

Free Space Meeting:

How can we make the global (civil society) architecture work better for us?

17–19 October 2007
Amsterdam, the Netherlands

Meeting report and summary

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Foreword: About the Free Space Process and this report

This report is based on a meeting held in Amsterdam on 17–19 October 2007. The meeting marked one of the first activities of the Free Space Process (FSP), a newly launched initiative from International Civil Society Support (ICSS). As conceptualized by ICSS, FSP seeks to provide a “free space” for global civil society stakeholders to come together — literally — and work collectively to devise and sustain a comprehensive HIV/AIDS agenda that is owned and driven by civil society. The initiative’s overarching goal is to identify responses to the question, “How can we make the global (civil society) architecture work better for us?” That question was also the main starting point for the October meeting.

The following assumptions underpin the FSP. First, three important partners are involved in the fight against HIV/AIDS: governments, the private sector, and civil society. Second, civil society is a diverse and fragmented group consisting of numerous non-public organizations (NGOs, CBOs, FBOs, organizations of people living with HIV, etc.) that act at all the various levels (local, national, regional, and global). Third, such fragmentation and diversity are the main reasons there is yet no proactive and comprehensive agenda that is owned and driven by civil society itself.

ICSS intends for the FSP to be a means to start developing this agenda, and to do so through the facilitation of a consultative and collaborative process that builds on existing civil society infrastructure. The process aims to enable the stakeholders to become more proactive in program implementation as well as advocacy. This new way of working together is expected to be further developed along the way by all participating individuals and organizations. The meeting and this subsequent report are the first steps toward both the short- and long-term goals of the FSP.

The more than 20 participants at the Amsterdam meeting comprised a diverse group of men and women based in some 15 countries around the world, from Africa to Asia to North & South America and Europe. Although their local and national circumstances differed, they shared key commonalities: all were advocates on issues related to HIV and AIDS, and all had extensive experience in the civil society sector. The majority were in fact representatives of CSOs and/or networks operating at local, national, or international levels. Yet even the participants not employed directly by organizations normally considered part of “civil society”—i.e., UNAIDS staff—had significant civil society–related responsibilities in their HIV work. (A full list of participants is included in Annex 3.)

This report provides a summary of the meeting’s objectives, processes, and outcomes. As part of an effort to ensure confidentiality and enhance open and critical discussion, the meeting’s organizers informed participants at the onset that comments, observations, and recommendations would not be attributed to specific individuals.

The report contains, as closely as possible, the verbatim language of ideas and concepts discussed throughout the meeting. The objective is to stimulate concrete steps toward increasing civil society’s meaningful engagement in all responses to HIV and AIDS, particularly those implemented by multilateral entities (such as the GFATM, UNAIDS, and UNITAID) and bilateral donors.

Acknowledgements

The work of many individuals was instrumental in organizing the meeting on which this report is based. The following staff from ICSS were directly involved (and they are listed in alphabetical order): Raoul Fransen, Peter van Rooijen, and Jacqueline Wittebrood. Several meeting participants also helped shape the agenda by responding to pre-gathering questionnaires.

David Barr, the director of the Collaborative Fund for HIV Treatment Preparedness, facilitated the meeting. Jeff Hoover was the primary author of this report. Stichting DOEN, a Dutch NGO, provided the bulk of funding support for the meeting. Additional support was provided by the Dutch Ministry of Foreign Affairs.

About ICSS

International Civil Society Support (ICSS) is an Amsterdam-based initiative. Its primary objectives are to:

- develop and implement a comprehensive civil society HIV/AIDS agenda that is owned and driven by civil society stakeholders and supports civil society's efforts to strengthen their own response to HIV/AIDS, and
- thus strengthen the response of national governments and international institutions in the global fight against HIV/AIDS.

To achieve those goals, ICSS aims to work with the existing global networks on HIV/AIDS, civil society representatives to the various global institutions, and representatives of the broader development sector. Additional information about ICSS may be found at www.icssupport.org.

