

International Civil Society Support

Strategy: 2012-2016

August 2012

Acknowledgements

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Abbreviations

CSO	Civil society organisation
FSP	Free Space Process
GFAN	Global Fund Advocates Network
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
ICSS	International Civil Society Support
IHP+	International Health Partnership
MDG	Millennium Development Goal
MNCH	Maternal, newborn and child health
MSM	Men who have sex with men
RC-NF	Robert Carr Civil Society Network Fund
SRHR	Sexual and reproductive health and rights
TB	Tuberculosis

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1. Introduction

This document presents the International Civil Society Support (ICSS) Strategy for 2012-2016. It aims to provide a framework for all aspects of the organisation's work during that timeframe and to serve as a strategizing and planning tool for both internal and external stakeholders.

2. ICSS: Building on the past and strategizing for the future

Building on the past

ICSS was established in 2006. It is based in Amsterdam, the Netherlands, and became an independent legal entity (a 'Stichting') in 2009. It has a global network that reaches over 100 civil society organisations (CSOs) and networks in the fields of HIV, tuberculosis (TB), malaria, health systems strengthening, sexual and reproductive health and rights (SRHR) and maternal, new-born and child health (MNCH).

The ICSS Strategy 2012-2016 is the result of a consultative process undertaken by ICSS staff, partners and stakeholders. This included a **360-degree Review**¹ of the organisations past strengths and weaknesses and potential future directions. The latter focused on discussion and debate of 'strategic drivers' – critical factors that will shape ICSS priorities and successes.

The 360-degree Review confirmed that, to date, ICSS has played a unique and leadership role within the civil society response to HIV and broader global health. Its many strengths have included: **convening diverse global CSOs and networks**, including those of key affected communities²; providing 'safe spaces' for relationship-building and dialogue; enhancing leadership within global civil society; mobilising action on critical emerging issues; facilitating joint strategizing and advocacy; and acting as a 'bridge-builder' between civil society and external stakeholders, notably donors. In particular, ICSS has remained a **champion for HIV** (while increasingly engaging in broader health issues). It has also been a powerful advocate for the **role and needs of civil society**, especially organisations and networks of **key affected communities**, such as sex workers, people who inject drugs, men who have sex with men (MSM).

Examples of the many initiatives and successes of ICSS include convening the **Free Space Process (FSP)**. This partnership was started in 2006 and brings together the leadership of the 11 global HIV civil society and key affected communities networks³ to facilitate linking and learning, shared strategizing and enhanced collaboration and division of labour. Its recent achievements have included providing collective civil society input into the UNAIDS Strategic Investment Framework and, most notably, responding to the funding crisis for HIV through collaborative development of the Robert Carr Civil Society Network Fund (RC-NF) - a results-focused funding mechanism for global and regional civil society and community networks.

¹ A report providing a more detailed analysis of the 360-degree Review - *Discussion Paper: ICSS Strategy Development 2012-2016* – is available from ICSS.

² Key affected communities refers to those most vulnerable to and affected by HIV. This includes people living with HIV, women and girls, young people, sex workers and their clients, transgender people, men who have sex with men, people who inject drugs, migrants and mobile populations, refugees, prisoners and people with disabilities.

³ Global Network of People Living with HIV/AIDS (GNP+), HIV Young Leaders Fund (HYLF), International Community of Women Living with HIV/AIDS (ICW), International Council of AIDS Service Organisations (ICASO), International Treatment Preparedness Coalition (ITPC), International HIV/AIDS Alliance (the Alliance), World AIDS Campaign (WAC), Ecumenical Advocacy Alliance (EAA), International Network of People who Use Drugs (INPUD), Network of Sex Work Projects (NSWP) and MSM Global Forum (MSMGF).

