HIV and AIDS Pandemic at a Crossroads: Envisioning Asia Pacific Civil Society’s Role & Engagement in a Transforming HIV/AIDS World

A 1-day introductory seminar on the Strategic Investment Framework
(part of APCASO Focal Points Annual Meeting)
26 April 2012, Bangkok
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Acknowledgements

The planning for this introductory seminar on the Strategic Investment Framework (SIF) began soon after the June 2011 High Level Meeting in New York when it became clear that this was something of vital interest to the HIV response.

APCASO has taken an active role in the so-called comprehensive review on AIDS from 2010 with different activities relating to the UNGASS reporting and Universal Access. In May 2011 we organized a well-received a pre-HLM preparatory forum for Asia Pacific civil society delegates and advocates attending the HLM. Our regional coordinator was closely involved with the HLM outcome document negotiation process before and after New York. We were flush with ideas and brimming with energy!

The 30th anniversary of AIDS and other milestones in 2011 notwithstanding, we believe the HIV and AIDS pandemic was at a crossroads, confident in the policy formulations and medical advancements yet adrift in the uncertainties of funding availability. The HIV world is transforming right now, and what are we doing about it?

The SIF is an idea whose time has come. We appreciate the authors of this policy paper for giving us so much food for thought, and setting us on a new journey that could potentially change the face of AIDS. Lets see how far this goes.

While we (APCASO) have to scale back our initial ambitions to take SIF to a wider audience in the region, we appreciate our new Focal Points and the participating regional networks (Annex 3) for their enthusiastic and insightful responses and arguments on what civil society could do about SIF and would like to see happen.

For our two resource persons/presenters, we, firstly, thank Don Baxter, APCASO’s outgoing regional coordinator, for being a tireless advocate for greater and better civil society participation in the HIV response, and for being a fountain of knowledge on the SIF! We thank David Traynor, our friend, moral supporter and informal adviser, for his sharp analytical skills and generous sharing, and being another humble civil society champion.

Support for this introductory seminar was from UNAIDS Regional Support Team for Asia Pacific through our Programme Funding Agreement (PFA) Year 3. We thank them and appreciate their guidance and cooperation, as always.

Greetings from:

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Executive Summary

Civil society in Asia Pacific needs to be familiar with the Strategic Investment Framework (SIF). Civil society advocates need to advocate with their governments and key stakeholders for SIF’s adoption and implementation. They need to engage systematically and comprehensively with the possible changes; they need to seek for themselves a bigger role and enhanced influence in mobilising communities and resources, and in programme and service delivery. In short, civil society needs to provide leadership to the HIV/AIDS transformation.

When an annual meeting for its 12 Focal Points from ten countries in Asia Pacific was scheduled in late April 2012, APCASO took the opportunity to put SIF on the agenda. Designed for a limited audience of these Focal Points and the Bangkok-based regional networks, APCASO’s one-day introductory SIF seminar has these objectives:

1. understand the policy frameworks underpinning the transformation;
2. explore and assess opportunities offered by this transformation;
3. identify challenges and opportunities for civil society in this environment; and
4. map out strategies to ensure civil society is able to play the roles we identify and desire to implement.

By taking this initial step, APCASO hoped the following outcomes would be realised:

a. increased civil society engagement with the transformation process
b. enhanced knowledge and understanding (of major policy frameworks and impacts of recent scientific findings on re-shaping the global HIV response)
c. identification and analysis of challenges, opportunities and strategies by civil society advocates
d. initiation of on-going informed dialogues at national and regional levels.

Responses from the participants indicated that, for most, this was their first exposure to SIF, while for a few others, SIF was vaguely in the background but its contents were unknown and not understood until this seminar. Discussions centred on what civil society advocates could do at country level such as on seeking entry points or advocating with specific agencies or donors, sharing information and awareness among civil society, and so on.

The SIF, by envisioning a more substantive role for civil society in its implementation, provides many opportunities for advocacy, capacity development and creating new roles and responsibilities, as argued by our participants. They proposed 12 ideas and requests for actions at country level, from regional networks and UNAIDS (see Annex 1).

The SIF is a useful ‘lens’ for civil society advocates to analyse the critical enablers at country level which could open doors for more dialogue and greater engagement with government agencies and other key stakeholders. It is an opportunity to argue for more support of community system strengthening, civil society competency and capacity development, and potential new roles in, perhaps, monitoring the implementation. Regional networks could develop a useful common framework on SIF and community involvement, and identify areas of collaboration and opportunities for technical assistance.

Our participants are also expecting guidance and clarity from UNAIDS (Geneva, Asia Pacific and country offices) on their engagement process, availability of support and technical assistance, and practical informational materials.

Within weeks of this seminar, a number of our Focal Points took steps to informally share SIF with their networks, partners and colleagues as well as began discussions with key donors and relevant government agencies on organising national-level dialogues. More is expected from them as well as from APCASO and regional networks in the coming months as we do our part in expanding SIF knowledge and dialogue.