Acronyms and abbreviations

The following are among the acronyms and abbreviations found in this report:

ARV = antiretroviral

CBO = community-based organization

CCM = Country Coordinating Mechanism

CFP = Communications Focal Point

CSAT = Civil Society Action Team

CSO = civil society organization

CSS = community systems strengthening

DFID = UK Department for International Development

FBO = faith-based organization

GFATM = Global Fund to Fight AIDS, Tuberculosis and Malaria

GIPA = greater involvement of people living with HIV and AIDS

H8 = "Health 8"¹

IDU = injecting drug user

IHP = International Health Partnership²

MDG = Millennium Development Goal

NGO = non-governmental organization

PCB = Programme Coordinating Board (of UNAIDS)

PEPFAR = U.S. President's Emergency Program for AIDS Relief

PLHIV = people living with HIV and AIDS

PR = Principal Recipient

PSC = Policy and Strategy Committee (of the GFATM Board)

¹ H8 is a new coalition of large global entities with significant health focus and influence (including in regard to HIV/AIDS). The coalition comprises the Gates Foundation; GAVI Alliance; GFATM; UNAIDS; the UN Population Fund (UNFPA); the UN Children's Fund (UNICEF); WHO; and the World Bank.

² The International Health Partnership (IHP) is a relatively new initiative. Launched in September 2007, it is described on WHO's website as "a coalition of international health agencies, governments, and donors committed to improving health and development outcomes in developing countries and getting back on track to reach the health-related Millennium Development Goals." See <http://www.who.int/healthsystems/ihp/en/index.html>.

TB = tuberculosis

UNAIDS = Joint United Nations Programme on HIV/AIDS

WHO = World Health Organization

1. Introduction

*We are a tropical rain forest, not a formal, planted garden.*³

Civil society plays an important role in the fight against HIV and AIDS. This role is best recognizable at the country level, where civil society contributes to the development and implementation of programs and performs a crucial role in advocacy. Civil society organizations (CSOs) are providing care and support to those infected and affected by HIV; initiating and leading treatment, prevention, and education programs; conducting vital monitoring and evaluation activities; and spearheading and sustaining a wide range of advocacy efforts. In doing so, civil society displays a broad spectrum of organizations and initiatives (NGOs, FBOs, CBOs, and organizations of people living with the virus).⁴

Even taking into account the significant input and activities already undertaken by civil society, there is huge potential within the sector for scale-up of services. That is especially true because compared with governments, civil society is more successful in reaching out to members of the most vulnerable and marginalized groups that are disproportionately affected by HIV and AIDS.

As such, there is growing acknowledgement within the international community as to the crucial role of civil society. Some key steps have already been taken in response. For example, civil society representation is already organized on a structural basis within and with some entities—such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); the Programme Coordinating Board (PCB) of UNAIDS; and UNITAID, a relatively new international drug purchasing facility. It is also established in the context of some specific events or processes, notably the UN General Assembly Special Session on HIV/AIDS (UNGASS) and WHO's drive for universal access to HIV treatment.

The effective participation of civil society in such initiatives and programs requires easy and consistent access to information, communication capacity, organizational infrastructure, and financial means. Civil society networks have made major efforts in this regard and provide some of these requirements.⁵ As a result, the global civil society architecture has matured; in doing so, it has become better organized and funded and, subsequently, more effective.

There remains significant room for improvement, however. For the most part, civil society engagement to date in the global HIV/AIDS response has been fragmented,

³ This quote is a meeting participant's approving description of civil society's structure and diversity.

⁴ Throughout this report, the term "civil society" is defined as per a recent United Nations statement that civil society consists of "associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector)." This definition was provided in a 2004 UN report, "We the Peoples: Civil Society, the United Nations, and Global Governance". Online: www.un.org/News/Press/docs/2004/sg2090.doc.htm.

⁵ Among the notable civil society networks working in HIV/AIDS are the Ecumenical Advocacy Alliance (EAA), 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), and the World AIDS Campaign (WAC).

reactive instead of proactive, poorly coordinated, and not informed by a shared agenda. Such shortcomings can and should be addressed to help maximize HIV-related service delivery and representation. International Civil Society Support (ICSS) is attempting to contribute to this through its new Free Space Process (FSP).

Although international civil society representatives often meet in various conferences and meetings, as well as less formal contexts and circumstances, a space for creative thinking and sharing of experiences and ideas in relation to the global civil society architecture is for the most part lacking. The FSP is intended to fill that gap. Building on what is already in place—the infrastructure, capacity, and strength of the existing HIV/AIDS networks—the FSP aims to bring stakeholders from those networks together to evaluate the current civil society structures and mechanisms. The overall goal is to explore how to further develop the “global HIV/AIDS civil society architecture” so as to improve the sector’s response, both at the country level as well as on an international level.

