

**STICHTING INTERNATIONAL  
CIVIL SOCIETY SUPPORT**

**ANNUAL REPORT 2010**

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# Director's report

## 1. Introduction

This Annual Report describes the activities carried out by International Civil Society Support (ICSS) in 2010. The year 2010 can be characterized as extremely challenging for the global fight against HIV/AIDS due to the ongoing repercussions of the economic downturn and faltering political attention for HIV/AIDS. Both dynamics can be recognized in the disappointing outcome of the Global Fund to Fight AIDS, Tuberculosis and Malaria Replenishment Process that stranded at US\$11.7 billion while civil society advocated for 20 billion. ICSS as an organization was confronted with the rejection of a funding proposal in which it participated with 10 other Dutch NGOs while a less favorable political climate for international aid emerged in The Netherlands.

At the same time however, 2010 was the year in which the 10 global HIV/AIDS civil society and community networks, united in the Free Space Process partnership, started a constructive dialogue with donors on how to jointly address longer term funding challenges; as off 2010 the Global Fund will make the highest investments in the three diseases in its history; and the Dutch government agreed to accept HIV/AIDS as a policy priority after a successful lobby that received broad support from politicians and the general public. 2010 was also the year in which more than 6 million people living with HIV received life saving anti-retroviral treatment; an unprecedented success!

This Report describes how ICSS operated in this environment of dynamic and contradictory forces, both in its supporting role towards the Free Space Process partnership as in its involvement with the Global Fund.

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.

We would like to acknowledge and thank all those that have contributed to our work, and especially want to recognize the donors that made our work possible: the Dutch Ministry of Foreign Affairs, Aids Fonds The Netherlands, STOP AIDS NOW!, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Open Society Foundation.

Peter van Rooijen  
Executive Director ICSS  
Amsterdam, 26 April 2011

## 2. Free Space Process

The Free Space Process (FSP) aims to strengthen civil society's response to HIV/AIDS through enhanced collaboration at global, regional and national levels. Within the FSP, ICSS facilitates coordination and collaboration among the following key global HIV/AIDS community and civil society networks:

Ecumenical Advocacy Alliance (EAA), Global Network of People living with HIV/AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW), International Council of AIDS Service Organisations (ICASO), International HIV/AIDS Alliance (the Alliance), International Network of People who use drugs (INPUD), International Treatment Preparedness Coalition (ITPC), Global Forum on MSM & HIV (MSMGF), Network of Sex Work Projects (NSWP) and World AIDS Campaign (WAC).

### 2.1. Strengthening the Civil Society Architecture: FSP Steering Group and the Funding Mechanism for Civil Society and Community Networks

#### FSP Steering Group

The FSP Steering Group that governs the FSP activities and is comprised of the leadership of the FSP partners, met three times in 2010: in March (Bergen, The Netherlands), July (during the IAC in Vienna, Austria) and in November (Bangkok, Thailand).

During the first meeting, the SG discussed joint actions with regards to Universal Access in the context of the MDG summit in 2010, the 2011 High Level Meeting (UNGASS review) and beyond. Furthermore, a Strategy Caucus was prepared and a donor and partners mapping exercise were planned. In July, the FSP SG met to prepare for and meet with the donor community at the International AIDS Conference to address the funding crisis for many civil society and community networks.

In the SG meeting right before the Bangkok Strategy Caucus, the SG focused on follow-up to its discussions with donors and prepared the development of a funding mechanism for international civil society and community networks.

The FSP partners mapping aimed to identify opportunities for collaboration, establishing synergies and efficiencies as well as removing redundancies. An update of this mapping exercise was presented and discussed in Bangkok and the report has now been finalized and published. Next to this, a mapping of the donor landscape was carried out which provided input into the dialogue with the donor community and informed the *International HIV/AIDS Consortium The Netherlands* that was preparing an application to the Dutch government. Many FSP partners participated directly or indirectly in this application.

#### Dialogue with donors

One of the outcomes of the meetings between donors and networks in Vienna and New York was the establishment of a Donors/Networks Working Group with the aim to address the 2011 short term funding needs and to develop a long-

term funding mechanism for civil society and community networks. This working group initially focused on the 2011 funding needs. A joint funding proposal was developed which brings together the core cost and some of the regional programmatic work of 9 of the FSP partners (the International HIV/AIDS Alliance and ICSS are not part of the proposal). In 2011, the Working Group will focus its work on the establishment of a longer-term funding mechanism for civil society and community networks beyond the FSP partnership.

## **2.2. Strategy Caucus: Establishing a Joint Civil Society HIV/AIDS Advocacy Agenda**

The Strategy Caucus meetings support the development of a civil society and community driven response with regard to HIV/AIDS. The Strategy Caucus meetings provide a space for systematic linking and learning and to determine a collaborative vision (or visions) on the global response to HIV/AIDS.

In November 2010, a Strategy Caucus was organised in Bangkok. The Strategy Caucus brought together around 40 national, regional and international representatives of the 10 FSP partners. The first aim was to identify and discuss advocacy priorities on HIV/AIDS for 2011 and beyond. One of the outcomes of the meeting was an agreed set of Advocacy Priorities, which is the first time in the history of the networks.

The second main discussion at this Caucus meeting centered on FSP networks' structures and effectiveness. These issues are considered increasingly important as the networks explore ways to collaborate more consistently to increase effectiveness and efficiency. The input provided by national and regional partners informs discussions in the Steering Group on this topic that are still on going. The Steering Group decided that based on a review of cross-cutting themes that have been identified in the joint funding proposal and the partners mapping, the FSP partners will determine where collaboration can be improved and synergies and efficiencies achieved, with the overall goal to enhance effectiveness. Examples of these themes are: collaboration around UN and G8/G20 processes, introducing innovation in the response to HIV/AIDS (including Treatment 2.0), addressing stigma, discrimination and criminalization, etc.