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1 Used here as a generic term that includes key affected populations (KAPs)
Background

Programmatically, for the response to HIV and AIDS, more is known about what to do and how to do it effectively. There is also a sense that, policy wise, things are coming together. The policy frameworks of the key players (UNAIDS’ Getting to Zero and Global Fund’s Investing for Impact, for example) that have appeared in the past year or so, appeared to be in alignment, with similar underpinnings that call for changes in the HIV response at global, regional and national levels. In June 2011, a policy paper popularly known as the Strategic Investment Framework (SIF) was released; its key premise calls for an investment approach to HIV programming that is based on evidence and a rights-based approach. Also in June, the 2011 “Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS” was signed by UN member countries.

Also significant was a range of key scientific evidence announced this year particularly those coming out of the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Rome, that may drastically transform how treatment and prevention programmes are designed and delivered in the future.

Across Asia Pacific, HIV infection rates have dropped by as much as 20% over 10 years. Making antiretroviral treatment (ART) widely available has also contributed to significant progress in the region. Amazing scientific advances, renewed political will and new results from around the region have intersected to bring optimism and hope for HIV and AIDS.

But we know these gains are fragile for a variety of reasons. A 2011 APCASO regional analysis on Universal Access found that 75% of new infections in Asia Pacific are concentrated in key affected populations (KAPs) such as people who use drugs, men who have sex with men, sex workers and their clients. The KAPs, who bear the brunt of pervasive stigma and discrimination, hostile legal environments that criminalise their behaviour as well as increasing HIV infection rates, are grossly underserved in most Asia Pacific countries.

There is strong evidence of legal and other associated barriers hampering effective HIV responses but there is also considerable recent progress on identifying what strategies and changes need to be made to address them.

Most national programmes are still disproportionately dependent on outside sources of support although calls for more domestic funding are increasingly made and slowly heeded. Globally, research by the Kaiser Family Foundation and UNAIDS found that funding support for HIV has been flatlining since 2008 before declining 10% in 2010. There are also concerns that HIV/AIDS is ‘dropping’ off the global health and development agenda.

Introduction

The HIV pandemic is at a crossroads; it is set for a transformation as never before. Forces are emerging and converging at critical interfaces – science, programming, policies, and funding.

2011 is a year when the HIV and AIDS policy framework environment became clearer and much better defined. Four recent documents stand out for the strategic influence they wield:

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1. The 2011 Political Declaration is a sign that governments are ready to re-look and re-commit to achieving Universal Access by 2015, by committing to some ambitious targets (such as 15 million on ARV by 2015).

2. UNAIDS has a bold new vision: Getting to Zero (zero new HIV infections, zero discrimination zero AIDS-related deaths).

3. The “Towards an improved investment approach for an effective response to HIV/AIDS” paper (more popularly known as Strategic Investment Framework or SIF) released by Lancet during the week of the UN High Level Meeting in June 2011, delivers thoughtful and persuasive evidence-based arguments for a seismic change for delivering HIV programmes as an investment, not a commodity.


There is common agreement among policymakers, donors, advocates and others that this confluence of recent programme evidence and policy frameworks amid a challenging funding environment is a strong indication that a transformation of the HIV response is under way, at global, regional and national levels. Major changes will and are expected to emerge in the short term that could have serious impact on the way we deliver HIV programmes.

**Key Challenge**

Where does civil society figure in this scenario? How do we envision our role and engagement?

The SIF must be triangulated against the other key documents (such as the 2011 Political Declaration, UNAIDS’ Getting to Zero) for its recommendations to have credence and its potential to be realised. In particular, its focus on civil society to have an enlarged role and participation in delivering HIV programmes that are effective and sustainable.

**Objectives of Introductory Seminar**

This one-day introductory seminar on the Strategic Investment Framework (SIF) is designed for a limited audience of APCASO’s Focal Points (12 from 10 countries in Asia) and the Bangkok-based regional KAP networks.

Civil society in Asia Pacific needs to be familiar with the SIF as well as the 2011 Political Declaration and Getting to Zero. It needs to advocate with their governments and key stakeholders for its adoption and implementation. It needs to engage systematically and comprehensively with the possible changes; it needs to see for itself a bigger role and enhanced influence in mobilising communities and resources, and in programme and service delivery. In short, civil society needs to provide leadership to the transformation process.

Therefore the introductory seminar has these objectives:

1. understand the policy frameworks underpinning the transformation;
2. explore and assess opportunities offered by this transformation;
3. identify challenges and opportunities for civil society in this environment; and
4. map out strategies to ensure civil society is able to play the roles we identify and desire to implement.

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6 APCASO’s original plan was a 2½-day seminar for about 50 key civil society advocates and stakeholders in the region. Discussions with a key donor did not yield any funding support and led to a delay of several months. Hence, the seminar was scaled down to one day for a smaller but specific audience, with available funds.