The scope and breadth of potential solutions are extensive, ranging from specific changes in existing processes to the creation of a new coordinating body across the sector. Yet soliciting such a wide range of responses is intentional: The first step toward narrowing down to manageable and achievable actions must start from the broad perspective. Therefore, participants at the October 2007 meeting in Amsterdam were asked to consider one key question: “How can we make the global HIV/AIDS (civil society) architecture work better for us?”

In his introductory remarks at the meeting, Peter van Rooijen, ICSS’s executive director, laid out the broad agenda of the FSP and touched on some key guiding themes for the meeting. He also issued a challenge to participants and, by extension, to all civil society stakeholders involved in HIV/AIDS:

When we compare our architecture with the global health architecture, we have to admit that ours is less well-developed, fragmented, and under-resourced. Yet...it is certainly diverse and more or less rooted in communities, virtues we should never lose. [Thus] we don't have to take the global health architecture—the UN agencies, the Global Fund, etc. —as an example to strive for. We are in no need of their bureaucracy, their political limitations, their slowness, or their ivory towers. We do, however, have an obligation to improve how we partner with them and anticipate their actions—and, of course, fight their lack of action. Our architecture should be fit enough to interact effectively with the global health architecture.

More importantly, we owe it to ourselves to improve our architecture because we owe it to the people we are working for and working with—people living with or affected by HIV. We have to take the quality and scale of our work to the next level if we want to achieve universal access. This does not mean we have to punish ourselves or

each other for being who we are and where we are. We can appreciate what we have achieved, acknowledge our strengths, celebrate our uniqueness, and at the same time look for ways to build on that and improve collaborative processes.

Concrete action steps and recommendations, for both the short- and long-term, are the desired outcomes of the FSP on an ongoing basis. The input and feedback from the initial FSP meeting are only the first step in an important process of identifying some of them. Further critical analysis and thinking—on the part of ICSS and all other civil society stakeholders—will help hone the recommendations and guide ongoing efforts to bolster the impact of civil society.

2. Meeting structure and processes

In informing the agenda for the meeting and to create a better understanding of how similar or diverse opinions are around the role of civil society, the need for better collaboration, etc., a questionnaire was completed by most participants. A summary of the results is available at www.icssupport.org.

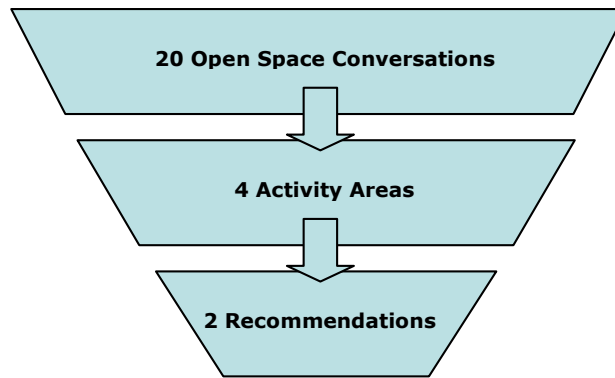
All meeting participants had extensive background and experience as leaders in civil society's response to HIV. Yet they worked in different contexts, not just geographically but also in terms of engagement level (i.e., grassroots, national, or global); access to financial and human resources; and social focus (i.e., targeted work among vulnerable and marginalized populations including women and injecting drug users). As a result, participants had a wide range of perspectives regarding the meeting's overall focus: the current and future architecture of civil society vis-à-vis the epidemic.

Capturing and considering those perspectives as fully as possible was the primary goal of the meeting's organizers, ICSS. That was considered an essential part of the process of identifying recommendations acceptable to most if not all of the participants.

The organizers therefore agreed in advance that a standard type of meeting—focused on plenary sessions during which large groups listened to a relatively few individuals—would not be appropriate. Instead, nearly the entire meeting was structured to encourage extensive and regular engagement by all participants. The meeting consisted of four distinct sections:

- a full group open discussion (Section 2.1),
- "open space" discussions (Section 2.2),
- priority-setting by activity area (Section 2.3), and
- identification of recommended action areas (Section 2.4).

Each of these sections is described in extensive detail below.



