizations to receive funding so they can provide those services. The existence of laws that criminalize populations or behaviours, or HIV non-disclosure, exposure or transmission, stymies attempts to reach marginalized groups. It also complicates the availability of funding for HIV services, particularly at community level, which often is the only place where services for marginalized and vulnerable people are available. Therefore it is of critical importance that national governments review, change or remove laws and policies that prohibit the provision of HIV services and that render the lives of some people "unlawful".
57. This area of concern and intervention is exceptionally broad and complex. Further investigation and action by UN bodies and Member States is urgently needed to address persistent political, legal and human rights barriers in all countries. In particular, the NGO Delegation draws attention to the following paragraphs from the 2016 Political Declaration on HIV and AIDS:
 - a. *"63 (b): Commit to strengthen measures at the international, regional, national, and local and community levels to prevent crimes and violence against, and victimization of, people living with, at risk of, and affected by HIV and foster social development and inclusiveness, integrate such measures into overall law enforcement efforts and comprehensive HIV policies and programmes as key to reaching the global AIDS Fast-Track targets and the Sustainable Development Goals; review and reform, as needed, legislation that may create barriers or reinforce stigma and discrimination, such as, age of consent laws, laws related to HIV non-disclosure, exposure and transmission, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, who should still be encouraged to take the HIV test, to remove adverse effects on the successful, effective and equitable delivery of HIV prevention, treatment care, and support programmes to people living with HIV;"*³²
 - b. *"63 (c): Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV, including by linking service providers in health-care, workplace, educational and other settings, and promote access to HIV prevention, treatment, care*

*and support and non-discriminatory access to education, health-care, employment and social services, provide legal protections for people living with, at risk of, and affected by HIV, including in relation to inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms;*³³

- c. *“63 (e): Commit to national AIDS strategies that empower people living with, at risk of, and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programmes aimed at sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;”*³⁴

PROVIDE MORE SUPPORT FOR CORE OPERATING FUNCTIONS AND OTHER SUSTAINABILITY MEASURES

58. The scarcity of core funding for community-led networks and organizations is a significant threat to their sustainability. Community organizations are often completely reliant on donors, who tend to provide project-based funding. Core support is desperately needed by communities to develop their own capacities and be able to pursue their priorities. Core support can pay dividends in the other areas where community groups struggle with funding, such as fundraising capacity, technical capabilities and accountability mechanisms. Additionally, core funding can provide organizations with the resources to document their work and impact more substantially and independently, in order to make stronger cases for investment. Core support can also partially alleviate the constant risk of closure due to gaps in grants, shifting priorities of donors, and high turnovers, which many community organizations face.
59. Donors should prioritize making available core support funding for communities that is not directly tied to project deliverables or outcomes. This does not require the removal of accountability measures, but rather the reframing of some metrics around organizational sustainability and strengthening.^{35 36 37}
60. One specific type of core support which donors can provide, both through funding and technical assistance, would be to enable small and more informal groups to obtain official registration and establish financial controls. This type of strengthening can engender in small organizations greater eligibility and suitability for other donors as well, thereby speaking directly to their future sustainability. Accounting and financial management services are other types of core support which donors can provide. Such support is critical for organizational sustainability, and responds to donors’s need for sound financial management and risk mitigation.
- a. *“More funding for core costs and capacity strengthening (training). Donors should critically review their requirements to make sure [that] less experienced, grassroots-level organisations are able to apply for funding.”*
– Survey respondent
- b. *“The construction of a sustainability plan is important and this should be done between the funder and the [community-based] team.”*
– Survey respondent, Latin America and the Caribbean

IMPROVE ACCESSIBILITY OF FUNDING MECHANISMS FOR COMMUNITIES

Simplify and appropriately size application and reporting protocols, and provide support to communities to develop accountability mechanisms

61. Donors who intend to fund communities should review application and reporting requirements to ensure that they are responsive to the capacities of communities. These review processes should include representatives of communities and civil society. Community and civil society representatives should also be included in the panels that review applications and performance reports, to ensure that a community-sensitive perspective is involved.
62. Donors should explore the development of multi-track or differentiated grant making processes, in which application and reporting rigour and infrastructure requirements are differentiated among funding levels and grantee types. The expected outcome is that smaller organizations would be subjected to less exhaustive accounting and reporting, in line with their size and organizational capacity. This approach would reduce the burden on community organizations, while making available resources that are currently out of reach, thereby strengthening the community response.
- a. *“We should be thinking about different tracks for different purposes, aligned to the nature of the groups being funded, rather than proceeding on the assumption that everyone should be able to operate like a large global NGO.”*
– Lee Waldorf, North America
 - b. *“Create grants of different funding levels for different size organizations.”*
– Naina Khanna, North America
 - c. *“Create peer review processes for reviewing applications that include those most affected. For example, including people living with HIV on all HIV-funded projects, for criminalization projects, include those who have been prosecuted.”*
– Sean Strub, North America
63. The Global Fund has recently announced plans to implement a “differentiated funding application process,” beginning in 2017: *“The differentiated approaches enable quality funding requests to be developed more efficiently, to ensure greater time can be spent implementing grants.”*³⁸ While the Global Fund change is for country applications, not specifically for communities, it does show how a large-scale funding model can be modified to reduce the application burden on some applicants. This model should be monitored and adapted as appropriate by other funders.
64. Donors who intend to fund communities, but for whom the dramatic simplifying of applications and reporting is unachievable, should provide direct support to communities to develop responsive applications and conduct adequate monitoring. This may be in the form of providing personnel to grantees to manage their reporting systems. As the Global Fund has been done, this can also be accomplished partially by setting up technical assistance schemes for prospective and current grantees (see case study in Annex 4). Where community funding continues to be provided through large international or national NGOs, or through umbrella organizations, donors should impose strict performance indicators and targets on those organizations to encourage the capacity building for community recipients

so they can graduate to direct funding relationships, with consequences for poor performance against these targets.

- a. *“[Make] simpler and easier formats [for applications] and acknowledge that some organizations do not have legal status.”*
– Survey participant, Latin America and the Caribbean
- b. *“If you want to fund the communities, you have to go from what they need and you have to find how it fits your accountability system, not imposing your criteria to the communities.”*
– Marama Pala, Asia and the Pacific
- c. *“The [Global Fund’s ‘new funding model’] process is a nightmare [...] I’m not saying that we sign a two-pager and they deposit the money to our bank [...] We still have to go through this due procedure but they should understand we are not big INGOs having 50-100 staff and technical people and each one is responsible for one particular task. We are doing multi-tasking.”*
– Anand Chabungbam, Asia and the Pacific
- d. *“If funders are really serious about funding more grassroots groups that might have less grant-writing capacity, then they need to create different mechanisms for engaging with potential grantees. For example, some don’t require written applications, they do phone interviews instead.”*
– Naina Khanna, North America
- e. *“More flexibility and simplified application and reporting procedures help communities to access funding. Also addressing the language barrier is important.”*
– Michael Krone, Europe
- f. *“Trust the grassroots. Recognize that it may be cumbersome or a sloppy process because these are organizations without a lot of infrastructure, without a lot of experience completing forms or making the language neat and tidy for funders.”*
– Sean Strub, North America

65. Collective support should also be put in place so that donors are not left with the task of managing an improved system for funding communities on their own. A global architecture should be developed to support community responses broadly around the Sustainable Development Goals and, more specifically, to support community participation in emerging resilient and sustainable systems for health. Within this architecture, multilateral and other agencies supporting the AIDS response would focus specifically on HIV-related funding to support communities. This could be a body or system that is informed and managed by civil society, and which focuses on identifying opportunities for developing and strengthening community systems and individual organizations. Existing models in the private and public sector could be adapted. They include Development Bank streams into civil society, bridging loans to tide community organizations over the gaps that can occur between donor contract periods, civil society organization service centers (as for small businesses), or insurance funds that pay out for an unaffordable “disallowable” that would sink a community organization. The Busan Agreement would be good starting point.³⁹

- a. *“What is patently needed is a global dialogue linked to the SDGs, and the Busan and Istanbul agreements, in which feasible architecture and mechanisms for supporting civil*

society as independent development actors are thought through, resourced and acted upon.”