7 Regional networks invited were: APN+, APNSW, APCOM, ANPUD, 7 Sisters, APA, APTN, Youth LEAD, ITPC, CARAM Asia, Purple Sky Network, and an INGO, the International HIV/AIDS Alliance.
Programme Format

The programme for the seminar is:

1. **Information** → SIF, 2011 Political Declaration, Getting to Zero, Global Fund / issues, trends, directions
2. **Discussions** → opportunities, allies, planning / on-going discussions in other regions or groups
3. **Strategies** → goals, entry points, advocacy and communications

For advance preparations, the following papers were emailed to the participants:


* Denotes unpublished papers.

Expected Outcomes

1. **Increased engagement with the transforming response**
   ⇒ Energetic and systematic engagement by civil society advocates in Asia Pacific with the major changes transforming the global HIV response stimulates a pro-active and comprehensive analysis; and
   ⇒ Discussion of the challenges and opportunities both prior to and subsequent to the seminar at the regional and country levels.
   ⇒ Sub-regional and national road maps and engagement with the process.

2. **Enhanced knowledge and understanding**
   ⇒ Enhanced, detailed understanding among civil society leaders of major policy frameworks;
   ⇒ Likely impacts of the recent scientific findings re-shaping the global HIV response.

3. **Identification and analysis of challenges, opportunities and strategies**
   ⇒ Identification and assessment of the challenges and opportunities for civil society to influence and contribute substantially to the transforming global HIV response, including clarifying the scope and barriers at country level for civil society’s expanded role in programs and service delivery in the response.

4. **Initiation of on-going informed dialogue at regional and national levels**
   ⇒ Initiation of on-going dialogue and debate on different modalities of expanding and enhancing civil society’s role over the next five years in assisting re-shape the global HIV response; and
   ⇒ Promoting well-informed discussions subsequently at regional and country levels (including AIDS2012, 11th ICAAP, National Strategic Plans and related forums).
Presentations and Discussions

There were two key presentations: the main presentation on the SIF was by Don Baxter, APCASO’s regional coordinator, and a shorter one on Global Fund by David Traynor, community delegate to GF’s Board. The following is summary of key issues and discussions from these presentations.

“Understanding the Strategic Investment Framework and making the most of its potential as an advocacy and programmatic tool”
by Don Baxter

Summary
The paper “Towards an improved investment approach for an effective response to HIV/AIDS” (known as the Strategic Investment Framework or SIF) was launched during the week of the 2011 High Level Meeting in June. Although UNAIDS-led (lead author is Dr Bernard Schwartlander), the SIF is not a UNAIDS product. The team has more than 20 writers from different organisations but not many from civil society. Initially, only a very small number of global activists were engaged with SIF, but the paper is slowly gaining wider traction especially within the donor community.

a. Over-arching policy settings in which our work operates

2011 was a year when the HIV and AIDS policy framework environment became clearer and much better defined, bolstered by a range of key scientific evidence announced in the same year, particularly from the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Rome, that may drastically transform how treatment and prevention programmes are designed and delivered in the future. Five major policy frameworks where the SIF has made significant contributions to are:

1. The 2011 Political Declaration on HIV/AIDS
2. The GFATM Strategic Plan 2012-16
3. PEPFAR HIV-AIDS Strategy
4. UNAIDS Getting to Zero 2011-15 (includes Treatment 2.0)
5. WHO HIV Strategy 2011-15

The SIF is a coherent, integrated, rights-based and costed framework to deliver Universal Access by 2015. It has a set of detailed analyses from 139 countries discussing the epidemic from perspectives of: epidemiology, allocative efficiency, modelling of scenarios, and costing of treatment and prevention. It provides a rationale for re-shaping the global HIV response particularly in the face of declining funding.

The fundamental concept for SIF is to shift from a ‘commodity’ approach to an ‘investment’ approach, that is, “to fund specific evidence-based activities and scientifically-produced calculations of target investments based on evidence of what works and that responds to your epidemic and will lead to lower costs in the long term”.

b. Understanding the SIF

With objectives to reduce risk, transmission, mortality and morbidity, scientific evidence indicates that the SIF should promote three categories of investments for: (1) Six basic programme activities, (2) critical enablers (interventions that create an enabling environment for achieving maximum impact), and (3) synergy with wider health and development sectors related to HIV and AIDS. See Figure 1.

8 The original programme agenda included a presentation by UNAIDS RST. Although invited, UNAIDS did not send a representative to attend this seminar. (The human rights officer at RST – Brianna Harrison – attended on her own initiative.)
9 These two Powerpoint presentations are available upon request in writing to APCASO.
10 The idea for SIF came from a research piece on the impact of budget for programmes on HIV prevalence in 19 countries in Africa (using the commodity approach). From the results, it seems very few countries focused their spending on KAPs.
The six programme activities are:
1. Treatment, care and support
2. Vertical transmission prevention
3. Condom procurement and distribution
4. Key population programmes (MSM, IDU, sex workers)
5. Male circumcision
6. Behaviour change programmes

The critical enablers - both social and programme - are paramount to achieving the high-impact response envisaged under SIF. Community mobilisation underlies most of these enablers such as outreach and engagement activities, advocacy, transparency and accountability efforts, as well as support activities to enhance quality, adherence and impact in a range of settings.

