

# **International Civil Society Support Foundation**

**Annual Report 2009**

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## **1. Introduction**

The impact of the financial crisis, growing competition between global challenges like climate change and food security, and an increased call for more balance in global health spending – often to the expense of the AIDS response – have been some of the major challenges met by civil society groups involved in HIV/AIDS. International Civil Society Support (ICSS) aims to contribute to addressing these challenges through supporting the Free Space Process and supporting and participating in the Developed Country NGO Delegation to the Global Fund Board. This Annual Report describes the activities carried out by ICSS in 2009.

Since its inception, the ICSS-team and activities have been hosted by the Werkmaatschappij SOA AIDS foundation (that also supports the Aids Fonds and STOP AIDS NOW!). On February 24, 2009, ICSS has been established as an independent legal entity (foundation) in The Netherlands. This is therefore the first Annual Report issued by the ICSS foundation.

Core to the work of ICSS is the facilitation of communication and collaboration between civil society networks, organizations, leaders and other stakeholders. In many cases the outcomes of this work are captured in meeting reports that include concrete agreed upon follow-up and actions. Those who are interested in these more detailed reports are encouraged to visit our website ([www.icssupport.org](http://www.icssupport.org)) or to contact us directly.

Peter van Rooijen  
Executive Director ICSS

## **2. Free Space Process**

The Free Space Process (FSP) aims to contribute to increasing the quality and scale of the HIV/AIDS response, and the response to global health in general. The FSP makes this contribution through strengthening information-sharing and collaboration among the global HIV/AIDS networks, their counterparts, and civil society representatives to the international institutions and initiatives.

The FSP has been developed in close collaboration with

- (i) *The global HIV/AIDS networks* - the Global Network of People living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Council of AIDS Service Organisations (ICASO), the International Treatment Preparedness Coalition (ITPC), the International HIV/AIDS Alliance (IHAA), the World AIDS Campaign (WAC) and the Ecumenical Advocacy Alliance (EAA)<sup>1</sup> and
- (ii) *Civil society representatives to the international institutions and partnerships* - Joint UN Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNITAID, the GAVI Alliance, the International Health Partnership (IHP+), Roll Back Malaria, STOP TB Partnership and the global Partnership for Maternal, Newborn and Child Health.

The networks are represented in a Steering Group that has developed the FSP-concept over time in a series of consultations between 2007 and 2009. Building on the lessons learnt from and input provided in these meetings, a Concept Note has been drafted that has been presented to all the partners for final approval.

In order to achieve its goal, three activity areas have been identified as part of the FSP:

- Strengthening the civil society architecture
- The HIV/AIDS Strategy Caucus
- The Civil Society Representatives Group

### **2.1. Strengthening the civil society architecture**

Combined, the 7 (and 3 newly invited) global networks and the Civil Society representatives that constitute the FSP-partnership, bring together a substantial part of the global civil society HIV/AIDS architecture. Strengthening this architecture at global level - through the Steering Group – as well as at country-level, is an important activity of the programme.

As a follow-up to the 2008 Steering Group meeting, a Working Group explored models for funding of aligned work of the FSP-partners aimed at strengthening policy advocacy and communications capacity work at country level. Based on this work, the partners have agreed to pilot collaboration in a number of countries (to be determined in 2010).

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<sup>1</sup> The seven networks mentioned are the founding partners of the Free Space Process and members of the Steering Group. At the time this Annual Report was finalized, three additional networks have been invited to participate in the Steering Group: the MSM Global Forum, the International Network of People who Use Drugs (INPUD) and the Network of Sex Work Projects (NSWP).

The partners prefer a separation between the funding of these country-level activities and the role of the Free Space Process as facilitated by ICSS in order to maintain the FSP as a neutral and safe space for information exchange and strategizing.

In order to clarify funding streams and further potential for collaboration between the partners (the pilot), a mapping of both donor policies and trends and a request to map out the partners' activities at country-level has been commissioned in order to identify overlap and opportunities for collaboration. Both mapping exercises will be finalized in 2010.

In addition to this, it was agreed that a Clearing House would subsequently be established in order to enable in-depth and timely sharing of information on country-level work.

At the end of 2009, the FSP-partners endorsed the Free Space Process Concept Note that captures the goals and activities of the FSP-partnership. Some partners will need to seek final approval from their governance bodies. It is therefore expected that the Free Space Process-partnership can be formalized in the Spring of 2010.