– Jonathan Gunthorp, sub-Saharan Africa

Set aside targeted and sustainable funding mechanisms for communities and the development of community organizations

66. As discussed above, communities face challenges when trying to access larger amounts of funding. Governments and large NGOs tend to have greater capacity to apply for and manage funds according to donor expectations. In order to address this, community representatives detailed the need for specific funds to be set aside for communities. When funds are set aside, they can be structured in ways that reflect the capacity and priorities of communities. This would mitigate to some degree the competitive element with governments and large NGOs. Another benefit of specific community funds is that expectations around outputs can be shifted to include issues such as organizational development and sustainability. Performance metrics, which are increasingly important to donors, can be built around the strengthening of organizations, rather than being based strictly on programmatic outputs.

a. *“Existing funders such as Global Fund and PEPFAR [should] have specific funds dedicated to community systems strengthening.”*

– Consultation participant, sub-Saharan Africa

b. *“Operationalize in ways such as allocating a percent of their funds, like 10% or 5%, to go into capacity development, to go into organizational development.”*

– RD Marte, Asia and the Pacific

c. *“Financing should be given directly to communities without intermediaries.”*

– Consultation participant, Latin America and the Caribbean

d. *“As a donor, they can give money to the community. Since they are donor, they also give money to the government. But they can set [conditions for] the governments. Say, they give 100 million USD to the government and this much percentage must go to the community. If they can do that then the government can give the money to the community. That’s kind of a simple thing that they can do.”*

– Shiba Phurailatpam, Asia and the Pacific

e. *“Funders can do a lot by helping to increase capacity of CBOs to be competitive in larger funding processes [such as] funding streams dedicated to community response. They can loosen their strategic objectives. Having funding that allows the community to define where it needs to go.”*

– RD Marte, Asia and the Pacific

DONORS MUST REFRAME RISK CALCULATIONS AND STOP PUSHING RISK ONTO COMMUNITIES

67. Communities must stop being forced to accept disproportionate levels of risk when they receive donor support. All parties should share the burden of risk, proportional to their actual ability to take on risk. Specific measures should be taken to alleviate the burden on communities. The constant threat of heavy-handed punishment against small organizations for marginal transgressions must be diminished.

68. Donors should plan for and accept greater levels of risk when providing funding to communities. It is inevitable that some community organizations will not be able to fulfill grant commitments – for example, if there is a change in the law that affects the work of the organization (i.e. leaders may be jailed) or if key people in a small organization become ill. These are predictable risks, similar to many other risks that donors account for, and donors should plan for them in their funding structures. Donors should evaluate risk over a portfolio of investments in community organizations, rather than for each specific organization. Evaluating risk and return a portfolio would demonstrate high levels of return.
69. Donors can adopt funding structures that anticipate and plan for a percentage of failed projects as a matter of course. That would enable donors to reframe their understanding and evaluation of risk, thereby encouraging them to take on greater risk when funding communities. This could be measured through performance indicators that support elevated risk levels. For example, having some failed projects could actually be a measure of success for donors, demonstrating that donors are taking adequate risks in alignment with their stated support for funding community-based organizations.
70. Another approach would be to create an insurance risk pool to support community organizations that are hit by crises and that need support to stay operational. This method of shared risk may actually limit the new risk that donors must take on, while mitigating the vastly disproportionate risk taken on by individual community organizations. This approach would also limit the need for “pass-through” grantees, such as international NGOs, since a major source of value for these intermediaries is risk mitigation for donors.
- a. *“Better systems need to be put in place to spread risk a little and to escalate or de-escalate consequences depending on culpability.”*
– Jonathan Gunthorp, sub-Saharan Africa
 - b. *“Given the dreadful consequences of not funding CBOs, donors need to develop a thoughtful, realistic and meaningful understanding of ‘necessary risk’ in this area of funding. And consider their investments successful if they remain within the zone of necessary risk.”*
– Lee Waldorf, North America
 - c. *“Many funding organizations actually have more flexibility than they are using. People seem to think the fact that community-based organizations aren’t being funded is an unfortunate necessity, instead of taking another look at their own procedures.”*
– Lee Waldorf, North America

ENSURE THAT FUNDS ARE AVAILABLE FOR ADVOCACY AND OTHER NON-SERVICE DELIVERY ACTIVITIES

71. Advocacy is a critical tool for communities. Communities need to have the resources and capacity to advocate domestically for support from governments. As part of “transition” planning for countries, strengthening internal advocacy capacity will be important for meeting the needs of communities on an ongoing basis, especially where governments may not ordinarily want to support marginalized populations.
72. Advocacy should be among the top priorities that international donors support when they are leaving a country. Advocacy has been at the very core of the AIDS response throughout. Communities who are traditionally left out, who are criminalized and who experience the most stigma, rely on their ability to advocate for their needs and rights. It is also an important

feedback mechanism to ensure the effectiveness, cost-efficiency and responsiveness of HIV programmes to communities' needs. Donors should prioritize funding for advocacy as part of the overall community-based response and work with "transitioning" governments to understand the importance of continuing services for key populations and communities.

73. Donors should sustain and grow funding for advocacy by CBOs. This could be accomplished by requiring large recipients, for example through the Global Fund, to set aside some portion of funds for advocacy programmes, rather than simply encouraging it, as tends to be case currently.

74. As its own capacity diminishes, UNAIDS should transition its Country Offices' own coordination and policy roles at national level to capacitated and robust community structures, and it should facilitate investment to ensure that such community structures are in place before exiting or downsizing.

75. In support of such funding streams, donors should invest in comprehensive evaluations of advocacy programmes so that their impact can be demonstrated more clearly. With more in-depth understanding of the impact of advocacy, more sensitive and effective funding mechanisms could be developed to support communities.

- a. *"In the bigger scheme of things, funding for advocacy is really small. That's why the advocacy call is that whoever the funder is, to have a certain percent [of grants earmarked for advocacy]."*
– RD Marte, Asia and the Pacific

DONORS SHOULD INCREASE PROACTIVE COORDINATION OF COMMUNITY FUNDING

76. Donors must coordinate with each other more effectively, especially in the context of "transitions," or donor exits. Greater coordination should lead to strengthened and consistent channels of funding for communities. Donors should share and align plans for supporting the community response. Critical for such coordination, however, will be the engagement of communities, civil society and national governments in specific processes that can be anticipated and documented.