ICSS has also played a pivotal role in civil society's input and advocacy to the **Global Fund** to Fight AIDS, Tuberculosis and Malaria (the Global Fund). Since 2006, this has included initiatives such as: coordinating civil society advocacy on replenishment; hosting the Communications Focal Point for the Developed Country NGO Delegation to the Board; and being Board Member for the Developed Country NGO Delegation and Chair of the Finance and Audit Committee of the Board. In 2011, the **Global Fund Advocates Network** (GFAN) was established, with ICSS as its Secretariat. This aims to build a global social movement to demand health for all by recruiting, connecting and mobilizing advocates to communicate the urgent need, and demand full funding for, the Global Fund. It welcomes members from all CSOs, Friends of the Fund groups and individuals that endorse its goal and principles.

In addition, ICSS has played a unique role within efforts to ensure effective civil society and key affected communities' **participation** in, and **representation** to, international institutions in the global health arena. Key examples of this work include: developing an accountability framework for civil society delegations; and facilitating annual meetings of the civil society delegations to key global health institutions and initiatives. The latter has enabled the sharing of priorities and development of joint advocacy strategies among representatives to the Global Fund, UNAIDS, GAVI, International Health Partnership (IHP+), Millennium Foundation, Partnership for Maternal and Child Health, Roll Back Malaria, Stop TB Partnership and UNITAID.

Strategizing for the future

The 360-degree Review highlighted the critical need for the ICSS Strategy 2012-2016 to be positioned within – and provide a strong response to – the complex and rapidly changing **external environment** for HIV, global health and civil society. In the future, ICSS will need to adapt and strengthen its work in terms of mobilising and supporting civil society to:

- **'Keep AIDS on the agenda'** – through a pro-active and strategic civil society response to the on-going de-prioritisation of HIV within donor policies and resource allocation.
- Continue to ensure that the rights and needs of **key affected communities** remain at the forefront of responses to HIV and broader health issues.
- Actively engage with, and bring an HIV voice to, initiatives to integrate HIV (and other specific issues) into **broader responses to health**.
- Ensure strong and strategic positioning of HIV within the **'post-MDG' agenda** (in terms of engaging with and shaping the global framework that will go beyond the 2015 Millennium Development Goals).
- Play a full role in the debates and frameworks to ensure **value for money** within responses to HIV and broader health (such as UNAIDS Strategic Investment Framework).
- Maintain a balance between continuing to address the **financial crisis** for HIV and other aspects of health and ensuring attention to critical areas of **policy** (such as human rights).
- Ensure **cohesion** – rather than division – within the civil society sector, despite the pressures of decreasing access to resources and political power. Where necessary, support effective consolidation of the sector – to safeguard the 'knowledge bank' and maintain a 'critical mass' of influence.
- **'Stay ahead of the curve'** and provide a proactive response to the dynamics – from changing donor policies to changing methods of social mobilisation – that will shape future decision-making.
- Leverage the incomparable lessons and **gains of the civil society response to HIV**, such as securing and strengthening civil society representation in other types of global health forums.

3. Strategy 2012-2016: Vision, mission, goal and objectives

Based on its track record, the 360-degree Review of its strengths and weaknesses and an analysis of its 'strategic drivers', ICSS presents the following Strategy for 2012-2016:

Vision:

A world where all people can fulfil their **right to health** and enjoy full and productive lives.

Mission:

To increase the **scale and quality of the global response to HIV and broader health** through strengthening the mobilisation, participation and role of civil society.

Goal:

To enhance the response to HIV and broader global health through strategic partnerships that support **strong and effective civil society advocacy and leadership** at global, regional and country levels.

Objectives:

Objective 1: To enhance the quality, cohesion and impact of global civil society advocacy and leadership on HIV – by facilitating and strengthening the **Free Space Process**.

The **outcomes** will be:

- 1.1. Global HIV civil society networks implement a stronger and more united agenda to respond to the challenging external environment – through being informed and mobilised on each other's priorities
- 1.2. Global and regional HIV networks and other key civil society stakeholders implement stronger and more united advocacy on key emerging policy issues - through thematic information sharing and strategizing
- 1.3. Global decision-making institutions take policy and resource allocation decisions (on access to treatment, community mobilisation and the Strategic Investment Framework) that support civil society and communities – through FSP members undertaking advocacy collaborations
- 1.4. Leaders of global HIV civil society networks are better able to lead their organisations and respond to the challenging external environment – through peer support and mentoring

Objective 2: To enhance the quality, cohesion and impact of civil society advocacy for full funding of the Global Fund – by facilitating and strengthening the **Global Fund Advocates Network**.