The third area for investment is in synergistic programme activities from the wider realm of health and development sectors. Key to this are gender equality efforts, social protection and welfare, food security, education and justice, and health and community systems.

**Figure 1: The Investment Framework**

Source: "Towards an improved investment approach for an effective response to HIV/AIDS". June 2011

c. **Why is SIF important**
The SIF is the key tool to reach Universal Access goals by 2015 and potentially end AIDS in a generation! By increasing investment for the first five years, the SIF framework promises to continually reduce the costs of HIV response thereafter.
The five major global goals to be achieved by 2015 are:

- 15 million PLHIV on treatment
- Elimination of new infections in children
- Reduce sexual transmission by half
- Reduce TB deaths by half
- Reduce AIDS-related maternal mortality by half

SIF provides the rationale and approach that underpin not only the principles but the achievement of key policy frameworks, namely, the 2011 Political Declaration on HIV/AIDS, the UNAIDS Getting to Zero, and the Global Fund’s Investing for Impact.

The premise of the SIF is to increase investment now to reduce costs later. Investments must be made in programme areas that are known to work within an enabling environment fostered by critical enablers and underpinned by a human rights approach (table 1). If this is done right, the outcomes (‘returns on investment’) can be seen in table 2, and figures 2 and 3 below.

Table 1

<table>
<thead>
<tr>
<th>Financial Requirements (USD Billions)</th>
<th>2011</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Programmes</td>
<td>7.0</td>
<td>12.9</td>
<td>10.6</td>
</tr>
<tr>
<td>Critical Enablers</td>
<td>5.9</td>
<td>3.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Synergies with Development Sectors</td>
<td>3.6</td>
<td>5.8</td>
<td>6.4</td>
</tr>
<tr>
<td>Total</td>
<td>16.6</td>
<td>22.0</td>
<td>19.8</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>2011-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total infections averted</td>
<td>12.2 million</td>
</tr>
<tr>
<td>Infant infections averted</td>
<td>1.9 million</td>
</tr>
<tr>
<td>Life years gained</td>
<td>29.4 million</td>
</tr>
<tr>
<td>Deaths averted</td>
<td>7.4 million</td>
</tr>
</tbody>
</table>

Figure 2

[Graph: Returns on Investment: More than 12 Million Infections Averted]

Figure 3

[Graph: Returns on Investment: 7.4 Million Deaths Averted]

d. Why SIF matters to civil society

There are seven reasons to support this. One is that it confirms the indispensable role of community in the HIV response in terms of scaling-up of basic programme interventions, reaching most hard-to-reach populations, and enabling people to keep assessing services. Two, it follows that community-centred design and delivery as well as community mobilisation are part of the essential critical enablers. Three, cost efficiencies do not depend on under-resourced community responses as community system
strengthening is built-in and community health workers are costed. Four, SIF gives civil society an opportunity to articulate the value of integration work at community level especially how the HIV response can support and build on the broader health and development priorities.

Five, the SIF underscores that human rights is the basis of its framework. Six, SIF provides an opportunity for dialogue and closer working relationship between civil society, government and other key stakeholders. Finally, it also provides an opportunity to ensure support and funding for effective civil society interventions.

e. **Limitations of the SIF**
The SIF has several limitations. It does not clearly explain the relationship between the core parts or the difference between generalised and concentrated epidemics. There is limited costing data on certain programme interventions in particular sex work, and community mobilisation activities. There is also no clear strategy for women and girls, and no discussion on monitoring and evaluation.

f. **Next steps – Activities at global and national levels**
SIF is being used by GF, PEPFAR, DfID, UNAIDS and partners. There were discussions with more than 20 interested countries such as the so-called ‘first wave’ countries in Africa – Kenya, Zimbabwe, South Africa, Tanzania and Uganda. In Asia Pacific, two countries are under consideration – Cambodia and Indonesia. UNAIDS Geneva convened a regional consultation for civil society in Africa in February 2012, and two other such meetings are planned for Asia Pacific and Latin America.