77. The coordination should be done in a formal manner, for example through donor coordination conferences and functional working groups at national level, so that a transparent and inclusive process for inputs, discussion, and outcomes can be engaged and monitored by all stakeholders. These conferences should take place at the global, regional and local levels. They may take the form of "side-meetings" that are held alongside meetings being attended by community representatives. Whatever the approach, communities should be financially supported to participate meaningfully in the conferences and working groups.

78. In keeping with its role as a coordinator, UNAIDS could play a convening role for these types of conferences and working groups.

- a. *"We need a WHO or UN framework on community responses for health (or for resilient systems for health). That way, we could ensure that community health workers and advocacy are included into the donor agenda, into the universal health coverage debate and more broadly into the SDGs."*
– David Ruiz, Europe

CONCLUSION

79. Sustaining and making the flow of funding from donors to communities more efficient in the HIV response involves major challenges. Some of the challenges echo the larger problems of ensuring that the human rights of all people, everywhere, are protected. Other challenges are the result of persistent wariness among donors to transfer monies to poor communities without unrealistic safeguards. And some challenges are administrative in nature, as in the incongruence of application and reporting requirements. But all these challenges can and must be surmounted.
80. If, as has been demonstrated, a real and honest global consensus exists regarding the need and value of strong community responses to HIV, then we must be prepared to do the hard work of addressing the challenges. We must be prepared to take the necessary steps to ensure that communities have what they need to do the work we know must be done. Taking these steps will, in some cases, require that donors and governments take a hard look their own prejudices and processes. This is where the soaring rhetoric of global health and development aid meets the gritty reality of risk and compromise.
81. This report is humbly offered to the PCB as an overview of some of the key challenges and practical solutions for improving the resourcing of the community response to HIV, from the perspective of communities themselves. If these solutions are diligently explored and implemented by donors, the world's time with AIDS may in fact come to a close a little sooner. The people who's lives are threatened by HIV today and tomorrow may get to live lives that are a little longer, a little happier. After all, that is the essential task before the United Nations, and for all good people and governments.

DRAFT DECISION POINTS

82. *Recalling* the 2016 United Nations Political Declaration on HIV and AIDS, paragraphs 60d and 64a,⁴⁰ call on UN Member States, to urgently examine domestic funding mechanisms and systems to determine where barriers to funding community-led organizations exist, particularly funding for networks and organizations of people living with HIV and other key populations, including women and young people, and to create mechanisms that effectively and sustainably fund the community-led response.
83. *Recalling* decisions 5.2, 6.2(b) and 6.4⁴¹ from the 38th Programme Coordinating Board, and the commitments in the 2016 Political Declaration on HIV and AIDS, paragraphs 63 (a)–(e)⁴², call on UNAIDS, to:
- a. Conduct an analysis of systemic, political, legal and social barriers to the integration of community-led HIV responses in national AIDS plans and of potential solutions for removing those barriers, including attention to the actions that middle-income countries can take to support community-led responses in their transition financing plans, in particular community-led key population responses;
 - b. Adapt existing mechanisms to support UN Member States to track and share their progress in effectively funding community-led organizations;
 - c. Provide guidance to funders on good practices for the monitoring and evaluation of funds to grassroots and community-based organizations, and guidance for countries to create or reform national mechanisms to fund comprehensive community responses to HIV;
 - d. Identify innovative measures to effectively strengthen the input of communities, in accordance with the GIPA Principle, in the committees formed to design, evaluate, and review national HIV programmes as well as national and donor investment frameworks for HIV; and

e. Report on progress at the 41st PCB.

84. *Recognizing* the urgent need to integrate HIV response programming with sexual and reproductive health and rights (SRHR) programming and other health programming, and recalling the Busan Partnership for Effective Development Cooperation, 2011 43, call on UNAIDS, to engage with other multilateral platforms including but not exclusively, the Global Fund for AIDS, TB & Malaria; the Global Fund for Woman; regional development banks; and donor development agencies, in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors.

[Annexes follow]

ANNEX 1: ACKNOWLEDGEMENTS AND PARTICIPANTS

ACKNOWLEDGMENTS

The NGO Delegation to the PCB would like to extend its heartfelt gratitude to all the individuals and organizations who contributed their time, experience and insights to this report. Your insights and passion form the basis of this report and inform all of our work on the PCB.

CIVIL SOCIETY CONSULTATION PARTICIPANTS

Interviews

The list contains the names of the organizations and persons(s) that were interviewed for this report

AIDS Action Europe, Michael Krone, Executive Coordinator, Germany

Asia Pacific Council of AIDS Service Organizations (APCASO), RD Marte, Executive Director, Thailand

Asia Pacific Network of People Living with HIV (APN+), Shiba Phurailatpam, Regional Coordinator, Thailand

Asian Network of People who Use Drugs (ANPUD), Anand Chabungbam, Regional Coordinator, Thailand

Australian Federation of AIDS Organizations (AFAO), Chris Connelly, International Programme Manager, Australia

Bushenyi Young Stars to fight HIV and AIDS (BYSA), Lampto Clifton, Coordinator, Uganda

Canadian Aboriginal AIDS Network, Doris Peltier, Liaison for Aboriginal People Living with HIV and AIDS, Canada

Canadian Positive People's Network, Christian Hui, Co-founder, Canada

Cebu Plus Association, Inc. (CPAI), Jerson See, Executive Director, Philippines

Eurasian Coalition on Male Health (ECOM), Gennady Roshchupkin, Technical Support Coordinator, Ukraine

Eurasian Harm Reduction Network, Igor Gordon, Lead Community and Membership Strengthening Team, Lithuania

Eurasian Harm Reduction Network, Olga Belyayeva, Manager of Community and Membership Strengthening Team, Lithuania

Eurasian Network of People Who Use Drugs, Andrey Jarovoy, Lithuania

Inter-Agency Coalition on AIDS and Development (ICAD/CISD), Robin Montgomery, Executive Director, Canada

INA (Māori, Indigenous Peoples, and South Pacific HIV and AIDS Foundation), Marama Pala, Executive Director, Aotearoa/New Zealand

India HIV/AIDS Alliance, Simon Beddoe, Director

India HIV/AIDS Alliance, Abhina Aher, National Programmes Director

India HIV/AIDS Alliance, Charan Sharma, Harm Reduction Programme Manager

International HIV Partnerships/Network of Low HIV-Prevalence Countries in Central and Southeast Europe (NeLP), Ben Collins, Director, UK

Mbarara Network of Young Positive Peers Educators (MBAYPE), Sarah Mbabazi, Executive Member, Uganda

Positive Women's Network –USA, Naina Khanna, Executive Director, USA

Stephen Lewis Foundation, Lee Waldorf, Director of Policy, Canada

Silver Rose, Irina Maslova, Director, Russia

Solidarity and Action Against the HIV Infection in India (SAATHI), Amitava Sarkar, Director, India
Southern African AIDS Trust, Jonathan Gunthorp, Director, South Africa
The Sero Project, Sean Strub, Executive Director, USA
Uganda Network of Young People Living with HIV (UNYPA), Mugenyi Paddy, Information and Communications Officer, Uganda
Uganda Youth Coalition on Adolescent Sexual and Reproductive Health Rights and HIV (CYSRA-Uganda), Bukenya Aisha, Medical/Pharmacy Students' Coordinator, Uganda
Youth LEAD, Gaj Gurung, Programme Lead, Thailand
Youth LEAD, Thaw Zin Aye, Regional Coordinator, Thailand

Survey participant list

This list includes the 109 survey respondents, out of 156 total respondents, who agreed to be named and credited in the report. Some are indicated by organizational affiliation only.