## Annex: Free Space Process HIV/AIDS Advocacy Priorities

Positioning **HIV/AIDS** as a key priority within a rights-based movement for universal access (UA) and **global health**:

- Broaden the movement for HIV/AIDS and global health, especially all issues associated with MDGs 4, 5 and 6 (including Health Systems Strengthening (HSS) and human resources). The challenges and needs of key populations\* must be clearly recognized and prioritized at national level during every stage of this process.
- Ensure HIV-related health needs are recognized and addressed, including TB, hepatitis C, SRHR and voluntary drug treatment.
- Monitor the response from government, international institutions and civil society as part of a broad-based effort to promote and sustain greater accountability.
- Promote a comprehensive global resource strategy (including Global Fund and innovative financing mechanisms) that will help support regional and national structures. This strategy should emphasize the value of sustainable community systems to engage in global and regional mechanisms associated with UA, development, etc.
- Enhance value for money, quality control, efficiency and prevention of waste and corruption. An important element is to continuously gather evidence showing the impact and benefits of AIDS responses on health systems and broader development.

Accessing and sustaining **ARV scale-up**:

- Improve ARV drug combinations and diagnostics, including for pregnant women and children.
- Achieve affordable and fair pricing.
- With the meaningful participation of people living with HIV, implement new treatment guidelines and develop and subsequently adopt new national treatment targets.
- Establish sustained and reliable drug supply chain management, including of drugs for opportunistic infections (OIs) and co-infections.
- Improve delivery systems, including community and health systems.
- Provide treatment education, including on nutrition and side effects.
- Develop and implement evidence-based and sustainable adherence programmes, especially for key populations.

Prioritizing **human rights** as a leading concept in the development and implementation of HIV/AIDS services:

- Fight stigma and discrimination associated with HIV and vulnerable/marginalized groups.
- Ensure gender equality and sexual and reproductive rights (including for PLHIV), and fight gender-related violence and abuse.
- Repeal criminalizing and punitive laws; remove policy and legal barriers, and travel restrictions; build an enabling legal environment; address abuse by law enforcement agencies; and provide access to justice and legal services.
- End coercive and "anti-rights" programming (anti-prostitution pledge, abstinence-only, mandatory testing, and forced rehabilitation, testing and treatment, etc.).
- Ensure meaningful key population\* representation and participation, and GIPA implementation, in all HIV-associated programming and strategy development.
- Demand protection for human rights advocates and for the right for advocacy to be considered a legitimate process in all contexts. The following rights are among those that must be guaranteed: the right to free speech, to protest, to legal support, and to freedom from police abuse and violence.

Community-led **combination prevention** that is targeted, holistic, comprehensive and that fits the needs of key populations, e.g., women, sex workers, people who use drugs and MSM:

- Decrease the number of new HIV infections.
- Increase resources for prevention.
- Ensure that those at risk for HIV have the basic commodities and support, such as condoms, lubricant, sterile syringes, testing and treatment.
- Promote enabling policy environments for prevention.
- Challenge stigma, discrimination, violence and laws that criminalize people.
- Work to have the voices of key populations heard.
- Integrate treatment and prevention.
- Raise awareness about and promote Treatment 2.0.
- Incorporate new prevention technologies (e.g., PrEP, microbicides) within existing infrastructures.
- Seek synergies with SRHR.
- Engage people living with HIV as meaningful contributors to HIV prevention efforts. This should be part of an overall recognition of the centrality and leadership of PLHIV in all HIV prevention issues.
- Improve indicators for measuring the impact of HIV prevention efforts.

Strengthen **community systems** at global, regional and country level with the aim to:

- Mobilize and engage HIV-affected communities in service delivery.
- Advocate for a high-quality and resourced response that is comprehensive, equitable and sustainable.
- Ensure effective information-sharing, collaboration, governance and accountability across global, regional and country levels.
- Prioritize civil society capacity building.
- Develop, implement and support programs that provide HIV care and support, focus on children and OVC, and include elements that emphasize social protection.

*\* NOTE: the FSP Steering Group agreed on the following definition of the term "key populations": The Free Space Process partners use the term key populations to refer to groups of individuals particularly affected by HIV whose vulnerability and risk to HIV converge and are higher than the general population. While often in HIV-related policy and programmatic documents these groups are referred to as 'key populations' without specifying who these populations are, the Free Space Process partners explicitly refer to at least the following groups: people living with HIV, sex workers, men who have sex with men, transgender people, people who use drugs, women, children and young people. The term key populations is used instead of other terms often used (e.g., vulnerable groups, most at risk populations) to emphasize the key role that these populations play in the development and implementation of HIV-related responses, and that they are not mere recipients of responses targeted at them. The set of key populations may vary per country based on the local context and may include other populations such as prisoners, migrants and displaced people.*

### 2.3. Civil Society Representatives Meeting

ICSS organizes an annual civil society representatives meeting with the aim to bring civil society representatives to the various international health institutions and initiatives<sup>1</sup> together and facilitate joint strategizing around current global health issues. The May 2010 meeting in Noordwijkerhout (The Netherlands) focused on the Millennium Development Goals (MDGs) and the global review process culminating in the United Nations High-level Plenary Meeting on the MDGs in New York in September 2010. The meeting goal was to contribute to that process from a civil society perspective and influence its outcomes to ensure renewed commitment to achieving the targets in 2015. More than 40 representatives from the South and the North, including expert guests from the various global health institutions and initiatives, attended the meeting.

Because both specific and general health issues were participants' primary focus areas, discussion centered on the three MDGs most directly associated with health: MDG4, MDG5 and MDG6. Participants also recognized, however, that their work has significant and important links with efforts to achieve all the other MDGs. The May 2010 meeting prioritized work towards a joint advocacy strategy, including:

- developing a joint civil society representatives position on progress so far toward achieving the health MDGs, identifying gaps, and considering what needs to be done to ensure that targets are met by 2015; and
- exploring opportunities of engaging with and contributing to the MDG Civil Society Hearings in June 2010 and the High-Level Summit in September.