## **2.2 The HIV/AIDS Strategy Caucus: Sustaining the AIDS Response in a Time of Economic Crisis**

In March 2009, an HIV/AIDS Strategy Caucus was organised, aiming to develop strategies to improve and expand the global civil society response to HIV/AIDS in the current economic climate. The focus of the meeting was considered timely given i) the global economic downturn, which has prompted many donor nations to place higher priority on domestic needs, and ii) a 'backlash' against disease-specific initiatives (especially those focusing on HIV/AIDS) among some highly visible and influential donors and commentators.

The primary objectives of the meeting were to consider ways to identify and initiate a coordinated civil society response that could help prevent or at least mitigate such catastrophic outcomes. Presentations and discussions therefore focused on:

- taking stock of the current situation regarding the global HIV epidemic, HIV/AIDS financing and investment, and financing and investment on other health-related Millennium Development Goals (MDGs) and health systems strengthening (HSS) initiatives;
- identifying core principles to underpin a common civil society vision on HIV/AIDS;
- developing an advocacy strategy that determines action steps for the global HIV/AIDS movement. Such a strategy is based on an underlying conviction that targeted HIV/AIDS funding should not only be continued, but significantly expanded.

The meeting brought together nearly 40 individuals based in 15 countries in Africa, Asia, the Caribbean, Europe and North America, affiliated with organisations or initiatives that focus significantly on HIV treatment advocacy and active to some extent at the global level, with most also leading and participating in treatment and prevention advocacy at national and community levels.

Based on in-depth discussion of the issues, questions and concerns around the theme, meeting participants rejected the option of diluting their specific focus on HIV/AIDS and advocating more loosely on health in general. They agreed instead that their overarching goal of social justice is best achieved through a re-energised and more cohesive HIV/AIDS movement, while at the same time systematically building alliances with other health and

human rights communities and constituencies (most notably around MDGs 4 and 5, on maternal and child health).

Participants acknowledged that another challenge hindering their effectiveness in recent years is that the movement has been perceived by many in the outside world as more successful than it really has been, a perception that has generated resentment of the sort exhibited by the AIDS 'backlash'.

The efforts to sustain the response to HIV come in an era in which requests and demands for more money for all health-related programs and initiatives are facing greater scrutiny and scepticism. While recognising that reality, participants concluded that governments and other donors must be held accountable for meeting recent pledges to greatly increase support and financing for HIV and other key global health priorities. The urgency is clear: renegeing on such pledges would be devastating for many individuals, communities and countries. It would also represent a clear rejection of core principles — notably, the right to health — that underpin universal access to HIV treatment and care and the UN's MDGs. As a result, the ability of most countries to meet health MDGs would be further weakened.

Key issues of concern for HIV/AIDS advocates vis-à-vis HIV treatment care and support are i) underfunding of current and future needs; ii) the setting of targets that do not truly represent universal access; and iii) the belief that HIV prevention and treatment are separate issues, with the former greatly underfunded in comparison with the latter.

The outcome-oriented process at the meeting produced a set of concrete recommendations and actions for follow up, grouped in four areas: i) setting a common vision and identifying core principles; ii) building on evidence; iii) enhanced watch dogging; and iv) strengthening campaigning.

### **2.3. Civil Society Representatives Group**

A group of about 30 civil society individuals who are officially selected representatives to the various international (health) institutions and initiatives came together for a second time in Amsterdam in September 2009. The first meeting of this group took place in 2008 and included delegations to the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS Programme Coordinating Board, UNITAID, GAVI and IHP+. In 2009 this group was expanded with representatives to the Stop TB Partnership, Roll Back Malaria, and the Partnership for Maternal, Newborn and Child Health.

Key objectives of the meeting were to come to a common understanding of recent developments and issues in global health among the various delegations; and identification of common objectives, policy outcomes, and key opportunities for joint or coordinated action by civil society.

Resource people from the various institutions were invited to give presentations on those developments, including (i) the International Health Partnership (IHP+) and what it aims to achieve - notably alignment and harmonization among donors - and how; (ii) joint assessments of national strategies - as related to IHP+ processes and applications to the Global Fund; and (iii) a joint health systems strengthening platform that GAVI, the Global Fund and the World Bank are working on. With regard to the new developments that are influencing and changing the international health landscape, the delegations discussed its implications for their work and for civil society involvement and participation in general, and came up with strategies of how to further engage on those issues.

A second objective of the meetings in 2008 en 2009 was to improve coordination and communication mechanisms among and within organised civil society delegations; and also to improve mechanisms for consultation with the constituencies that will support transparent and accountable representation. To this purpose two inter-delegation Working Groups were established, on Accountability and Communications.