Action Group for Health, Human Rights and HIV/AIDS, Uganda
African Health Policy Network, UK
Africans in Partnership Against AIDS (APAA), Canada
AGIHAS (PLHIV Support Group), Latvia
Agrupación Hain, Organización de Autoayuda a PVVs, Chile
Aids Fonds, Anne Dankert, Netherlands
AIDS Saint John Inc., Canada
Alliance India, Simon Beddoe, India
Amitava Sarkar, India
AMMAR - Asociación de Mujeres Meretrices de la Argentina
Ashirova Victoria, director of NGO „Hope and Life“, social worker, doctor of biochemistry, Uzbekistan
Asia Pacific Network of People Living with HIV (APN+), Shiba Phurailatpam, Bangkok
Asociación Redes Nueva Frontera, Argentina
Asociación Argentina de Educadoras/es Sexuales, Argentina
Asociación de Mujeres Buscando Libertad (ASMUBULI), Representante Legal, Fidelia Suárez, Argentina
Asociación de Trabajadoras Sexuales, Unidas en la Esperanza (UNES), Paraguay
Asociacion Panambi, Paraguay
Association of HIV affected Women and their Families “Demetra”, Lithuania
Association Tunisienne de Prévention Positive (ATP +), Tunisia
Ayuda Sida, Spain
Balance, Mexico
Bright Future for African Children and Women, South Africa
Call for Action for Affiliates
Canadian Positive Peoples Network, David Dubois, Canada
Center for Women and Modern World, Sudaba Shiraliyeva, Director, Azerbaijan
Charles Ashie, Ghana
Community of People Who Use Drugs, Sergei Bessonov, Executive Director, Kyrgystan
CO Meridian, Oleg Dymaretsky, Deputy Director, Ukraine
Dareecha Male Health Society, Pakistan
Dose of Love Association, Bulgaria
Ellen Vengere, Zimbabwe
Enama Ossomba, Jean Paul Bienvenu, Cameroon
ENPUD, Vitaly Rabinchuk, Steering Committee member, Moldova
Estonian Network of PLWH, Lachin Aliev, Member of the Board, Director of National Policy

Eurasian Women's AIDS Network, Svetlana Moroz, Chairman of the Board, Ukraine
European AIDS Treatment Group, Tamás Bereczky, Hungary
Federación CREFOR, Argentina
Faith, Hope, Love. Tatiana Semikop, Chairman, Ukraine
Forum for Human Rights and Public Health-Nepal (Friendship-Nepal), Mr. Bishnu Prasad Bastola, Executive Chairperson, Nepal
Fundación Grupo Efecto Positivo, Red Argentina de Personas Positivas, RedLAM, Argentina
Fundación Margen de Apoyo y Promoción de la Mujer, Chile
Gay-Alliance, Ukraine
Georgian Harm Reduction Network, Maka Gogia, HIV programme director
Grupo Ñepyru, Paraguay
HPLGBT, Ukraine
iknowAwareness LLC, Shyronn Jones, Positive Women's Network-USA
Initiative Group "Точка Опоры", Inna Khyلمان, Transnistria, Moldova
Iseeva Burulbubu, Kyrgystan
Jane Shepherd, UK
Khin Khin Wint Aung, Myanmar
Kimondo Youth Dream Support Organisation (KYDSO), Tanzania
LaSky Network, Russia
Lee's Rig Hub, US
MAFOC, Mabonga Robert, Programmes Manager, Uganda
Malaysian AIDS Council, Malaysia
Mamikon Hovsepyan, Armenia
MANODIVERSA, Bolivia
Men Against AIDS Youth Group, Kenya
Movimiento de Mujeres Orquídeas del Mar Trabajadoras Sexuales, El Salvador
Movimiento de Mujeres Unidas (MODEMU), Dominican Republic
My Age Zimbabwe
Myanmar Nurse and Midwife Association (MNMA)
NAIMA+, Mozambique
Namibia Network of AIDS Service Organizations, Mr. Sandi Tjaronda
Network of People Living with HIV/AIDS in Kenya (NEPHAK), Jacqueline Wambui
Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Victor Olaore Omoshehin
National Long Term Survivors Group (NLTSG), UK
Novosibirsk Humanitarian Project, Russia
Organización Mujeres en Superación, Guatemala
Pan African Positive Women's Coalition, Zimbabwe
Pangaea, Ben Plumley, US
Partnerships in Health
Parwaz Male Health Society, Pakistan
Patrick Ferguson, Jamaica
PEKA, Sam Nugraha, Indonesia
PF Asteria, Irena Ermolaeva, Founder, Kyrgystan
PHALS, Bypass Road, Cox's Bazar, Bangladesh
Positive Women Network, India
Prevenir es Cuidar, Marcela Poerantz, Argentina
Pueblo Community Health Center, John Tenorio, US
Red de Trabajadoras Sexuales de Honduras
Red Somos Corporation, Colombia
RedTraSex Nicaragua, Girasoles
RedTraSex, Peru, Elena Reynaga
Regional NGO "Volunteer", Maram Azizmamadov, director

Republican non-governmental organization "Belarusian PLWH Community", Aleksandr
Hodanovich, Chairman of the Board
RNP+/Sénégal, Edouard Gueye, Chargé de communication
Sauti Skika, Lucy Wanjiku, Kenya
"Self Help Club Life" youth organization, Irina Grigorieva, Chairman of the Board, Ukraine
Society for Human Empowerment and Livelihood Promotion, Ummireddy Jagan Mohan Rao,
Director, India
Silver Rose, Irina Maslova, Executive Director, Russia
Sindicato Independiente de Trabajadoras Sexuales Trans y Otrxs, "Amanda Jofré", Chile
Stop AIDS in Liberia (SAIL), Stephen K McGill, Executive Director
STOP AIDS Organization, Albania
Suruwat, Bhaktapur, Nepal
Tariro Kutadza, Zimbabwe
THE AIDS SUPPORT ORGANIZATION, Uganda
UCO "Convictus Ukraine", Eugeniya Kuvshinova, Executive Director
Udruga za pomoć mladima "HELP", Croatia
United Church of Christ HIV & AIDS Network, Rev. Michael Schuenemeyer, US
Uruguayan Network of People Living with HIV, Redla+, Mrs. Laura Ines Perez Otteonelo
What Works Association, Jill Gay, US
WREPA and RMT, Kenya
Wojciech J. Tomczynski, Poland
ZiCHIRe, Walter Chikanya, Zimbabwe
Zimbabwe United Nations Association
Zimbabwe Women and Girls Health Network

ANNEX 2: ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
CBO	community-based organization
CCM	country coordinating mechanism
GIPA	greater involvement of people living with HIV
CSO	civil society organization
CSS	Community systems strengthening
DfID	Department for International Development (UK)
GAVI	Global Alliance for Vaccines and Immunization
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
NGO	nongovernmental organization
OSF	Open Societies Foundation
PCB	Programme Coordinating Board
PEPFAR	United States President's Emergency Plan for AIDS Relief
SAT	Southern African AIDS Trust
SDG	Sustainable Development Goals
SLF	The Stephen Lewis Foundation
STI	sexually transmitted infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development

ANNEX 3: EXAMPLES OF GOOD PRACTICES FOR FUNDING COMMUNITIES

The following descriptions are adapted from a combination of the organizations' own materials, findings from the community consultation process, and interviews with key organization personnel. These examples are provided to reflect models of funding communities which, while demanding, also place the sustainability of the community response at their centre. They are not comprehensive assessments of the foundations or their funding mechanisms, but offer valuable insights into processes for funding communities.