The meeting consisted of two main parts: a series of presentations followed by group work. The presentations provided essential background information and observations, including the following:

- overviews of key elements of the MDG review process;
- analyses from experts regarding progress, existing gaps, and recommended advocacy priorities from a civil society perspective; and
- summaries of civil society delegations' ongoing activities and priorities toward achieving individual MDGs and all the goals more broadly.

Subsequent group work led to the most important outcomes—specific recommendations by civil society representatives focusing on the following five core areas: health systems strengthening, maternal and child health (MDGs 4 and 5), and HIV/AIDS, malaria, and TB (MDG 6). These recommendations were intended to be a useful part of a coordinated, joint civil society advocacy effort aimed at improving and sustaining progress toward achieving the MDGs. They were for example presented and discussed in a meeting of global HIV/AIDS advocates that prepared a joint set of messages and asks in preparation of the MDG Summit (New York, June 2010). The Board member for the Developed Country NGOs to the Global Fund Board also actively participated in the official civil society hearings in preparation for the MDG summit and was able to put a number of recommendations of the group forward.

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<sup>1</sup> GAVI, Global Fund to Fight AIDS, Tuberculosis and Malaria, International Health Partnership and Related Initiatives (IHP+), Millennium Foundation, Partnership for Maternal, Newborn and Child Health, Roll Back Malaria, Stop TB, UNITAID and UNAIDS

## **2.4. The Working Group Accountability**

The Working Group Accountability, consisting of representatives from several delegations and the ICSS secretariat, in collaboration with a consultancy team, developed an Accountability Framework for Civil Society Representatives to International Programmes and Initiatives. This framework is based on a review of existing models and frameworks relevant to the specific work of the civil society representatives, and interviews with key stakeholders. It 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 framework was presented in a workshop during the International AIDS Conference in Vienna with the purpose to obtain further input and to refine the definitions and elements.

## **3. Global Fund to Fight AIDS, TUBERCULOSIS and MALARIA**

The Global Fund was created in 2002 to dramatically scale up the fight against the three main killer diseases AIDS, tuberculosis and malaria. It is a unique multi-stakeholder partnership where government (both donors and implementers), private sector and civil society all work together and are equally represented at its governance levels, both in country through participation in the Country Coordinating Mechanisms (CCMs) and at the Global Fund Board.

The Fund acts as an international financing institution that invests the world’s money to save lives. To date, it has committed US\$ 21.7 billion in 150 countries to support large-scale prevention, treatment and care programs against the three diseases, and by doing so has been able to save at least 6.5 million lives since its inception.

### **3.1. Developed Country NGO delegation to the Global Fund Board**

In 2010 ICSS was again closely involved in the work of the Developed Country NGO delegation to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Jacqueline Wittebrood holds the position of Communications Focal Point (CFP) for the delegation and ICSS has made her available half time to carry out related duties.

The CFP coordinates all activities of the delegation, and communications between the Board, the Global Fund Secretariat, and the delegation, as well as all communications with the wider constituency that is regularly consulted on issues coming before the Board for decision. Throughout the year, the delegation attended two Board meetings, one in Geneva and one in Sofia (Bulgary), and members of the delegation joined the Replenishment Conference in New York. In between those meetings the delegation kept in touch over email and by regular conference calls, using conferencing services that multiple people can participate in at the same time.

One of the key priorities for the delegation is advocacy in support of resource mobilization for the Global Fund. As the Third Replenishment Conference for the years 2011-2013 was scheduled for October 2010, much of the delegation’s time was devoted to engaging in that process with the ultimate aim to increase the contributions of donors to the Fund.



With a budget from the Global Fund made available for constituency engagement, the delegation held a strategic retreat in New York right after the Third Replenishment Conference took place there. It provided an opportunity for the delegation to engage directly with a larger group from the constituency and discuss in more detail some of the new developments within the Global Fund model, such as health systems strengthening, National Strategy Applications and grant consolidation.

The CFP was invited to also participate in the Internal Processes Working Group (IPWG) of the Communities delegation. The work of the IPWG focused on developing the appropriate Terms of Reference and delegation processes and policies to ensure that the delegation represents and engages with its constituency in a transparent and accountable way, and can be used to update Developed Country NGO delegation processes in 2011.

### **3.2. Global Fund Finance & Audit Committee**

As Chair of the Global Fund's Finance & Audit Committee (FAC), Peter van Rooijen has also been involved in the Developed Country NGO delegation. The FAC oversees all internal expenditures and the implementation of the Human Resource, Resource Mobilization and Risk Management Policies. Given his role as FAC chair he also headed the Sub Committee on OIG matters. This committee oversees the work of the Global Fund's Inspector General on behalf of the Global Fund Board.

### **3.3. Resource Mobilization in support of the Global Fund**

In 2010 the Global Fund organized its Third Replenishment Process. Building on efforts that started in 2009, ICSS has provided support to global advocates that worked on resource mobilization for the Global Fund.

Civil society advocated for a US\$20 billion replenishment of the Fund, but only US\$11.7 billion has eventually been pledged. Despite the fact that many might see the outcomes of the pledging meeting in New York (October 2010) as unsatisfactory, we have witnessed remarkable progress in terms of coordination, more effective advocacy and a more concerted response from civil society.

ICSS organized and chaired more than 30 conference calls with key advocates from around the globe and input provided by the Global Fund Secretariat. Upon request some specific calls were organized on countries or themes, such as the upcoming G8/G20 meetings. An additional 5 conference calls were organized to discuss advocacy on the Currency Transaction Levy (CTL) for Health and the Financial Transaction Tax.