The **outcomes** will be:

- 2.1. Civil society advocates are mobilised and organised on resource mobilisation for the Global Fund – through GFAN providing an efficient and dynamic mechanism

2.2. Political commitment to fund the Global Fund is mobilised and sustained – through the ‘Here I Am’ campaigning profiling the impact of Global Fund investments

Objective 3: To enhance the quality, cohesion and impact of civil society representation and advocacy to key global health institutions and initiatives – by facilitating and strengthening the **Civil Society Representatives Group**.

The **outcomes** will be:

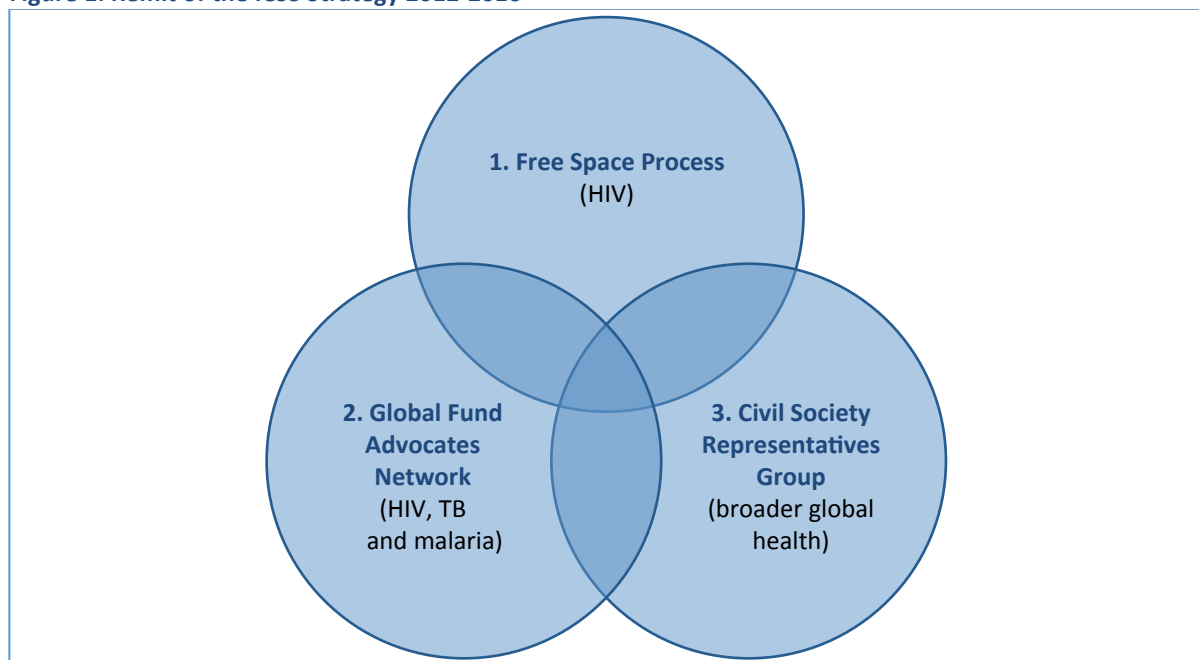
3.1. Global health institutions take policy and resource allocation decisions that support civil society and communities – through civil society representatives taking strong and cohesive advocacy positions

3.2 Global health institutions take positions on the post-MDG agenda that support civil society and communities – through civil society representatives promoting strong and cohesive advocacy positions

3.3. Civil society representatives to global health institutions perform their role more effectively and accountably – through the documentation and sharing of good practice

Through its three objectives and sets of outcomes, the ICSS Strategy 2012-2016 will address the **remit** of the global response to: HIV; the Global Fund (HIV, TB and malaria); and broader global health.