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**Core work for global civil society advocates**
- Fill gaps in knowledge – conduct costing exercises
- Explain community mobilisation better and demonstrate theory of change
- Assess civil society capacity in-country to deliver wide range of service provision
- Profile the work civil society does as a core part of national response and leverage involvement of civil society in national planning, strategic and budget processes
- Ensure that GF processes use the SIF properly (e.g. Phase 2 renewals)

**National level activities for civil society**
- Raise awareness on SIF – internally and externally with key national stakeholders
- Network and build common approaches
- Map SIF against national HIV response
- Establish baseline of: (1) investment flows, (2) information on the six basic programme areas, (3) link social and programme enablers to each of the six programme areas

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**Questions for civil society advocates**

→ How would the SIF be interpreted in your country? Can it be a useful tool?
→ To what extent are each of the SIF components currently reflected in the national response?
→ Would SIF assist to ensure that funding is directed where it is needed, and if so, how?
→ How do you assess the current community service provision and mobilisation capacity in the country?
→ Based on the SIF and country context, what resources are needed and where for effective community responses in these areas?
→ What process do you think will need to happen at country level to implement the SIF?
  - who would need to be involved?
  - What role should civil society be playing?
  - What support will civil society need and from who?
Discussions – Presentation 1

A participant voiced his concern that not enough has been done to make SIF more widely understood especially among civil society organisations.

Don said that, since its launch in June 2011, a small number of global activists began engaging with it. A few initiatives include: GFATM has incorporated it in its assessment process in future; the International HIV/AIDS Alliance has a policy team on SIF; ICSS is working on some materials; APCASO held a session on SIF at the 10th ICAAP in Busan. GF has been proactive in using SIF and major donors have shown serious interest in SIF (such as UK, USA, Australia, Scandinavian countries).

A participant asked what about civil society involvement with SIF. Don responded that it is something we have to figure out for ourselves. Some governments have resistance to work with civil society. Most SIF work will be at country level. Some work has already been done but needed to be refined. Country advocates should advocate more aggressively with their governments to consider SIF.

Participants were interested in what would be the entry points in each country. Don said that the potential of SIF is on increasing investment on civil society and community. It proposes a shift from government/INGOs to community organisations. Another potential is that community organisations can take the role of ‘watchdogs’ and be funded to do that.

One participant said that SIF is a powerful tool in dialogues with donors. She could see herself using it when talking with donors. Participants are encouraged to make use of the SIF diagrams showing the number of HIV infections and AIDS-related deaths averted (Figures 2 and 3 above) when advocating with donors or governments.

Another agreed that SIF is premised on a business type model, and therefore it is also about changing mindset.....of donors, governments, INGOs, national organisations, KAPs, civil society, and so on. We also have to use the right language. For example when talking with ministry of finance or donors, use terms like ‘value for money’ or ‘impact you can see with this amount of funds’, and so on.

Other participants agreed that at country level, often the weakness is found in quality of programme implementation. Don’s response was that SIF could be used to advocate for areas where there are weaknesses under any or all of the six basic programme activities. Another participant suggested that in countries where governments are under-funding certain KAPs or interventions, there would be a need to advocate for more support for the relevant critical enablers.

There is also the challenge of how to increase national spending. Advocacy should be done with government agencies that control money such as the ministry of finance.

One participant noted that the components of SIF are not new to Asia Pacific. They are already in the 2008 AIDS Commission report. A number of countries are already using recommendations from the AIDS Commission report like Indonesia, India and others.

In response to a question on the cost of restructuring existing system to change delivery system to fit with SIF, Don said that there would be the initial transitional costs and also the challenge of resistance to change. Hence, we may need to have ‘push’ from donors.
by David Traynor

Summary
This presentation has these objectives: (a) An overview of GFATM’s new strategy 2012-16 (“Investing for Impact”) and the current reform process, (b) how SIF sits within this new GF strategy, and (c) a critical discussion of the SIF using GF as a ‘lens’. At issue is also the use of term ‘civil society’; at the moment, it is used broadly including ‘international’ civil society, ‘local’ civil society, and community representative-type organisations, and so on. The term is a convenient ‘catch-all’ phrase; it may be time to define it.

a. Overview of GFATM’s new strategy 2012-16 and reform process
The new strategy was approved at the Board meeting in Ghana, and it has five key areas:
1. Invest more strategically
2. Evolve the funding model
3. Actively support grant implementation success
4. Promote and protect human rights
5. Sustain the gains, mobilise resources

The Fund commits to investing in evidence-based high-impact interventions for key affected populations. Under the new strategy there will be fundamental changes to the funding process. Success of grant implementation has to be supported by effective financial risk management. The Fund will ensure that it does not invest in programmes that do not promote and protect human rights. The challenge here is the need to operationalize this approach. Part of the strategy is to ensure that there is an increase in domestic investment and to broaden range of donors, perhaps from the G8, G20 and similar global alliances.

The reform process is ongoing and extensive, and there will be fundamental changes at all levels. Three areas for change are funding models, secretariat staffing, and governance. These changes are guided by the ‘Consolidated Transformation Plan’.

b. The new GFATM strategy and SIF
Although the new strategy is not based on the SIF, it did draw key elements from it. “Investing for Impact” is consistent with SIF in a number of ways, most notably in:
- Human rights are critical to effective response
- Investing in high-impact interventions – recalibrating responses and investments to focus on KAPs and interventions proven as effective.