To support communications, a [gfreplenishment@googlegroups.org](mailto:gfreplenishment@googlegroups.org) list serve was used as the main tool for on-going communication between around 120 advocates around the globe. According to the evaluation, it has been considered as extremely useful in general. The (free) Google website that was created was particularly useful in the early stages of campaigning. As advocates became more involved over time, attention and time given to the website reduced significantly and people worked with email and the list serve.

Concrete steps were taken to strengthen partnership with Southern advocates, for example around the *Global Day of Action* that was organized prior to the Replenishment Conference and led by Southern advocates. This week started on Monday 20 September with marches in Paris, France and outside the UN MDG Summit in New York. It culminated in actions on Tuesday 28 September in many

African countries, including Kenya, South Africa, Zambia, Swaziland, Lesotho, Botswana, Malawi, Mauritius, Tanzania, Cameroon, Mali, Ghana, Ethiopia, Nigeria, Namibia and Morocco.

All activities in the various countries of the world have been posted on the website created by the Communities delegation:

[www.globalfundreplenishment.org](http://www.globalfundreplenishment.org)

#### Advocacy and campaign tools

ICSS coordinated the creation of background and campaigning materials of which the *CSO Position on the Global Fund Funding Scenarios* was a core document.

### **CSO Position on the Global Fund Funding Scenarios**

*"The purpose of the Fund is to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals."*

The Global Fund Resource Scenarios paper presents three funding scenarios that help to understand what is needed to fulfill the Global Fund mission in controlling the three diseases.

The paper clearly states that Scenario 1 (US\$13 billion) is not putting us on the right track, and would in fact slow down momentum and likely reverse progress. The cost of slowing momentum implied in Scenario 1 should be calculated in terms of future extra financial and public health costs. For example, Scenario 1 practically means a freeze on enrolment of new patients for ART, which among others will increase the cost of orphan care in the future when children lose their parents to the diseases. In addition, the momentum gained in scale-up against the three diseases – such as the aggressive scale-up against malaria – might be difficult or impossible to recover if stopped now.

We therefore need to explore Scenario 2 (US\$ 17 billion) and Scenario 3 (US\$20 billion) in order to see what is required to get us on track to bend the curves of the three diseases downward. Scenario 2 (US\$17 billion) would essentially maintain the current level of financing, but would not seriously allow for acceleration toward achieving the MDG targets in 2015. Of the three Scenarios, Scenario 3 presents the only option for seriously scaling up interventions towards achieving these targets.

However, important gaps can be identified within Scenario 2 and 3 that are not included in the calculations:

1. The costs of **diagnosis and treatment of MDR TB**. Timely diagnosis and treatment of MDR TB will reduce the spread of drug resistance and avoid unnecessary mortality and morbidity of MDR patients. Strengthened laboratory systems, including newer, more effective diagnostic tools, are critical. Action now will limit the future needs for far more costly treatment as well as reduce the huge global public health risk of TB strains that do not respond to any treatment.

2. The cost of implementing the **newly published WHO guidelines in malaria**. The move towards universal diagnostic testing of malaria is a critical step forward as it will allow for the targeted use of treatments. This will help to reduce the emergence and spread of drug resistance. It will also help identify patients who do not have malaria, so that alternative diagnoses can be made and appropriate treatment provided. The new Guidelines will therefore help improve the management of not only malaria, but other childhood febrile illnesses.
3. The cost of implementing the WHO **treatment guidelines for ART**, which implies 50% more people on treatment, and the use of improved (but more costly) first line treatment and higher levels of second line treatment. These are essential to avoid the cost of treating side effects of current medicines and avoid the economic and social cost of sickness. In addition, aggressive scale-up of earlier treatment initiation would have major collateral benefits including reduced transmission.
4. The cost of keeping mothers alive so that they can look after their children and their families - let alone fulfilling their right to live. Evidence shows clear linkages between infant survival and mothers' survival.

Leaving out the impact of this on the resource needs undermines the Global Fund's capacity to maximize "Value For Money" as well as our efforts to achieve public health goals. Finally, the scenarios also do not include the cost of additional investment in Health Systems Strengthening, nor maximizing the Global Fund's role in MDGs 4 and 5.

**In conclusion, civil society advocates believe that Scenario 3 represents the best way forward in terms of scaling up interventions towards achieving the health MDGs. If the financial implications of the above listed gaps are taken into consideration, it is expected that even Scenario 2 would exceed 20 billion US\$. The estimate of a resource need of at least 20 billion for 2011 – 2013 therefore seems to be a minimum.**

#### Here I Am Campaign

The Here I Am campaign aimed to sensitize decision makers by bringing the voices of the people living with or affected by the diseases literally to their door step. The campaign was spearheaded by a group of ambassadors from Africa, Asia and Latin America that are receiving or have received treatment through Global Fund funded programs. In collaboration with leading national NGOs, ICSS helped organize visits of the ambassadors to Spain, Austria, USA, Brussels, Denmark, Germany, The Netherlands, Japan, Canada and the MDG Summit.