Figure 1: Remit of the ICSS Strategy 2012-2016



4. Strategy 2012-2016: ICSS Role

To implement its Strategy 2012-2016, the main role of ICSS will be as an impartial **convenor, facilitator and coordinator** of global civil society partnerships on HIV and broader health. To ensure the full efficacy of the partnerships, ICSS will also, as appropriate, play a proactive **leadership** role - informing the agendas of the partnerships and advocating on the issues prioritised by them.

Throughout its work, ICSS will emphasise five **areas of focus** to enhance the effectiveness and impact of its partnerships:

- **Innovation** – building on past lessons, but challenging ‘business as usual’ by promoting civil society action that is creative and dynamic.
- **Representation** – ensuring that civil society has a ‘seat at the table’ of decision-making bodies and is skilled and empowered to use that position effectively and accountably.
- **Joint action** – where possible, building consensus among civil society and maximising impact through collaborative action.
- **Communication** – ensuring that partnerships and advocacy are based on strong, transparent and effective communication among both internal and external stakeholders.
- **Advocacy** – ensuring that civil society has the right contacts, evidence, methods and opportunities to advocate to and influence key global decision-making processes.

5. Strategy 2012-2016: M&E Framework

It is critical to note that the core of the work of ICSS is the facilitation of processes which goals and outcomes cannot always be determined a long time in advance. To this we need to add the fact many of these processes are about developing and supporting implementation of advocacy strategies. Combined, these two features of ICSS' work require a proactive approach that – although this may seem a paradox – at the same time is responsive to actual developments and the evolving needs of the partners and partnerships that ICSS serves. This makes the design and use of a straightforward Monitoring & Evaluation Framework extremely challenging.

Vision

A world where all people can fulfil their right to health and enjoy full and productive lives.

Mission

To increase the scale and quality of the global response to HIV and broader health through strengthening the mobilisation, participation and role of civil society.

Goal

To enhance the response to HIV and broader global health through strategic partnerships that support strong and effective civil society advocacy and leadership at global, regional and country levels.

Objective 1

To enhance the quality, cohesion and impact of global civil society advocacy and leadership on HIV – by facilitating and strengthening the [Free Space Process](#)*

* Involving the: Global Network of People Living with HIV/AIDS (GNP+), HIV Young Leaders Fund (HYLF), International Community of Women Living with HIV/AIDS (ICW), International Council of AIDS Service Organisations (ICASO), International Treatment Preparedness Coalition (ITPC), International HIV/AIDS Alliance (the Alliance), World AIDS Campaign (WAC), Ecumenical Advocacy Alliance (EAA), International Network of People who Use Drugs (INPUD), Global Forum on MSM and HIV (MSMGF) and Network of Sex Work Projects (NSWP)

Impact

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Improved provision of HIV services for key affected populations

Impact Indicator & Data source

- HIV prevalence among population aged 15-24 years (MDG Indicator 6.1)
- Proportion of population with advanced HIV infection with access to antiretroviral drugs (MDG indicator 6.5)
- Percentage of sex workers and men who have sex with men reached with HIV prevention programmes, reported to use a condom, have received an HIV test and who are living with HIV (UNAIDS GARPR Standard Indicators 1.7-1.14)