GOOD PRACTICE #1: THE STEPHEN LEWIS FOUNDATION

<http://www.stephenlewisfoundation.org/>

While most large donors have dismissed the idea of direct funding for community groups as unworkable, a few others have been crafting and refining new funding architectures designed to directly finance community-led service delivery and advocacy. One leading organization in this effort is the Canada-based Stephen Lewis Foundation (SLF).

The Stephen Lewis Foundation was established in 2003, as a charitable organization with the purpose of supporting work at the grassroots level in sub-Saharan Africa to turn the tide of AIDS: *"The Stephen Lewis Foundation was created with the express purpose of putting money directly in the hands of community-based organizations working on the frontlines of the AIDS epidemic in Africa."*⁴⁴ As of 2016, the Foundation has disbursed more than CDN\$ 80 million to over 300 CBOs located in 15 countries in eastern and southern Africa, through individual agency agreements ranging from CDN \$20,000 to CDN \$200,000 (with an average funding level of CDN \$55,000). According to Funders Concerned About AIDS, the Foundation has become Africa's fourth largest source of philanthropic funding for work on HIV.

Many SLF partner organizations were originally formed by small groups of individuals who came together to respond to the crisis that AIDS had wrought in their own lives and the lives of their neighbours. Those organizations have developed over the years into thriving local institutions. Through its partnerships, SLF has been supporting people in some of the African countries hit hardest by AIDS to design and implement their own solutions to the devastations the epidemic has inflicted on their communities.

The guiding principles of SLF include being responsive to the community, being flexible and reflecting the priorities which communities articulate themselves. SLF has been held up as a model for funding communities effectively.

The Foundation's partnership methodology has been designed specifically to meet the needs of community-based groups. Rather than just accept the conventional wisdom that community-led efforts cannot be funded because they lack the infrastructure and capacity to properly manage complex accounting and reporting requirements, SLF has interrogated the assumptions behind the mainstream funding model, and adapted its approach to the realities of work at the grassroots level.

Instead of publishing requests for proposals seeking applications to implement projects aimed at achieving objectives identified in advance by the donor, SLF selects grant recipients by using an open system to invite requests from grassroots groups to support initiatives they themselves have identified as essential for their communities. Instead of requiring the completion of long, formal applications, SLF accepts short proposals and narratives.

The decision on whether to partner with a new organization is not only based on the documents that are submitted, but also based on an assessment of the organization's vision, structure, leadership style and role in community life, with on-site visits playing a crucial role. From long experience, SLF seeks to know the profile of successful partnerships. They look for groups with deep roots in their communities, that are supported by vibrant networks of community volunteers, that are run by and for people living with HIV, and that have strong representation of women and people living with HIV on their staff and governing bodies.

Capacity gaps are not seen as a basis for denying support, but rather shape the nature of the support that is provided. The Foundation assists with administrative and operational costs, including funding for staff and office overhead. The Foundation says that it "*firmly believes that open, continuous communication, and establishing close relationships of genuine trust with its grassroots partners, are the keys to delivering optimal results.*" It therefore invests considerable staff time and the time of its team of independent Africa-based monitoring and evaluation experts, in dialogue with community-based groups throughout the life of their projects. Challenges and opportunities are identified early on as they arise, and appropriate responses are agreed upon. The Foundation reports that only rarely have relationships come to an end due to problems that could not be resolved.

The Stephen Lewis Foundation was the first partner of many of the CBOs it supports. Some of those that started with SLF in the early years have grown and are now engaging with multiple donors, with significantly expanded capacity and programming aspirations. As Mercy Chidi, the Executive Director of Ripples International in Kenya, observed: "The SLF was the first to trust us, now others see they can trust us too."

GOOD PRACTICE #2: SOUTHERN AFRICAN AIDS TRUST

<http://www.satregional.org/>

For over 25 years the Southern African AIDS Trust (SAT) has worked with and in communities to support positive change in HIV and sexual and reproductive health and rights responses. Their mode of work includes sub-granting to CBOs, and national and regional NGOs across the eastern and southern African region.

Partner contract management information system

Contracts are not merely tools for "controlling" partner funding flows; they are highly valuable self-management tools for partners, guiding their programme design, monitoring and budgeting, and ultimately yielding the best returns on investments. A number of SAT partners have reported being able to significantly improve their own fundraising by using and showing the use of SAT tools and systems. This example of a system that also works for the recipient is notable for its utility to both grant-maker and grantee.

Selection and recruitment of partners

When a CBO seems like a good match for funding, it is invited to submit an expression of interest. The expression of interest is then reviewed and short-listed by a selected internal team. This helps to screen applicants before they are asked to develop full proposals, thereby removing the burden of fruitless proposal development for organizations that may be unlikely to qualify for funding.

Internally a short-listed partner completes a rigorous SAT "due diligence tool" covering governance and compliance structures, financial management, human resources, community

reach and anti-corruption in order to provide a composite picture of the organization's current capacity. SAT recognizes that this entails a fairly onerous exercise and reports that partners sometimes resist and complain about it at first. A number of them have, however, gone on to use the information from this tool – which they retain – for fundraising, donor reporting, national reporting and other purposes, all of which strengthen the CBO, according to SAT.

Externally a partner receives a mini-grant to carry out a gender-transformative mapping exercise in their “zone of influence”, using an SAT tool in order to better match their plans and impending proposal with a gendered view of qualitative and quantitative information. This gender transformative mapping exercise includes the collection of quantitative data relevant to the area of programming, qualitative data collected through guided dialogues, and a validation dialogue with all stakeholders in a community.

Partner disbursement

Disbursement modalities for partners are negotiated during the contracting phase and are also informed by the risk ranking of the partner. The risk ranking has the following impact on the grant:

- Low-risk partners normally follow the standard disbursement procedure for SAT which entails disbursements in three tranches: 50% upon signing of the contract, 40% at the beginning of the third quarter, and the final 10% in the fourth quarter.
- Moderate-risk partners usually have the same disbursement modalities as low-risk partners, depending on which area they are weak in. However, there tends to be significantly more scrutiny of the reports.
- High-risk partners require close monitoring and accompaniment. To safeguard resources advanced to them, SAT sets strict disbursement procedures. If the partners have very weak systems, the disbursements are paid directly to suppliers/vendors. At the same time, SAT develops the capacity of the partner and accompanies it in the implementation of contractually agreed improvements.