### Feedback from NGOs around the world:

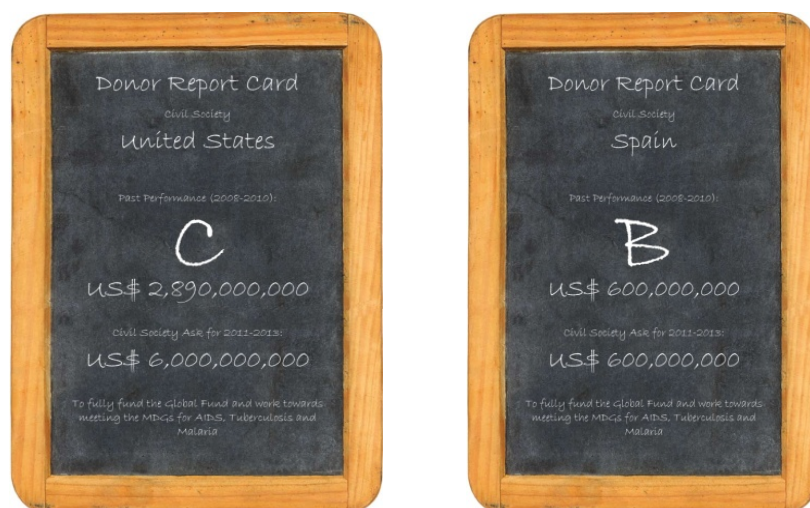
*"It has been great to have the ambassadors coming to Brussels, to show that global fund money saves lives, to put a face on all these huge numbers that we use. I think it was a great way to convince decisions makers and it's a pity we couldn't do more in Brussels, due to lack of time and capacity. Again, it would have been good to allocate more support to key countries and to support them in organizing events, etc."*

*"We think that the campaign was one important tool to reach our national goals. The ambassadors did a great job in giving a face to the illness(es); we believe that their presence has been a very encouraging element to convince members of parliament of the importance of the Global Fund."*

*"Extremely useful. The photos of the Here I Am campaign ambassadors allowed us to organize a exhibition in the Dutch Parliament, which was the official launch of the Multi Party Initiative on HIV/AIDS in Parliament. Also, one the ambassadors was present during the launch, and shared his story in front of an audience of more than 15 MPs."*

### Donor Report Card

Together with advocates from key donor countries, ICSS developed and implemented a Donor Report Card tool. This tool seeks to bring together civil society advocates' appreciation of past performance of donor governments (for 2008-2010) and communicates civil society's "Ask" to these governments for 2011-2013 in the context of the Third Replenishment Process of the Global Fund. Information was gathered through a bottom-up process in Australia, Austria, Canada, Denmark, Germany, Italy, Japan, The Netherlands, Spain, Russia, the United Kingdom and the USA.



The Donor Report Cards were prepared for use at the International AIDS Conference in Vienna where a well-attended press conference was organized, and for subsequent use at national level. An important lesson learnt was that for future advocacy work, it will be critical to timely establish a platform for an on-going dialogue among civil society stakeholders on what the collective (global)

and what the country financial “asks” are and how they relate to the Global Fund’s Secretariat resource needs scenarios.

#### Financial Transaction Tax (FTT)

Together with Action for Global Health partners, ICSS supported the development of a resource document on the CTL and the FTT called ‘Resource needs Estimates and an Assessment of Funding Modalities’<sup>2</sup>. The paper mainly looks at the resources needed in the next year to fund Malaria, AIDS, TB, and Maternal Health issues, as well as other key component of the health agenda. The report also analyses different funding mechanisms, their past performance and priority focus, to conclude which would be the most appropriate mechanisms or aid modalities to be used for FTT revenues in the future. These mechanisms include: the Global Fund, GAVI, bilateral agencies, the World Bank etc.

#### Meetings for strategizing and action

Throughout the year and up to February 2011, ICSS has convened (and/or co-organized) several international meetings that have helped forge joint strategizing, building partnerships and shaping an international advocacy agenda.

##### *Southern Advocates Strategy meeting, Geneva February 2010*

This meeting was held 4-5 February 2010 in Geneva, Switzerland. The gathering, a “Strategy Meeting of Advocates from Implementing Countries Involved with the Global Fund on Resource Mobilization”, was organized by the Communities Delegation on the Board of the Global Fund and supported by the Global Fund and ICSS. Around 30 participants attended.

##### *Global Advocates Pre-Replenishment Meeting, The Hague March 2010*

A preparatory Replenishment meeting was held on 24-26 March 2010 in The Netherlands, hosted by the Dutch government. This meeting was organized to update the donors on progress and results, and to discuss and establish support for the demand estimates and financial resources needed for the period 2011-2013. Building on this a Civil Society pre-replenishment meeting was organized by Aids Fonds, STOP AIDS NOW! and KNCV Tuberculosis Foundation in collaboration with ICSS. The meeting brought together a large group of activists and policy makers, giving them the chance to share the same information that donors discussed and to strategize on campaigning in their home countries.

##### *CSO Strategic workshop, Vienna July 2010*

ICSS organized, with support of the Global Fund a one day workshop for CSOs in Vienna prior to the International AIDS Conference, focusing on providing an update on resource mobilization, innovative financing advocacy, Global Fund work in relation to MDG 4 & 5, and follow-up from the G8-G20 meetings, sharing and strengthening country level advocacy plans and the preparation of activities around the Vienna Conference and the upcoming MDG Summit and the Global Fund Pledging conference in October.

##### *CSO pre-meeting at Replenishment Conference, New York October 2010*

In the days prior to the official Replenishment meeting in New York, where donors would announce their pledges for the Global Fund for the next three years, civil society groups met to discuss the expected outcomes of the Replenishment, any possibly last-minute lobbying of donors, and a media response from a civil society perspective after the final amount would be made

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<sup>2</sup> CTL-for-Health/FTT-with-Health: Resource-Needs Estimates and an Assessment of Funding Modalities, Professor Brook K. Baker, June, 2010.

public. During a reception hosted by UN Secretary General Ban Ki-Moon and attended by all donors, the Communities delegation handed over a petition signed by over 26,000 people asking for a fully funded Global Fund. As the outcome of the pledging meeting was far less than the needed US\$20 billion for working towards achieving the MDGs in 2015, civil society advocates shared their disappointment with the world after the conference ended.

*Global Resource Mobilization Amsterdam, February 2011*

The disappointing outcome of the 2010 Replenishment Process necessitates an ongoing resource mobilization effort from civil society in the coming years. With support of the Global Fund, ICSS brought together Southern and Northern advocates to strategize on joint resource mobilization in 2011 and beyond. The meeting focused on lessons learnt in 2010, professionalization of civil society's collaborative effort in resource mobilization and establishing enhanced collaboration between Southern and Northern advocates. The meeting also provided an excellent opportunity for an update on the Financial Transaction Tax and an initial brainstorm across the NGO delegations on the Global Fund's new Strategy (2012-2016).