### **2.3.1 Working Group Accountability**

A working group with representation from several delegations, supported by ICSS, issued a consultancy to prepare a draft Accountability Framework for Civil Society Representatives to International Programmes and Initiatives. This consultancy included a review of existing models and frameworks relevant to the specific work of the civil society representatives, interviews with key stakeholders. The draft framework provides the basis for further developing ethical guidelines, a set of "non-negotiables", key performance indicators (KPIs) for civil society representatives and a proposed mechanism for review and monitoring. The draft framework is now to be discussed by the Civil Society Representatives Group for further refinement and implementation, to ensure ownership and commitment among all delegations.

### **2.3.3 Working Group Communications**

A working group was formed with one representative from each delegation to discuss how to move forward on improving coordination and communication among the various official delegates. A consultant was commissioned to do an extensive survey among the delegations of both needs and challenges in terms of communication, and come up with recommendations. The consultation was finalized end of 2009 and its recommendations, including the creation of a joint communications platform, will be taken forward in 2010.

## **2.4 The FSP Steering Group**

The FSP Steering Group (SG), composed of the leadership of the FSP-partners, was convened in October of 2009. Objectives for this meeting were (i) to discuss progress and provide direction to further development of the Free Space Process; and (ii) to strategise on global trends in HIV/AIDS, aid and health and identify appropriate actions that can be implemented individually and/or collectively.

The SG discussed global trends, the activity areas of the FSP, as well as several organisational issues – including the ICSS governance structure. Moreover, ways to further develop joint strategic work were identified, following a recognition of the impact of the financial crisis on the funding landscape.

This joint work will include an analysis of donor funding trends (towards funding large proposals) and an analysis of concrete opportunities for collaborative work at the country level. Specific areas for possible collaboration that were identified included:

- Promoting a Currency Transaction Levy (CTL) for health, which could make available substantive and sustainable flows of funding;
- Examining what role the partnership can play and what lessons are to be learned from civil society principle recipients of Global Fund grants that run in to serious difficulties (e.g. Zambia, Philippines);

- Holding a Strategy Caucus on “community systems strengthening” – how to make this funding window provided by the Global Fund work and work well.

The FSP-SG also decided to invite three additional networks to the FSP partnership: the Network of Sex Work Projects (NSWP), the Global Forum on MSM (MSMGF) and the International Network of People who Use Drugs (INPUD).

### **3. Global Fund**

#### **3.1 Participation in the Developed Country NGO delegation**

Jacqueline Wittebrood currently holds the position of Communications Focal Point (CFP) for the Developed Country NGO delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which ICSS has made her available half-time. It concerns a voluntary position with a two-year term that has been renewed in 2009 for another two years. The CFP supports the work of the NGO Board member and delegation on a daily basis and functions as a communications hub between Global Fund Secretariat, Board, delegation and wider constituency of NGOs in Europe, Northern America, Australia & New Zealand, and Japan.

One of the CFPs responsibilities is to share information with and seek input from the wider constituency. To that purpose a Contact Group has been created of about 85 individuals from the Developed Country NGO constituency that are consulted regularly on policy, implementation, and funding issues that the delegation needs to vote on in the Global Fund Board. The CFP also organises delegation participation in Global Fund Board meetings that happen twice a year. Prior to a Board meeting the delegation meets a couple of days face-to-face to go over the Board documents and finalize the delegation’s positions on decisions to be taken in the Board. This includes pre-meetings with the other two civil society delegations and other Board delegations to share positions and identify the need to further lobby some of the constituencies for them to support the delegation’s viewpoints.

#### **3.2 Participation in the Finance and Audit Committee**

On behalf of the delegation, Peter van Rooijen participated in the Finance and Audit Committee (FAC) of the Global Fund Board. This Committee advises the Board of the Global Fund on all financial matters ranging from resource mobilization, audits and investigations of the Global Fund Inspector General, to planning and oversight of the expenditures of the operations. In the Spring of 2009 he was appointed as the chair of this committee, which was prolonged in 2010 for another term of two years. In addition to this role, he chairs the FAC Sub-Committee on Office of the Inspector General Matters.

In 2009 an ad-hoc Working Group on Managing the Tension Between Demand and Supply in a Resource-Constrained Environment was set up to identify measures to make sure the 9<sup>th</sup> Round of country applications to the Global Fund could be funded while knowing that not enough resources would be available. The Working Group was co-chaired by Peter van Rooijen, together with the Norwegian AIDS Ambassador Sigrun Mogedal, and made their recommendations to the November Board meeting, after which the Working Group was resolved.

#### **3.3 Resource mobilization for the Global Fund and health in general**

Given its central role within the Developed Country NGO delegation and given that resource mobilisation for the Fund is one of the delegation’s core activities, ICSS has been taking the lead in acquiring funding for and organising a number of meetings on this particular issue.