Outcome	Indicator	Method of measurement
1.1 Global HIV civil society networks implement a stronger and more united agenda to respond to the challenging external environment – through being informed and mobilised on each other’s priorities	Global HIV civil society networks implement policies and programmes that enable communities to fulfil their right to health and enjoy full and productive lives	Civil society organisations annual reports
1.2 Global and regional HIV networks and other key civil society stakeholders implement stronger and more united advocacy on key emerging policy issues – access to treatment, community mobilisation, global health policy and financing, and strategic investment approaches – through thematic information sharing and strategizing	Global and regional HIV civil society networks and other key stakeholders implement policies and programmes that enable communities to mobilise and to fulfil their right to health and enjoy full and productive lives: having better access to treatment; influencing global health policy and finance and stronger involvement in the implementation and implementation of strategic investment approaches	Civil society organisations annual reports
1.3 Global decision-making institutions and platforms take policy and resource allocation decisions (on access to treatment, community mobilisation and strategic investment approaches) that support civil society and communities – through FSP members undertaking advocacy collaborations	Global Fund to introduce more favourable mechanisms, lower prices for medication and diagnostics and more client friendly HIV treatment regimes	Annual reports, programmatic and technical guidance and implemented policies. Progress report of the Global Fund
	Civil society needs are addressed by the application of strategic investment approaches	Survey among partners
1.4 Leaders of global HIV civil society networks are better able to lead their organisations and respond to the challenging external environment – through peer support and mentoring	# Of incidents of Executive Directors of global HIV civil society networks taking strategic decisions informed by lessons and inputs from FSP peers	Survey among EDs of FSP partner organisations
Output	Output indicator	Method of measurement
1.1 Organisation and facilitation of FSP leadership meetings as a space for linking, learning and strategic collaboration among global HIV civil society networks	50% of FSP members demonstrate increased understanding of and support for each other’s priority issues through developing joint policy positions and programmatic collaboration	Survey among FSP partner organisations

<p>1.2 Organisation and facilitation of thematic FSP caucus meetings on key emerging policy issues (such as the post-MDG agenda) – involving global and regional HIV networks and other key civil society stakeholders</p>	<p>50% of FSP caucus participants demonstrate increased understanding of and more cohesive advocacy on emerging policy issues through joint activities undertaken and active engagement in providing input into key processes e.g. the Post-2015 development framework</p>	<p>Survey prior to and post caucus</p>
<p>1.3 Support to specific advocacy collaborations among some or all FSP members on identified priorities of:</p> <ol style="list-style-type: none"> 1. Access to treatment 2. Community mobilization 3. Strategic Investment Framework 4. Global health policy and financing 	<p>Aligned advocacy positions on each of the priority areas: access to treatment (such as intellectual property, patent pool or licensing for HIV, TB, Malaria and co-infections), community mobilizations and funding</p>	<p>Policy positions developed (1 per annum)</p>
	<p>Agreed investment approaches and community mobilization concept(s) tested at country level</p>	<p>Concept tested in 6 countries</p>
	<p>50% of FSP partners and participants of FSP meetings have expert understanding of strategic investment approaches and community mobilization and are able to articulate and evince to stakeholders at global, regional and country levels why civil society engagement is crucial</p>	<p>Survey among FSP partners</p>
<p>1.4 Organisation and facilitation of peer support and mentoring sessions among Executive Directors of global HIV civil society networks</p>	<p>Executive Directors feel more secure, have more confident, know better how to make balanced and strategic decisions for their organisation EDs develop follow up plans for their respective organisations and collaborative efforts stipulating how mentoring sessions outcomes will be taken forward</p>	<p>Survey among EDs of FSP partner organisations Follow up plans</p>

Objective 2

To enhance the quality, cohesion and impact of civil society advocacy for full funding of the Global Fund – by facilitating and strengthening the **Global Fund Advocates Network***

* Welcoming all CSOs, Friends of the Fund groups and individuals that endorse the Network’s goal and principles

Impact

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Close the global AIDS resource gap by 2015
- Political commitment to increase domestic financing of Global Fund eligible implementing countries

Impact Indicator & Data source

- HIV prevalence among population aged 15-24 years (MDG Indicator 6.1)
- Reach annual global investment of US\$ 22–24 billion in low- and middle-income countries by 2015 (Domestic and international AIDS spending by categories and financing source; Global AIDS Progress Reporting)
- Percentage of (donor) targets for HIV commitments achieved (Abuja commitment 15% of national budgets to health)