GOOD PRACTICE #3: OPEN SOCIETY FOUNDATIONS

<https://www.opensocietyfoundations.org/>

The Open Society Foundations (OSF) have been a long-term leading voice for marginalized and criminalized populations and communities in the HIV response and beyond: “*Throughout the world, people who face stigma and discrimination are often left with substandard or no health care. The Open Society Foundations work to establish health policies and practices that are based on evidence and promote social inclusion, human rights, and justice.*”⁴⁵ This approach, while being relevant and appropriate in all aspects of the HIV response, has found particular resonance in epidemics that are characterized by injection drug use, challenging legal environments, and the criminalization of behaviours and identities that increase peoples’ vulnerability to HIV. By viewing their HIV work through a rights and justice lens, OSF is able to prioritize working with communities over traditional power structures. As evidenced in the community consultations, OSF is often the only, or one of a handful, of external sources of funding for communities, especially where a “transition” away from donor support is occurring.

OSF applies its principles also to its funding mechanisms. Grants are available to community organizations not only for projects, but for general operating support, which was indicated in this report as critically important for communities. Less formal organizations are also able to access OSF funding, albeit through intermediaries when necessary.⁴⁶

“For funders, they really have to make it part of their organizational values, principles, and strategies, supporting communities and supporting in various ways and roles. If that’s part of their principles, then they can find ways to operationalize it [...] Supporting it means democratizing their practices so that organizations, which may not have the capacity but are able to implement their programmes will have access. For instance, if you are not registered, then fund them to help them register. OSF does that. What I am saying is that if it is part of your principle then you will find a way and you would not always succeed but this is part and parcel of what funders should do.”

– RD Marte, Asia and the Pacific

ANNEX 4: CASE STUDIES OF MAJOR GLOBAL FUNDING MECHANISMS

The following case studies are included to offer a closer view of what some funders are doing with regard to supporting communities. Examples of good and promising practices and initiatives are highlighted. The case studies do not attempt to provide a comprehensive overview of the funding mechanisms, common challenges, or even promising approaches of the funders, but offer some insights into the ways in which large-scale donors are attempting to respond to the needs of communities, and to some persistent and emerging challenges.

CASE STUDY #1: THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

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

The Global Fund is the largest multi-lateral source of funding for the three diseases, having disbursed nearly US\$ 40 billion since its establishment in 2003. HIV programmes form the largest portion of its portfolio, measured by disbursements. The Global Fund is a critical pillar of the global AIDS financing architecture – and not only because of the amount of resources that pass through it from donor countries to recipient countries. As the Global Fund has matured, it has evolved from a simple “pass-through” mechanism into a leader in shaping the response at the global, regional and national levels. The Global Fund has provided leadership in bringing attention to key populations, the need for national governments to take on greater responsibility in funding their own responses, and the importance of communities in the responses to AIDS, tuberculosis and malaria. The following paragraphs highlight a selection of initiatives of the Global Fund that speak directly to supporting and strengthening the community response to HIV, and which have mostly been developed and deployed in response to needs as advocated for by communities and civil society.

Community systems strengthening

The Community Systems Strengthening (CSS) framework helps “applicants to more clearly frame, define and quantify efforts to strengthen” the community response: “CSS is an approach that promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures. It enables them to contribute to the effectiveness and long-term sustainability of health and other interventions at the community level, including the development of an enabling and responsive environment.”⁴⁷ The inclusion of CSS components in grants provides a much needed, if limited, entry point for communities to access funding through Global Fund grants.

Concept notes

The Global Fund emphasizes coordination among donors by requiring extensive dialogue among policy-makers and implementers as part of the development of concept notes (which is what funding applications have been known as since 2014). The “country dialogue” process is intended to ensure that all stakeholders have an opportunity to weigh in with priorities for grant-funded programming. But these dialogues, and most importantly the consequent concept note development processes, have sometimes tended to be dominated by non-community actors, such as governments and large NGOs. While the process is far from perfect, it has been generally regarded as step in the right direction.

Differentiated funding applications

Beginning with its 2017–2019 grants, the Global Fund will begin using a “differentiated” approach to concept notes or funding requests. This approach is intended to reduce the application burden in countries with strong track records or which expect to largely continue the work of prior grants. While this may free up some time of community representatives who would otherwise be engaged in extensive proposal development, it also poses a threat to community engagement since there may be reduced opportunities for community input in “country dialogue” and concept note development.

Regional programmes

Most Global Fund grants go to countries, and are received or managed by Ministries of Health or other large entities such as international NGOs. Regional programmes are intended to support programmes at a regional level that either support several country-level programmes or that respond to a need that is difficult to address at the country level, such as advocacy for key populations. In countries with challenging legal and political environments, particularly for key populations, regional programmes can offer an alternative channel to support their work besides the country grants. Regional programmes have been described as a critical tool for continuing Global Fund support for key and vulnerable communities in countries which, based on economic or epidemiological eligibility criteria, are “transitioning” out of Global Fund eligibility.

Community, rights and gender

In 2013 the Global Fund established a Community, Rights and Gender Department at its Geneva Secretariat. The Department’s role is to promote the meaningful inclusion of communities, civil society and key populations, including women and children, in Global Fund grant development and implementation. The Department is also responsible for promoting awareness of issues related to community, rights and gender among Secretariat staff and key partners such as Country Coordinating Mechanisms.

One function of the Department is the management of the Community, Rights and Gender Technical Assistance Programme, which “*provides support for civil society and community organizations to meaningfully engage in the funding model during country dialogue and concept note development processes.*”⁴⁸

CASE STUDY #2: US PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF

<http://www.pepfar.gov/>

The United States President’s Emergency Plan for AIDS Relief (PEPFAR), created in 2003, provides more than US\$ 6 billion annually to countries that have been prioritized by the US Government as having a high burden of HIV and insufficient resources to respond adequately.

Funding for PEPFAR is requested annually by the US President to Congress as part of the national budget.

Based on country operational plans, funding is provided to implementing agencies in the various countries. These agencies are large organizations, such as the US Centers for Disease Control and Prevention and the US Agency for International Development, that are deemed capable of managing large budgets. The implementing agencies then contract with implementing partners. These partners can be Cos, but are generally either national Ministries of Health or large, mostly US-based NGOs that operate internationally. The implementing partners can provide direct services or subcontract with CBOs. While the funding is historically substantial and of great value, the PEPFAR example is also one of significant funding spillage to non-implementers as funds make their way from budget approval to disbursement to service providers and communities, through several intermediaries.

Key Populations Investment Fund

In June 2016, at the UN General Assembly High Level Meeting on Ending AIDS by 2030, the US Global AIDS Coordinator, Ambassador Deborah L. Birx, announced a Key Populations Investment Fund of US\$ 100 million. The goal of the Fund is to support attainment of the 90-90-90 testing and treatment targets for key populations. The Fund is designed to address specific difficulties in getting adequate resources to community-led efforts by and for gay men and other men who have sex with men, transgender people, sex workers, prisoners and people who use drugs, including:

- Lack of financial support for key populations by national governments;
- Stigma, discrimination and violence against key populations; and
- Inadequate funding to sustain key population-focused CBOs under existing PEPFAR processes, despite pressure for implementing partners to provide this support.

The first evaluations of the effectiveness of the Key Population Investment Fund will not be available until 2017. Those evaluations, on the part of PEPFAR in collaboration with UNAIDS, will be conducted through quarterly PEPFAR Oversight and Accountability Review Team meetings and the traditional country operational plan evaluation process, which have been made more inclusive.