In January a core group of advocates came together in New York to discuss a strategy for the year, since the financial crisis was already showing and it was clear there would be a funding gap with regards to the next two funding rounds of the Fund. The meeting contributed to the start of a better structured and re-energized campaign of Northern advocates.

In July 2009 ICSS co-hosted a meeting with RESULTS US and the International HIV/AIDS Alliance (and in collaboration with Partners in Health, Family Care International and Stamp Out Poverty) on a campaign for a Currency Transaction Levy for Health (CTL). This levy on international currency transactions between banks could, at a rate of only 0.005% on each transaction in the four major currencies (US dollar, Yen, Euro and British Pound), raise revenues in the order of 30-60 billion US dollars without distorting the financial markets and without any impact on consumers. Advocating for such a levy, within the context of banks having caused the financial crisis and now asked to give something in return, could help bring in the extra billions that are needed for an effective response to the challenges around the provision of health services in developing countries. As a result of the meeting, that brought together participants from the broader health community, a campaign was created that involves many NGOs worldwide and has led to political statements supporting Financial Transaction Taxes from at least the UK, France and Germany.

A follow-up meeting on both the Global Fund resource mobilisation and the CTL for Health campaign was held early December and attended by some 45 participants from Australia, New-Zealand, Japan, United States, Canada, and European countries. The first part was co-organised with the Global Fund, who presented on their main strategies for the replenishment year 2010 in which donors to the Fund will announce their contributions for the years 2011-2013. The NGO advocates discussed their own joint strategy for advocacy at both the global and national level to make sure the Global Fund will be fully funded. The second part was an opportunity to update the people on the CTL and to broaden the campaign. As there had been many developments over the previous months, with the idea of Financial Transaction Taxes (among which the CTL) gaining more support also politically, it was an important moment to revisit the campaign's strategies and to decide to engage with other groups advocating for it as well.

The above mentioned meetings were organised with financial support from the Open Society Institute (OSI), RESULTS Educational Fund, the Dutch Ministry of Foreign Affairs, Aids Fonds and STOP AIDS NOW!

#### **4. Looking ahead**

The impact of the financial crisis on global health, development and aid will become clearer over the next couple of years and will confront us with a daunting challenge. Maintaining appropriate levels of political and financial support for health - and HIV/AIDS in particular - will be the top priority in our advocacy over the next couple of years. 2010 however also presents some unique opportunities, like the Replenishment Process for the Global Fund and the High-Level Meeting of the United Nations General Assembly on the Millennium Development Goals (MDG) evaluation.

The challenge of the FSP-partnership will be to use these opportunities well in order to ensure that scaling-up of the response can still take place and that mutually reinforcing linkages between the health MDGs can be established. Over the past few years, the FSP-partnership has been going through a phase of getting to know each other and building

trust. Especially now that the three key populations networks will join and strengthen the partnership, the partnership is uniquely positioned to become a mobilizing and unifying force within civil society and provide leadership in strengthening the quality and scale of the global response to HIV/AIDS.

In order to secure funding for 2010 and beyond, ICSS is a member of the International HIV/AIDS Consortium The Netherlands – a group of 11 Dutch HIV/AIDS focused NGOs that prepares a joint proposal (2011– 2015) for funding to be submitted mid 2010 to the Dutch Ministry of Foreign Affairs/Development Cooperation. The Consortium’s application includes a proposal for core funding of 7 of the 10 FSP-partners.

## **5. Governance and Staff**

The Supervisory Council of the Werkmaatschappij Soa Aids foundation agreed to act as the interim Council of the International Civil Society Support foundation. Candidates have been identified and invited to constitute the new ICSS Supervisory Council.

The ICSS foundation will remain part of the Werkmaatschappij that performs the role of employer and that provides administrative and financial support services. For this reason, the ICSS foundation will continue to work with the Audit Committee of the Werkmaatschappij and the treasurer of the Werkmaatschappij will also participate in the ICSS Supervisory Council.

At the end of 2009, the Supervisory Council was composed as follows:

Mr Mr. Thony Ruys, chair
Mr Wim de Bruijn, treasurer
Mr Hans F. Dijkstal
Ms Prof. Dr. Anita P. Hardon
Mr Dr. Frans M.L.G. van den Boom
Mr Dr. Kevin G. Moody
Ms Prof. Dr. Marianne C.H. Donker
Ms Lilianne M.J. Ploumen

The ICSS-team consisted of:

Peter van Rooijen, Executive Director  
Jacqueline Wittebrood, Senior Policy Advisor, CFP Developed Country NGO delegation  
Raoul Fransen-dos Santos, Senior Policy Advisor  
Nelly Lüneburg, Assistant (until February 2009)  
Elsbeth Timmer, Assistant (as of April 2009)