Outcome	Indicator	Method of measurement (and data source)
2.1 Civil society advocates are mobilised and organised on resource mobilisation for the Global Fund	Civil society advocates are mobilised, they are equipped, committed and take concerted initiatives and action to mobilise resources for the Global Fund	GFAN and other CS advocates networks (annual reports)
2.2 Political commitment to fund the Global Fund is mobilised and sustained	Programmes supported by the Global Fund enable communities to fulfil their right to health and enjoy full and productive lives	Donors honour and sustain their fair share contributions to the Global Fund (GFATM Annual Report)
Output	Output indicator	Method of measurement
2.1 GFAN as a network to mobilise, connect and facilitate joint strategizing among civil society advocates for the Global Fund	GFAN membership increases by 50% (to 300)	GFAN membership list
	Civil society advocates from 80% of G8 and 50% of G20 countries engage in GFAN strategy calls	GFAN call reports
2.2 Implementation of ‘ Here I Am ’ campaign (HIAC), bringing real life stories of the impact of Global Fund investments to decision-makers	20 dialogues between HIAC ambassadors and decision-makers in 10 countries	HIAC annual reports
	‘Here I Am’ campaign share 120 video stories of the impact of the Global Fund	HIAC annual reports
	Here I Am campaign ambassador visits to 10 countries	‘Here I Am’ campaign

Objective 3

To enhance the quality, cohesion and impact of civil society representation and advocacy to key global health institutions and initiatives – by facilitating and strengthening the **Civil Society Representatives Group***

* Including representatives to: Global Fund, UNAIDS, UNITAID, GAVI, Partnership for Maternal, Newborn and Child Health, Roll Back Malaria, Stop TB Partnership and IHP+

Impact		Impact Indicator & Data source
<ul style="list-style-type: none"> Have halted by 2015 and begun to reverse the spread of HIV/AIDS Civil society representation in HIV efforts is inclusive of diverse organisations 		<ul style="list-style-type: none"> HIV prevalence among population aged 15-24 years (MDG Indicator 6.1) Civil society contributes to strengthening the political commitment of top leaders and national strategy/policy formulations (NCPI Indicator B.I.5)
Outcome	Indicator	Method of measurement
3.1 Global health institutions take policy and resource allocation decisions that support civil society and communities – through civil society representatives taking strong and cohesive positions	At least half of the global health institutions have reformed their policies and resource allocation decisions enabling CSO and communities to influence decision-making, resource allocations, and agenda setting	Policy and progress reports of global health institutions CS reports on the extent to which policies of a global health institutions have benefited CSOs to deliver their mandate
3.2 Global health institutions take positions on the post-MDG agenda that support civil society and communities – through civil society representatives promoting strong and cohesive advocacy positions	Post-MDG framework enables communities to fulfil their right to health and enjoy full and productive lives	HLP report and CS representatives reports
3.3 Civil society representatives to global health institutions perform their role more effectively and accountably – through the documentation and sharing of good practice	At least half of civil society representatives have informed their respective constituency timely and invited them to provide input; share and discuss positions with other civil society representatives and provided feedback to its constituency on the outcomes	Advocacy interventions/statements clearly reflect the needs and concerns of the constituency and are aligned or strategized with other communities and CS representation
Output	Output indicator	Method of measurement
3.1 CSRG communications platform to share information and identify/strategize on cross-cutting advocacy priorities between civil society representatives to global health institutions	Incidents of improved alignment of advocacy positions by civil society representatives to different global health institutions	Post-2015 process outputs
	CSRG communication platform actively used by at least half of the CSRG members	

3.2 Annual CSRG meeting to strategize on civil society engagement in the post-MDG agenda and other key crosscutting policy issues for global health.	# Of positions of global health institutions on post-2015 agenda reflect civil society priorities advocated by CSRG	Post-2015 papers
	# Of delegations reflecting joint CSRG position in own paper on post-MDG agenda	Joint CSRG position paper on priorities for the post-MDG agenda
3.3 Documentation and dissemination of good practices in civil society representation to global health institutions (such as selection processes and accountability frameworks)	# Of civil society representatives reporting a specific positive change in the implementation of their work	Advocacy interventions that can clearly document progress towards improved implementation of HIV responses
	Guidelines being used to improve practice of at least half of CSRG members	