Even prior to these evaluations, it is useful to note that the Key Population Investment Fund will attempt to address certain gaps and challenges to funding, several of which closely match the barriers discussed in this report, including:

- **The interconnectedness of service delivery and advocacy for key populations.** For key populations and other marginalized communities, service delivery cannot exist in isolation from the larger political and legal environments within which people live. To address this reality, the Fund calls for applications from organizations that will deliver services in the “context of human rights and social justice.” Furthermore, organizations are encouraged to support advocacy officers in their proposed budgets, and national and regional organizations that directly challenge human rights violations are invited to apply.
- **The gap between the reporting requirements of large donors and the administrative capacities of community-led organizations.** Organizations that are the close to the grassroots and that are able to respond with agility and efficiency to peoples’ needs are often the least able to hire, train and manage the additional staff they require to handle complex registration, accounting and reporting requirements of large donors. These organizations are hampered from the outset by not being able to afford the costly consultants who write the

grant proposals for larger, and usually better-funded organizations. The Fund has two processes to address this challenge. Firstly, PEPFAR seeks applications from “prime recipients”, which may include consortia of organizations in regions and countries in which unregistered and smaller organizations pair up with those with greater capacity. Secondly, PEPFAR will evaluate the selected “prime recipients” of the Fund based on the extent to which they “sub-award” their grants to fund smaller community-led organizations.

The difficulty in establishing sustainability for community-based organizations.

Current funding for the community-led response does not allow CBOs to be supported in sustainable ways. Funding is generally not multi-year, not for core costs, administration or overheads, not for organizational or staff development or capacity building, and not for accounting, monitoring and evaluation. Implementing partners can budget for these costs, but CBOs cannot do so. In response, the Fund provides multi-year funding (of three to four years) and supports budget lines for development officers, grant managers and writers, as well as for capacity building.

- **The lack of clear mechanisms for tracking how much funding goes to community-led programmes.** The current PEPFAR systems were not designed to provide the level of detail needed to identify how much money has gone to key population-led and CBOs and programmes. This reality has made it impossible to directly track amounts of funding provided to the community-led response. However, because the Fund is administered directly through the US State Department, rather than through implementing agencies or partners, quality data will be collected on the amounts of funding and which organizations receive the funding.

The Fund faces some challenges. One arises from the definition of “key population”. The definition used by PEPFAR for funding eligibility includes gay men and other men who have sex with men, transgender people, sex workers, prisoner and people who use drugs. However, people living with HIV, as such, are not included. This occurs despite their prominent place in the agreed UNAIDS definition of key populations. In fact, the GIPA (greater involvement of people living with HIV) principle does not feature in PEPFAR’s guidance. It is true that people who are members of another key population and who are living with HIV are included in the mandate of the Fund. However, their inclusion is on the basis of their other key population identity. This narrowing of the definition of key populations can create funding difficulties for identifying and addressing mistreatment that affects people living with HIV, as such, across all populations. Further, careful attention will be required to ensure that people living with HIV, who are also stigmatized within other key population groups, including those to which they also belong, are not further marginalized by the funded priorities and activities.

Finally, despite efforts to make the Fund accessible to smaller and more locally based organizations, eligibility and application requirements remain restrictive. The process of obtaining a DUNS number can take years and the “grants.gov” application process used by the US government is extensive and complex. The process continues to benefit those organizations with many staff people and departments, dedicated to accessing grants from the US government and related high overhead costs. As such, the application process will continue to exclude many key population community-led organizations.

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REFERENCES AND NOTES

¹ 60 (d): Commit to build people-centred systems for health by...expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and by...building the capacity of civil society organizations to deliver HIV prevention, treatment services;

64 (a): Call for increased and sustained investment in the advocacy and leadership role, involvement and empowerment of people living with, at risk of, and affected by HIV...as part of a broader effort to ensure at least 6% of all global AIDS resources are allocated for social enablers including advocacy, community and political mobilization, community monitoring, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction;

² 5.2 Urges UNAIDS and other partners to continue to provide funds and technical assistance to strengthen civil society and community-level capacity consistent with the 2030 Agenda for Sustainable Development;

6.2(b). In view of the meaningful and measurable involvement of civil society organizations and people living with HIV in the AIDS response, it is important to continue investing and supporting civil society, including networks of people living with HIV, to enhance their essential role in fast tracking the AIDS response;

6.4 Requests the Joint Programme to:

1. Support member states and civil society organizations and other partners in coordinating discussions on HIV financing and transition planning for programmatically and financially sustainable AIDS responses;
2. Further support member states and civil society organizations in maximizing the use of available resources and exploring and implementing innovative financing options;
3. Support countries to strengthen systems for health that incorporate the public sector, private sector and local communities in the response, and explore innovative service delivery options; and
4. Support countries in identifying opportunities to improve and/or sustain the supply of antiretroviral medicines and other HIV-related health commodities;

³ 63 (a): Reaffirm that the full enjoyment of all human rights and fundamental freedoms for all supports the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination against all people living with, presumed to be living with, at risk of, and affected by HIV, is a critical element in combating the global HIV epidemic;

63 (b): Commit to strengthen measures at the international, regional, national, and local and community levels to prevent crimes and violence against, and victimization of, people living with, at risk of, and affected by HIV and foster social development and inclusiveness, integrate such measures into overall law enforcement efforts and comprehensive HIV policies and programmes as key to reaching the global AIDS Fast-Track targets and the Sustainable Development Goals; review and reform, as needed, legislation that may create barriers or reinforce stigma and discrimination, such as, age of consent laws, laws related to HIV non-disclosure, exposure and transmission, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, who should still be encouraged to take the HIV test, to remove adverse effects on the successful, effective and equitable delivery of HIV prevention, treatment care, and support programmes to people living with HIV;

63 (c): Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV, including by linking service providers in health-care, workplace, educational and other settings, and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health-care, employment and social services, provide legal protections for people living with, at risk of, and affected by HIV, including in relation to inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms;

63 (d): Underscore the need to mitigate the impact of the epidemic on workers, and their families, and their dependents, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to take measures to eliminate stigma and discrimination, protect, promote and respect human rights and facilitate access to HIV prevention, treatment, care and support;

63 (e): Commit to national AIDS strategies that empower people living with, at risk of, and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programmes aimed at sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;

63 (f): Commit to promoting laws and policies that ensure the enjoyment of all human rights and fundamental freedoms for children, adolescents and young people, particularly those living with, at risk of, and affected by HIV, so as to eliminate the stigma and discrimination they face;

63 (g): Encourage Member States to address the vulnerabilities to HIV and the specific healthcare needs experienced by migrant and mobile populations, as well as refugees and crisis-affected populations, and to take steps to reduce stigma, discrimination and violence, as well as to review policies related to restrictions of entry based on HIV status with the view to eliminate such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, treatment, care and support;

⁴ 22. a) Implement fully our respective commitments to enable CSOs to exercise their roles as independent development actors, with a particular focus on an enabling environment, consistent with agreed international rights, that maximizes the contributions of CSOs to development.

⁵ Respondents were allowed to skip any questions that they preferred not to answer; therefore, completing every field of the survey was not a requirement for inclusion. The data analysis included all respondents who completed more than 50% of the survey questions.

⁶ To protect the anonymity of respondents, the survey allowed them to identify their country, their organization or their name if they chose to do so (16% of respondents declined to state the country where they currently lived).