However, GF funding has contracted in the short term. The TFM (transitional funding mechanism) is limited and only for essential services. There is no scale-up and no new funding until 2014.

c. GFATM as a ‘lens’ for SIF
Using GF as a ‘lens’ is the SIF an opportunity for change or just another piece of paper? The thinking is that the SIF is going to be very influential to GF. One example is the new GF funding model (see Figure 4) that has three elements: (1) iterative dialogue-based application process between applicants, the technical review panel (TRP), partners and the GF secretariat; (2) earlier grant negotiations; and (3) More flexible, predictable funding opportunities.

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11 “GFATM” and “GF” are used interchangeably.
12 One day after this strategy was approved, Round 11 was cancelled.
Questions for civil society advocates

→ Do we want local civil society and community organisations to be reduced to ‘service delivery’ arms of large international NGOs? Of governments?

→ Do we want increased investment in local civil society and community organisations?

→ Who will determine the ‘how’ of the SIF?

→ What should be included as a ‘critical enabler’? Thousands of one-off training workshops? Core funding? Support for advocacy?

These decisions are being made now by the GFATM, by donors, by INGOs, by the UN….

Do we want a say in this process?

Discussions – Presentation 2

One participant mentioned that the CCM is a good platform for integrating SIF but more advocacy is needed. However, it was not GF’s goal to build capacity of the CCM. Less than USD100,000 is provided to support CCM at national level. David replied that they (community delegates) have been saying this for years.

Do people at GF understand SIF? David suggested that a few do but SIF was mentioned during the recent process of developing the “Investing for Impact” strategy. Due to the on-going changes, there have been many changes in personnel at GF head office – portfolio changes and resignations as well as the dismantling of country support teams. Therefore, civil society participation expertise is now not clear. However, in the grant management area, there is a policy on civil society participation.

In terms of the SIF, one participant said that Round 10 grants should have SIF elements (not before). Those entering Phase 2 renewals may have their plans revised. Many countries are up for Phase 2 in
2012-13. This is an opportunity for GF to use SIF components. Another said that there should be alignment or shift towards funding national strategy.

As for the question on “What are essential services?”, David said there are some 40 experts on the GF TRP who would assess what these would be.

**Participants’ Questions for UNAIDS RST**

→ What has RST done with SIF to-date, regionally and nationally?
→ Does RST have a plan to use SIF at country level?
→ What countries in Asia Pacific is RST looking at to use SIF?
→ Will there be training for the UCCs?
→ Are there funds to include civil society at country level?

**Group Work and Report Back**

The 24 participants were organised into three groups for more in-depth discussions. They were given three questions:

1. How can SIF be useful in your country and community, and in what ways?
2. How do you see civil society’s role in service delivery under the SIF? Should we deliver services or be a watchdog?
3. What do we want from UNAIDS, from APCASO and other regional networks?

**Group Work Report Back – Key Points**

**Group 1**
- Use SIF to map country level response – where the gaps are in the national response and what potential there is for achieving the critical enablers
- Most national plans are already SIF-friendly. Challenge is the implementation part especially on the Social Enablers.
  - India and Malaysia: SIF can be used to influence other government agencies to Buy-In such as Home Affairs, Narcotics, etc.
  - Vietnam: SIF can be used to exert pressure on funders (UNAIDS, GF, USAID) to influence governments especially in countries where civil society does not have a strong voice.
- SIF could be used to re-programme/re-negotiate existing funding programmes (e.g., TFM Phase II, unused GF funds). CCM can be entry point for SIF discussions.

**Group 2**
- Governments are usually more interested in programme activities, not SIF’s critical enablers
- We need to define what advocacy for SIF is
- Funding for ‘watchdog’ likely to come from foreign donors
- Government’s capacity to understand civil society and to engage with it.
  - Indonesia: there is competition for resources; treatment of NGOs by government influenced by this
  - Laos: ‘watchdog’ not appropriate in the country
- CSOs should leverage their area of experience (for service delivery or as watchdog) and develop an advocacy strategy for that.
  o Watchdog – must have ‘teeth’
  o As CSOs we have responsibility to be watchdog but we don’t have to use the word (can be a turn-off)
- Scale-up – only at levels community organisations can absorb. Passion comes from communities.
- SIF can be used to get donors (or INGOs) to fund community system strengthening (CSS) especially their core funding for advocacy capacity development that will enable civil society to engage government for achieving critical social enablers.

**Group 3**
- From UNAIDS Geneva we request a 2-pager road map to explain the SIF
- From UNAIDS RST we want greater clarity on support or TA on SIF in the region, and the focal points in the team for further engagement
- From UNAIDS UCOs we request country analysis with emphasis on the critical enablers (presence or absence) and use its convening power to ensure more dialogue on SIF especially among civil society.
  o Civil society advocates need a platform or space at country level
- From regional networks like APCASO, we want to see community framework on SIF and community involvement in the HIV response as part of the ‘enabling’ environment.
  o Focus on critical enablers
  o Share this widely
  o Guidance on community mobilisation re SIF
  o Principles like GIPA should not be forgotten.
- What do we need from the global networks?