#### **4. Looking Forward**

It is clear that 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 daunting challenges. Maintaining appropriate political support for health and HIV/AIDS in particular will be the top priority in our advocacy. It is clear that resource mobilization for the response in general, the Global Fund in particular and also for ICSS as such, will be more challenging than before and requires an ongoing effort.

It is also clear that enhanced active engagement of civil society is needed to successfully implement the response to HIV/AIDS. More and more it has become clear that the response is not about adding programmes and interventions, but about making smart investments and choices that are tailored to the needs of countries and communities. Implementation of these choices cannot be done without civil society that has proven to be able to work with and effectively reach out to the most vulnerable and most at risk populations.

In 2011 an evaluation will take place of the UN Declaration of Commitment on HIV/AIDS which provides new opportunities for advocacy; both in relation to the unique role of civil society as to the financial needs.

In working for the global civil society and community networks and the NGO Delegation to the Global Fund Board, ICSS has a unique role to play in supporting innovation, efficiency and increased effectiveness, better coordination and division of labor. The encouraging dialogue with donors regarding the funding of the networks will hopefully show results in 2011, which will allow the networks to jointly develop their contribution to the response in a more aligned and efficient way.

## 5. Governance & Staff

The *Werkmaatschappij Soa Aids foundation* hosted ICSS in 2010 and its Supervisory Board acted as the interim Board for the International Civil Society Support foundation. It was decided that the ICSS foundation would transition at the end of 2010 to full (legal) independency, which implies that as off this date the foundation will perform the role of employer and manage its own administrative and financial systems.

At the end of 2010, the Supervisory Board was composed as follows:

Mr Mr. Thony Ruys, chair
Mr Wim de Bruijn, RA
Mr Roek Lips
Ms Prof. dr. Anita P. Hardon
Mr Dr. Kevin G. Moody
Ms Prof. dr. Marianne C.H. Donker
Ms Lilianne M.J. Ploumen

As of January 2011, the Supervisory Board consists of:

Mr Dr Frans van den Boom (chair)

Mr Wim de Bruijn, RA

Vacancy

The ICSS-team in 2010:

Peter van Rooijen, Executive Director (1.0 FTE)

Jacqueline Wittebrood, Senior Policy Advisor, CFP Developed Country NGO delegation (0.9 FTE)

Raoul Fransen-dos Santos, Senior Policy Advisor (0.8 FTE)

Maria Bordallo Gil, Global Fund Campaign manager (0.8 FTE)

Elsbeth Timmer, Assistant (till April 2010) (0.8 FTE)

Barbara van Wijngaarden, Assistant (0.8 FTE)

## Balans per 31 december 2010

(in euro's)	<i>Toelichting</i>	31 december 2010	31 december 2009
<b>Activa</b>			
Vorderingen	1	27.677	30.296
Gelieerde instellingen	2	325.604	535.164
Liquide middelen	3	38.301	68.342
<b>Totaal Activa</b>		<b>391.582</b>	<b>633.802</b>
<b>Passiva</b>			
<b>Reserves en fondsen</b>			
<i>Reserves</i>			
Bestemmingsreserves	4	<u>350.877</u>	<u>0</u>
		350.877	0
<b>Kortlopende schulden</b>			
Gelieerde instellingen	5	0	516.689
Crediteuren		11.752	1.310
Overige schulden en overlopende passiva	6	28.953	115.803
<b>Totaal Passiva</b>		<b>391.582</b>	<b>633.802</b>



## Staat van baten en lasten over 2010

(in euro's)		Werkelijk 2010	Begroot 2010	Werkelijk 2009
<b>Baten:</b>				
Baten uit eigen fondsenwerving	6	984.088	587.441	623.360
Subsidies van overheden	7	255.130	150.000	44.870
Baten uit beleggingen (rente)	8	1.158	0	94
<b>Som der baten</b>		<b>1.240.376</b>	<b>737.441</b>	<b>668.324</b>
<b>Lasten:</b>				
<b>Besteed aan doelstellingen</b>				
Free Space Process	9	637.769	567.555	436.601
Global Fund	10	192.769	109.937	189.101
		830.538	677.492	625.702
<b>Beheer en administratie</b>				
Kosten beheer en administratie	11	58.960	59.949	42.622
<b>Som der lasten</b>		<b>889.498</b>	<b>737.441</b>	<b>668.324</b>
<b>Resultaat</b>		<b>350.878</b>	<b>0</b>	<b>0</b>
<b>Resultaatbestemming</b>				
<b>Toevoeging/onttrekking aan:</b>				
- bestemmingsreserves		350.877		
		<b>350.877</b>	<b>0</b>	<b>0</b>

## Kasstroomoverzicht over 2010

in euro's	2010	2009
<b>Kasstroom uit operationele activiteiten</b>		
Resultaat boekjaar	350.878	0
Aanpassingen voor:		
. Afschrijvingen	0	0
. Mutaties voorzieningen	0	0
. Mutaties langlopende projectverplichtingen	0	0
Veranderingen in werkkapitaal:		
. Mutaties vorderingen en overlopende activa	212.179	-517.632
. Mutaties overige schulden en overlopende activa	-593.098	585.974
<b>Totaal</b>	<b>-30.041</b>	<b>68.342</b>
<b>Kasstroom uit investeringsactiviteiten</b>	<b>0</b>	<b>0</b>
<b>Kasstroom uit financieringsactiviteiten</b>	<b>0</b>	<b>0</b>
<b>Mutatie liquide middelen</b>	<b>-30.041</b>	<b>68.342</b>
Stand liquide middelen 01-01	68.342	0
Stand liquide middelen 31-12	38.301	68.342
	<b>-30.041</b>	<b>68.342</b>

De afname van de vorderingen is vooral veroorzaakt door de rekening courant met de Werkmaatschappij Soa Aids (€ 388.000), gecompenseerd door een toename bij Aids Fonds - Soa Aids Nederland en STOP AIDS NOW! als gevolg van de subsidietoekenningen in 2011 (€ 178.000).