⁷ Rodriguez-Garcia R, Bonnel R, N'Jie N, Olivier J, Pascual FB, Wodon Q. *Analyzing community responses to HIV and AIDS: operational framework and typology*. Washington, DC: World Bank.; 2011.

⁸ UNAIDS, Stop AIDS Alliance. 2015. *Communities deliver: the critical role of communities in reaching global targets to end the AIDS epidemic*. Hove, UK: International HIV/AIDS Alliance; 2015.

⁹ Rodriguez-García R, Bonnel R, Wilson D, N'Jie N. *Investing in communities achieves results: findings from an evaluation of community responses to HIV and AIDS*. In: *Directions in Development Series*. Washington, DC: World Bank; 2013.

¹⁰ United Nations General Assembly. 2016. *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030*. New York: United Nations; 2016.

¹¹ "60 (d): Commit to build people-centered systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection and by expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and through investment in human resources for health, as well as in the necessary equipment, tools and medicines, and promoting that such policies are based on a non-discriminatory that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention, treatment services;"

¹² "64 (a): Call for increased and sustained investment in the advocacy and leadership role, involvement and empowerment of people living with, at risk of, and affected by HIV, women, and children, bearing in mind roles and responsibilities of parents, young people, especially young women and girls, local leaders, community-based organizations, indigenous communities and civil society more generally as part of a broader effort to ensure at least 6% of all global AIDS resources are allocated for social enablers including advocacy, community and political mobilization, community monitoring, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction."

¹³ UNAIDS 2016–2021 Strategy: On the Fast-Track to end AIDS. Geneva: UNAIDS, 2016.

¹⁴ UNAIDS, Stop AIDS Alliance. 2015. *Communities deliver: the critical role of communities in reaching global targets to end the AIDS epidemic*. Hove, UK: International HIV/AIDS Alliance; 2015

(http://www.aidsalliance.org/assets/000/001/759/UNAIDS_CommunitiesDeliver_v24_original.pdf?1439304970).

¹⁵ The Global Fund Strategy 2017–2022: Investing to End Epidemics. Geneva: Global Fund; 2016.

¹⁶ Community systems strengthening framework. Geneva: Global Fund; 2014.

¹⁷ Rodriguez-García R. "A portfolio approach to evaluation: evaluations of community-based HIV responses". In: Rist Ray C, Martin FP, Ana Maria Fernandez AM (eds.) *Poverty, inequality, and evaluation: changing perspectives*. Washington, DC: World Bank; 2016.

¹⁸ Schwartzlander B, Stover J, Hallett T, Atun R, Avila C Gouws E et al. Towards an improved investment approach for an effective response to HIV/AIDS. *The Lancet*. 2011;377(9782):2031–2041.

¹⁹ The Organization for Economic Co-operation and Development. *Busan Partnership for Effective Development Co-Operation Fourth High Level Forum on Aid Effectiveness*. Busan, Republic Of Korea, 29 November–1 December 2011.

²⁰ Rodriguez-García R, Bonnel R, Wilson D, N'Jie N. *Investing in communities achieves results: findings from an evaluation of community responses to HIV and AIDS*. In: *Directions in Development Series*. Washington, DC: World Bank; 2013.

²¹ *Fast-Track: Ending the AIDS epidemic by 2030*. Geneva: UNAIDS; 2014.

²² United Nations General Assembly. 2016. *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030*. New York: United Nations; 2016.

²³ Rodriguez-Garcia R. "A portfolio approach to evaluation: evaluations of community-based HIV responses". In: Rist Ray C, Martin FP, Ana Maria Fernandez AM (eds.) *Poverty, inequality, and evaluation: changing perspectives*. Washington, DC: World Bank; 2016.

²⁴ The NGO Delegation recognized the extraordinary importance of discussing the role of national governments in funding communities, particularly in the context of global donors' "transitioning" out of countries. However, given the scope of the topic, the Delegation has elected to focus mostly on the role of international donors in this report.

²⁵ The NGO Delegation rejects the term "transition" when referring to the process by which international donors exit countries or otherwise diminish and terminate support for countries and communities, in favour of national governments taking over responsibility. The Delegation believes that terms such as "donor exit" or "abandonment" are more appropriate descriptions of these processes. However, the Delegation also recognizes the common use of the term "transition" and thereby employs it in this report so as to avoid confusion among readers.

²⁶ Projected transitions from Global Fund support by 2025. Geneva: Global Fund; October 2016.

²⁷ The recommendations section of this paper provides practical solutions to the challenge of insufficient donor coordination.

²⁸ Rodriguez-García R, Bonnel R, Wilson D, N'Jie N. *Investing in communities achieves results: findings from an evaluation of community responses to HIV and AIDS*. In: *Directions in Development Series*. Washington, DC: World Bank; 2013.

²⁹ Assessing the inclusion of civil society priorities in Global Fund concept notes. Arusha; Eastern African National Networks of AIDS Service Organizations. 2015.

³⁰ United Nations General Assembly. 2016. Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030. New York: United Nations; 2016.

³¹ Regional concept note development in the Global Fund's new funding model: observations from the first round of regional concept note submissions. Toronto: ICASO; 2015.

³² United Nations General Assembly. 2016. Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030. New York: United Nations; 2016.

³³ United Nations General Assembly. 2016. Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030. New York: United Nations; 2016.

³⁴ United Nations General Assembly. 2016. Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030. New York: United Nations; 2016.

³⁵ For example, see the Clinical Assessment for Systems Strengthening (CIASS) model, which the United States Health Resources and Services Administration developed to support technical assistance in resource-constrained settings.

³⁶ Sharma A, Chiliade P, Michael Reyes E, Thomas KK, Collens SR, Rafael Morales J. Building sustainable organizational capacity to deliver HIV programs in resource-constrained settings: stakeholder perspectives. *Glob Health Action*. 2013;6:22571..

³⁷ Clinical Assessment for Systems Strengthening. Rockville, MD: United States Health Resources and Services Administration; 2016 (<http://www.classtoolkit.org/>).

³⁸ Frequently asked questions: the 2017-2019 funding cycle. Geneva: Global Fund; 2016.

³⁹ The Organisation for Economic Co-operation and Development. Busan Partnership for Effective Development Co-Operation Fourth High Level Forum on Aid Effectiveness. Busan, Republic Of Korea; 29 November–1 December 2011.

⁴⁰ 60 (d): Commit to build people-centred systems for health by [...] expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and by [...] building the capacity of civil society organizations to deliver HIV prevention, treatment services;

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⁴³ 22 (a): Implement fully our respective commitments to enable CSOs to exercise their roles as independent development actors, with a particular focus on an enabling environment, consistent with agreed international rights, that maximises the contributions of CSOs to development.

⁴⁴ Stephen Lewis Foundation. 2016. *What We Do*. Available at: <http://www.stephenlewisfoundation.org/what-we-do>

⁴⁵ Open Society Foundations. 2016. *Health*. Available at: <https://www.opensocietyfoundations.org/issues/health>

⁴⁶ Grants, scholarships, and fellowships. Open Society Foundations; 2016 (<https://www.opensocietyfoundations.org/grants>).

⁴⁷ Community systems strengthening information note. Geneva: Global Fund; 2014.

⁴⁸ Community, rights and gender technical assistance programme. Geneva: Global Fund; 2016 (<http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/communityrightsgender/>).s