**Output and Follow-up**

From the group work reports, the immediate output from the seminar is a list titled "Asia Pacific Civil Society Advocates’ Immediate List of Ideas and Requests" (Annex 1). This collection of 12 ideas and requests are organized at three levels:

1. Actions at country level
2. Actions from regional networks
3. Requests to UNAIDS - Geneva, Bangkok and country offices

Collectively APCASO’s focal points and the regional network representatives expressed a strong desire to take action at country and regional levels. They would like to see more sharing of information and knowledge on the SIF especially among civil society and KAPs, and empowering themselves to advocate and take action. The seminar has motivated them to look more closely at the critical enablers, issues of programme implementation and multi-stakeholder engagement, as well as stronger roles for community and civil society organisations to play in the HIV response.

APCASO’s actions include providing technical support to our focal points to enhance the knowledge on SIF at their organizational level and at national-level dialogues, if needed and if resources are available. APCASO would collaborate with regional networks to discuss and develop a framework for community and civil society involvement in the HIV response and on community mobilization on SIF.

At time of writing, APCASO focal points in Cambodia, China and Nepal have taken initiatives for SIF to share the knowledge with their network members and partners, and to mobilise CSOs for action. After

---

13 Cambodia: HACC’s quarterly members meeting, June (APCASO made SIF presentation); Nepal: NCASO planning a national consultation with national AIDS commission in July; China: CHAIN planning a national workshop with two key donors in August.
the introductory seminar, they have immediately contacted donors such as UNAIDS and GF as well as
government agencies such as the national AIDS commission, and so on for discussions on national level
SIF activities. Other focal points have begun internal discussions with Board members and management
teams. Where funds and capacity permit, APCASO would be ready to provide technical assistance.

Initiatives and actions on SIF at national level depend not only on available resources and capacity, but
also on all of us ensuring that the momentum continues.

End.

**Acronyms and Abbreviations**

<table>
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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AFAO</td>
<td>Australian Federation of AIDS Organisations</td>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>ANPUD</td>
<td>Asia Pacific Network for People who Use Drugs</td>
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<tr>
<td>APA</td>
<td>Asia Pacific Alliance for Sexual and Reproductive Health and Rights</td>
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<td>APCASO</td>
<td>Asia Pacific Council of AIDS Service Organizations</td>
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<td>APCOM</td>
<td>Asia Pacific Coalition on Male Sexual Health</td>
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<td>APN+</td>
<td>Asia Pacific Network of People Living with HIV/AIDS</td>
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<td>APNSW</td>
<td>Asia Pacific Network of Sexual Workers</td>
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<td>ART</td>
<td>Anti-retroviral therapy</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>CARAM Asia</td>
<td>Coordination of Action Research on AIDS and Migration in Asia</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CSO</td>
<td>Civil society organization</td>
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<td>CSS</td>
<td>Community system strengthening</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>GFATM</td>
<td>Global Fund to Combat AIDS Tuberculosis and Malaria (also “GF”)</td>
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<td>GIPA</td>
<td>Greater involvement of People living with AIDS</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>HLM</td>
<td>High Level Meeting</td>
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<td>International Congress on AIDS Asia Pacific</td>
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<td>ICSS</td>
<td>International Civil Society Support</td>
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<td>IDU</td>
<td>Injecting drug user</td>
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<td>INGO</td>
<td>International non-governmental organization</td>
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<td>ITPC</td>
<td>International Treatment Preparedness Coalition</td>
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<td>KAP</td>
<td>Key affected population</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PFA</td>
<td>Programme Funding Agreement</td>
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<td>SIF</td>
<td>Strategic Investment Framework</td>
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<td>TFM</td>
<td>Transitional funding mechanism</td>
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<td>Technical review panel</td>
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<td>UA</td>
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<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV/AIDS</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>USAID</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>Youth LEAD</td>
<td>Youth Leadership, Education, Advocacy and Development</td>
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<tr>
<td>7 Sisters</td>
<td>Coalition of Asia Pacific Regional Networks on HIV/AIDS</td>
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Annex 1

The Strategic Investment Framework Introductory Seminar
ASIA PACIFIC CIVIL SOCIETY ADVOCATES’
IMMEDIATE LIST OF IDEAS AND REQUESTS