De afname van de overige schulden en overlopende passiva is veroorzaakt door de rekening courant met Aids Fonds - Soa Aids Nederland (€ 517.000) en de van het Ministerie van Buitenlandse Zaken in 2009 vooruit ontvangen subsidie (€ 105.000).

## Toelichting waarderingsgrondslagen

De jaarrekening is opgesteld conform de Richtlijn 650 Fondsenwervende instellingen.

De grondslagen die worden toegepast voor de waardering van activa en passiva en de resultaatbepaling zijn gebaseerd op historische kosten.

### Gebruik van schattingen

De opstelling van de jaarrekening vereist dat de Raad van Bestuur oordelen vormt en schattingen en veronderstellingen maakt die van invloed zijn op de toepassing van grondslagen en de gerapporteerde waarde van activa en verplichtingen, en van baten en lasten. De daadwerkelijke uitkomsten kunnen afwijken van deze schattingen. De schattingen en onderliggende veronderstellingen worden voortdurend beoordeeld. Herzieningen van schattingen worden opgenomen in de periode waarin de schatting wordt herzien en in toekomstige perioden waarvoor de herziening gevolgen heeft.

### **Grondslagen voor de waardering van activa en passiva**

Voorzover niet anders vermeld, worden activa en passiva opgenomen tegen nominale waarde.

Financiële instrumenten omvatten vorderingen, liquide middelen, crediteuren en overige te betalen posten. Financiële instrumenten worden bij de eerste opname verwerkt tegen reële waarde.

Vorderingen en overlopende passiva worden gewaardeerd op de nominale waarde en indien noodzakelijk onder aftrek van een voorziening voor oninbaarheid. Voorzieningen worden bepaald op basis van individuele beoordeling van de inbaarheid van de vorderingen.

### **Grondslagen voor de resultaatbepaling**

Opbrengsten en kosten worden verantwoord in het jaar waaraan zij kunnen worden toegerekend.

### Uitvoeringskosten

De Stichting International Civil Society Support wordt facilitair ondersteund door de Stichting Werkmaatschappij Soa Aids, waarin het personeel ondergebracht is. De verdeling van de uitvoeringskosten (personeel, pand en materiële voorzieningen) vindt plaats op basis van de goedgekeurde begrotingen van de Stichting Aids Fonds - Soa Aids Nederland, de Stichting STOP AIDS NOW! en de Stichting International Civil Society Support.

In 2010 was de verdeelsleutel:

- 68,10% aan de Stichting Aids Fonds - Soa Aids Nederland,
- 26,20% aan de Stichting STOP AIDS NOW!,
- 5,70% aan de Stichting International Civil Society Support.

De doorberekening van de kosten voor personeel en organisatie uit de Werkmaatschappij Soa Aids aan de merken Soa Aids Nederland, Aids Fonds, STOP AIDS NOW! en ICSS is direct gerelateerd aan de omvang van de personele inzet voor het bepaalde merk. Aan de hand van de uren per merk, vermenigvuldigd met het uurtarief voor de betreffende functionaris wordt

concreet doorberekend wat de kosten zijn. Hierdoor wordt gegarandeerd dat de merken alleen de eigen kosten betalen.

Het uurtarief is gebaseerd op de integrale kostprijs en bestaat derhalve uit salariskosten inclusief sociale lasten en pensioenlasten, overige personeelskosten, huisvestingskosten, kantoorkosten, overige algemene kosten en afschrijvingen.

De verdeling van de doorbelaste organisatiekosten over de programma's vindt plaats op basis van de werkelijke geschreven uren op de programma's.

#### Kosten beheer en administratie

Kosten beheer en administratie zijn de kosten die de organisatie maakt in het kader van de (interne) beheersing en administratievoering en niet worden toegerekend aan de doelstelling of de werving van baten.

De Vereniging Fondsenwervende Instellingen (VFI) heeft aanbevelingen opgesteld voor de toepassing van deze richtlijn. ICSS volgt die aanbevelingen en heeft de volgende onderdelen ondergebracht in de post beheer en administratie:

- management: uitvoeringskosten van de directeuren en de managers, voor zover zij niet direct in het kader van de doelstelling zijn uitgevoerd, overeenkomstig de urenverantwoording,
- bedrijfsvoering: uitvoeringskosten van de afdeling Dienstverlening, Planning en Productie (DPP), voor zover zij niet direct in het kader van de doelstelling zijn uitgevoerd, overeenkomstig de urenverantwoording,
- financiën / controlling.

De organisatie streeft ernaar om de kosten beheer en administratie te beperken tot tussen 6% en 9% van de totale opbrengsten.

Voorbeelden van directe toerekening aan de doelstelling zijn:

- management: communicatie, pleitbezorging en strategische vertegenwoordiging,
- bedrijfsvoering: organisatie van evenementen en logistiek inzake de distributie van voorlichtingsmateriaal.

De uitvoeringskosten van de afdelingen Personeelszaken en Automatisering worden aan de doelstelling, aan fondsenwerving en aan beheer en administratie toegerekend, naar rato van de bezetting van het personeel onder elk onderdeel.

#### Kosten toerekening

Kosten worden toegerekend aan de doelstelling, werving baten, en beheer en administratie op basis van de volgende maatstaven:

- direct toerekenbare kosten worden direct toegerekend,
- middels de urenverantwoording gekoppeld aan een uurtarief worden de andere kosten aan de doelstelling, werving baten en beheer en administratie toegerekend (zie hierboven 'uitvoeringskosten').