2.1. Full group open discussion

Immediately following preliminary introductions, the facilitator initiated an open discussion in which respondents were encouraged to raise issues they felt strongly about regarding their own work or the work of civil society in general in the global, regional, and local response to HIV. Broadly speaking, comments were solicited in response to the questions: “How do we do our work now? And how well?”

The idea of the mostly free-flowing open discussion was to lay before the entire group as many ideas as possible—whether disparate or connected, general or specific, local or global, etc. The comments and ensuing discussion helped increase awareness among the group as to other respondents’ interests and priority issues.

Listed below are some of the notable comments from participants during the initial open discussion. The comments are grouped loosely within three broad areas: resources and information, representation, and legitimacy.

2.1.1 Resources and information

“Some people say we focus too much on trying to get money and other resources. I don’t agree with that. If we don’t advocate for resources, those resources will stop immediately. We can’t take our foot off the pedal. We should learn from those in the past, who were strong activists in a period when they had little if any support, but we can’t go back to the past. What we’ve established took a lot of fight and effort. We need to keep up the fight and focus on getting resources continued; if we don’t, they’ll be reduced.”

“Part of the problem is that we don’t always know what other civil society groups and networks are doing. We need to share information and observations more extensively and systematically. There are important resources and examples that not all of us know about.”

“There are major problems related to insufficient human resources capacity in civil society. For example, I know that PCB representatives are supposed to allocate 10 percent of their work time on a volunteer basis for the PCB. How can they be

expected to do that when also trying to be effective and engaged in their own organizations?”

“I’m thinking of a practical, specific thing we should consider. The Global Fund board has to make decisions every month about Phase 2 [the three-year part of the overall five-year grant] applications. In some countries, this has provided an opportunity for civil society to focus on re-programming a grant, such as figuring out how to make non-performing PRs [Principal Recipients] more effective. We could establish guidelines and standards so we have the ability to support and leverage efforts to improve grants more systematically. This is a concrete example within our current architecture...we just need to determine what resources we need to maximize our effectiveness to effect change.”

2.1.2 Representation

“I think there’s a power imbalance in much of civil society. Some leaders use their networks as ‘little kingdoms’ and don’t listen to the community, the people they’re supposed to be working for. It’s very easy to criticize UNAIDS, PEPFAR, etc., for not meaningfully including people living with and affected by HIV, but yet we don’t criticize ourselves. I wonder for, example, if GIPA⁶ is really followed in our NGOs?”

“I’m trying to understand what we mean when we talk about ‘civil society architecture’. There are a lot of potential elements that are linked but yet at the same time are quite different in terms of how we build and respond to them—for example, representation and advocacy. So as we move forward we need to consider which elements are useful in real efforts to create and sustain an AIDS agenda based on what people need on the ground. How do we measure these things? Yes, we all agree that our efforts should stem from what’s important at the community level, but what does that really mean? These are key things for us to consider.”

“Civil society looks very different in the global North than in the global South. In the South, faith communities are very much more involved in the work of what civil society does. This must be taken into account. It’s also important to remember that FBOs have a quieter way of going ahead and doing their work; they are providing important services yet aren’t always easy to identify because they’re focused less on being advocates.”

“We lose contact with the community as we’re travelling around to meetings and conferences. What systems can we put in place to ensure that what we discuss, learn, and decide is actually disseminated to and understood by people on the ground? And how do we measure and evaluate whether these discussions and decisions affect those at the grassroots level? So I guess the overall question is: How

⁶ GIPA is an acronym standing for “greater involvement of people living with HIV and AIDS”. It is a principle, widely accepted and encouraged by international agencies such as UNAIDS, that personal experiences of people living with HIV should shape the AIDS response. In other words, all programs, policies and procedures related to the epidemic should be devised and implemented with the full participation of PLHA. The GIPA concept was first articulated in 1983 in the United States.

do we ensure that there are stronger links and connections between what happens globally and at the community level?"

2.1.3 Legitimacy

"Civil society is still heavily skewed toward the global North, which is where most of the original advocates and activists came from in the 1980s and 1990s. Most big organizations remain based in the global North and are run by people from the North. In the global South today there's still limited experience, which may be one reason for the relatively weak civil society response and engagement in the HIV/AIDS fight. We need to increase the articulation of those from the global South to get the balance better. We must consider how to do this."