Actions at Country Level
1. Use SIF to map country-level HIV response in terms of the critical enablers:
   → Gaps in the national response
   → Potential in integrating and realising the enablers – social and programme
2. Most national plans are already SIF-friendly. Main challenge is the implementation part especially on the social enablers.
   → SIF can be used to influence more government agencies, aside from Health Ministry, to ‘Buy-In’ such as Home Affairs/Interior, Narcotics, Law Enforcement, and so on.
   → SIF can be used to exert pressure on funders/development agencies (e.g., UNAIDS, Global Fund, USAID, and AusAID) to influence governments especially in countries where civil society does not have a strong voice or where CSOs have difficulty seeking or obtaining legitimacy.
3. Work on government’s capacity to understand civil society and to engage with it. SIF provides an opening to talk about the social enablers.
4. SIF could be used to re-programme/re-negotiate existing funding programmes (e.g., GF Round 10 Phase II renewals, unused GF and other donor funds). CCM can be entry point for discussions on SIF.
5. Need to define what CSO advocacy for SIF is or can be:
   → From perspective as a service provider
   → From perspective as an independent ‘watchdog’ (or a ‘monitoring’ role)
   → CSOs should leverage their area of experience and develop an appropriate advocacy strategy for that.
6. SIF can be used to get donors (or INGOs) to fund community system strengthening (CSS) especially their core funding for advocacy capacity development that will enable civil society to engage government for achieving critical social enablers.
7. As the key agents for social enablers, CSO competency and capacity on SIF must be developed.

Actions from Regional Networks
1. Regional networks like APCASO and others:
   → Develop a community framework on SIF and community involvement in the HIV response as part of the ‘enabling’ environment.
     i. Focus on critical enablers
     ii. Guidance on community mobilisation re SIF
     iii. Principles like GIPA should be reviewed and strengthened where needed.
2. Identify areas of collaboration and opportunities for TA with, for and by national advocates and CSO providers.

Requests to UNAIDS
1. From UNAIDS Geneva:
   → A 2-pager ‘road map’ to explain the SIF for civil society.
2. From UNAIDS RST Asia Pacific:
   → Greater clarity on available support or TA on SIF in the region for civil society
   → The designated focal points for SIF at RST for further engagement
3. From UNAIDS UCOs:
   → Country analysis with emphasis on the critical enablers (presence or absence)
   → Use UCO’s convening power to ensure more dialogue on SIF especially CSOs
   → UCCs to serve as the ‘Go-To’ resource for identifying key CSO and other community stakeholders.
   → Civil society advocates need full and meaningful representation at country level.

May 2012
**The Strategic Investment Framework Introductory Seminar**

**PROGRAMME AGENDA**

26 April 2012

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<tr>
<th>Morning</th>
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<tr>
<td>Purpose and objectives of seminar</td>
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<tr>
<td>Introduction to key documents</td>
<td>Moi Lee Liow</td>
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<tr>
<td>- 2011 Political Declaration on HIV/AIDS</td>
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<td>- Strategic Investment Framework</td>
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<td>- Global Fund Investing for Impact</td>
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<td>- UNAIDS Strategic Plan: Getting to Zero</td>
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<td>Understanding the Strategic Investment Framework and making the most of its potential as an advocacy and programmatic tool.</td>
<td>Don Baxter</td>
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<tr>
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<td>- Role of civil society in a transformed HIV sector</td>
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<td>- Identify key issues and entry points for advocacy</td>
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<td>- Develop modalities for engagement</td>
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<td>Follow-up actions including SIF Asia</td>
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Papers forwarded to participants in advance of the seminar:


* Denotes unpublished papers.
### The Strategic Investment Framework Introductory Seminar
#### PARTICIPANTS LIST

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<td>Australia</td>
<td>Rob Lake</td>
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<td>2</td>
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<td>Tim Vora</td>
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<td>3</td>
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<td>Xinyue Li</td>
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<td>4</td>
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<td>Cai Ling Ping</td>
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<td>Indonesia</td>
<td>Sardjono Sigit</td>
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<td>Daniel Marguarri</td>
<td>Chief Executive</td>
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<td>India</td>
<td>K K Abraham</td>
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<td>Lao PDR</td>
<td>Vieng Akhone Souriyo</td>
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<td>Raymond Tai</td>
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<td>10</td>
<td>Nepal</td>
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<td>Sri Lanka</td>
<td>Swarna Kodagoda</td>
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<td>Dr Khuat Thi Hai Oanh</td>
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<td>Dean Lewis</td>
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<td>14</td>
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<td>Midnight Poonkasetwatana</td>
<td>Executive Director</td>
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<td>Vince Crisostomo</td>
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<td>Alexandra Johns</td>
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<td>Ed Attapon Ngoksin</td>
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<td>Paul Causey</td>
<td>Consultant / Affiliate</td>
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<td>David Traynor</td>
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<td>Brianna Harrison</td>
<td>Human Rights Officer</td>
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<td>22</td>
<td>Australia</td>
<td>Don Baxter</td>
<td>– APCASO Regional Coordinator; AFAO International Programme Adviser;</td>
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<td>Moi Lee Liow</td>
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<td>Rodelyn Marte</td>
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The Strategic Investment Framework Introductory Seminar

SOME PICTURES FROM THE SEMINAR

Don Baxter explaining SIF

David Traynor discussing GF and SIF

Group work

Group work

Group work

Group work report back

Photo credits: APCASO