**Toelichting balans per 31 december 2010**  
(in euro's)

	<u>2010</u>	<u>2009</u>
<b>1 Vorderingen</b>		
Vorderingen	27.677	30.296
	<u>27.677</u>	<u>30.296</u>
<p>Waarvan € 15.000 inzake de subsidie (project 21583) van het ministerie van Buitenlandse Zaken en € 4.782 borg voor de huur van het kantoor te Amsterdam, van Diemenstraat.</p>		
<b>2 Gelieerde instellingen</b>		
Aids Fonds - Soa Aids Nederland	148.626	0
Werkmaatschappij Soa Aids	26.750	415.164
STOP AIDS NOW!	150.227	120.000
	<u>325.604</u>	<u>535.164</u>
<b>3 Liquide middelen</b>		
ING rekening	38.301	68.342
	<u>38.301</u>	<u>68.342</u>
<b>Reserves</b>	<u>2010</u>	<u>2009</u>
4 Bestemmingsreserves	350.877	0
	<u>350.877</u>	<u>0</u>

	Stand per 1 januari	Toevoeging	Besteding	Stand per 31 december
Exploitatie 2011 en verder	0	300.000	0	300.000
Uitgestelde activiteiten	0	50.877	0	50.877
<u>2010</u>	0	350.877	0	350.877
<u>2009</u>	0	0	0	0

Het Aids Fonds en STOP AIDS NOW! hebben ieder € 150.000 toegekend voor 2011 en verder.

Uitgestelde activiteiten: het bedrag wordt bestemd voor activiteiten in het kader van i) de ondersteuning van civil society participatie/representatie in het Global Fund en ii) het Free Space Process, bijvoorbeeld "Steering group FSP" en "Development of financial mechanisms for networks".

<b>5 Gelieerde instellingen</b>		
Aids Fonds - Soa Aids Nederland	0	516.689
	<u>0</u>	<u>516.689</u>
<b>6 Overige schulden en overlopende passiva</b>		
Vooruit ontvangen bedragen	0	105.130
Overige schulden en overlopende passiva	28.953	10.673
	<u>28.953</u>	<u>115.803</u>

**Toelichting op de staat van baten en lasten**  
(in euro's)

	Werkelijk 2010	Begroting 2010	Werkelijk 2009
<b>6 Baten uit eigen fondsenwerving</b>			
Subsidie Aids Fonds	434.796	395.215	411.021
Subsidie STOP AIDS NOW!	120.000	120.000	120.000
Subsidie Aids Fonds en STOP AIDS NOW! 2011	300.000	0	0
Overige subsidies niet overheid	129.292	72.226	92.339
<b>Totaal</b>	<u>984.088</u>	<u>587.441</u>	<u>623.360</u>

Aids Fonds en STOP AIDS NOW! hebben ieder € 150.000 aan ICSS toegekend in het kader van de continuering van ICSS. Hiervoor is een bestemmingsreserve gevormd. Bijdragen van het Open Society Institute en de Global Fund to Fight Aids, Tuberculosis and Malaria vormen de overige subsidies. Deze bijdragen maken de organisatie van bijeenkomsten in het kader van het Free Space Process en Global Fund mogelijk.

<b>7 Subsidies van overheden</b>			
Ministerie van Buitenlandse Zaken	255.130	150.000	44.870
	<u>255.130</u>	<u>150.000</u>	<u>44.870</u>

Toekenning inzake het Free Space Proces 2009-2010, projectnummer 21583 van € 300.000, verantwoord over de twee jaren.

<b>8 Baten uit beleggingen (rente)</b>			
De baten uit beleggingen betreffen uitsluitend renteopbrengsten.			

<b>9 Free Space Process</b>			
Directe kosten	285.256	222.564	192.203
Uitvoeringskosten eigen organisatie	352.513	344.991	244.398
	<u>637.769</u>	<u>567.555</u>	<u>436.601</u>

De overschrijding in directe kosten ten opzichte van het budget wordt veroorzaakt door een aantal bijeenkomsten, gefinancierd door extra geworven subsidies.

<b>10 Global Fund</b>			
Directe kosten	132.718	34.218	89.520
Uitvoeringskosten eigen organisatie	60.051	75.719	99.581
	<u>192.769</u>	<u>109.937</u>	<u>189.101</u>

De overschrijding in directe kosten ten opzichte van het budget wordt veroorzaakt door een aantal bijeenkomsten, gefinancierd door extra geworven subsidies.

**Bestedingspercentage**

Onderstaand is de verhouding van de bestedingen in relatie met de totale baten procentueel weergegeven:

Totale baten	1.240.376	737.441	668.324
Totaal besteed aan de doelstelling	830.538	677.492	625.702
Bestedingspercentage	67,0%	91,9%	93,6%

De opbrengsten van Aids Fonds en STOP AIDS NOW! inzake 2011 uitgesloten is het bestedingspercentage 88,3%.

	Werkelijk 2010	Begroting 2010	Werkelijk 2009
<b>11 Kosten beheer en administratie</b>			
Kosten beheer en administratie	58.960	59.949	42.622

#### **Kostenpercentage beheer en administratie**

Onderstaand is de verhouding van de kosten beheer en administratie in relatie met de

totale baten procentueel weergegeven:

Totale baten	1.240.376	737.441	668.324
Kosten beheer en administratie	58.960	59.949	42.622
Kostenpercentage beheer en administratie	4,8%	8,1%	6,4%

De organisatie streeft ernaar om de kosten beheer en administratie te beperken tot tussen 6% en 9% van de totale opbrengsten.

De opbrengsten van Aids Fonds en STOP AIDS NOW! inzake 2011 uitgesloten zijn de kosten beheer en administratie 6,3% van de totale baten.