"It's clear we've made huge strides in 20 years. I think we've reached a point where we do have the potential to influence on a lot of global architecture. Yet we're not yet using our efforts to the best effect. I think the problem is partly that we still don't know how to ensure that voices from community are being heard. We must remember that our legitimacy is based on our ability to truthfully and accurately represent communities."

"We should focus more on building civil society capacity to present standards of evidence that meet the needs and expectations of policymakers. This will get us heard and help prompt much-needed policy change that directly affects the community. For example, many policymakers won't accept us just telling them that women face significant obstacles to getting tested for HIV. They need to see evidence of the obstacles based on forms of data collection acceptable to them. We must have the data to prove it, and policy-makers need to understand the importance of participatory research findings."

"I think development organizations have to do their jobs better instead of complaining about us. They still have imperialistic agendas in many ways...and unfortunately this is creeping into how we work and what we do. We need to pull back from this and determine what our agendas really are, and not just react to their agendas."

2.2 'Open space' discussions

The core of the meeting followed the initial open discussion. It centred on a series of three "open space" discussions, each lasting nearly two hours. The three separate discussion sessions took up nearly all of the meeting's second day.

The "open space" process was designed to replicate, in a relatively formal and structured way, the numerous informal discussions that take place during coffee breaks, meals, and other unstructured periods of most meetings and conferences. The process's underlying assumption is that often some of the most provocative and interesting meeting-relevant ideas arise during such informal gatherings of two or

more people. Usually, however, the ideas—and equally importantly, the lower-key collaborative manner from which they originated—do not transfer to formal meetings. The facilitator and organizers of the Amsterdam meeting decided to adapt a relatively novel meeting process in an effort to capture such ideas, comments, and observations.

As implemented in Amsterdam, the “open space” process worked as follows:

1. Each participant was asked to write on a piece of paper at least one response to this question: “What issue(s) would benefit from an ongoing process supporting collaboration and/or alignment of efforts among international and regional HIV NGOs and networks?”
2. The individual responses were grouped randomly into three separate session areas.
3. The three separate sessions followed each other over the course of one day. During each session, the individuals who wrote the responses grouped therein acted as the “hosts” of separate “conversations” dispersed across the meeting room. All other participants moved to and from individual conversations as per their interest, talking about the specific issue(s) with the hosts and others who might be there. Participants were encouraged to visit as many conversations as they wished, and for as long as they desired. The fact that some of the conversation issues were similar was not considered a problem because different people tended to be involved in each conversation.
4. Hosts were asked to take basic notes. At the end of the session, they filled in a form with two parts. The first part had space for brief bulleted items under “discussion summary”—i.e., the most relevant, salient, and/or interesting points or comments raised during the overall conversation. The second part of the form was reserved for hosts to include bulleted “recommendations” considered during the overall conversation. The recommendations section was where hosts listed what specific steps, if any, might be taken to address the main issue(s) of the conversation.

A total of 20 different conversations were held over the three sessions, 9 in the first session, 7 in the second, and 4 in the third. As noted previously, some of the topics were similar; even if so, however, the discussion points and recommendations tended to vary significantly because different people participated in the conversations. The following list of conversation topics (presented verbatim as originally written by participants) indicate the wide range of interests:

- Take financing of civil society to the next level
- Increasing advocacy and activism led by Southern PLHIV: How to do it?
- Hierarchy of research/community ‘evidence’
- Global Fund implementation bottlenecks

(Annex 1 includes a full list of all 20 of the topics considered during “open space” conversations. It also lists, verbatim, the discussion summaries and recommendations recorded for each by the hosts.)

2.2.1 Initial grouping by ‘activity areas’

At the conclusion of the “open space” exercise, the forms containing information about the 20 conversations were displayed on a wall. All participants were asked to review the forms and identify which of the conversations (and/or the individual recommendations listed) they considered the most important or interesting to pursue. Participants were then handed five adhesive dots each and asked to affix them directly to those forms (or to specific recommendations in individual forms).

As to be expected, some conversations and/or specific recommendations attracted far more dots than others. Although a low-tech strategy, this simple visual display clearly identified the issues and ideas that participants wished to prioritize.

The facilitator and three participant volunteers then reviewed the 20 submitted forms, focusing primarily on the most popular topics and concepts. The reviewers subsequently created four overarching “activity areas”. This marked the first step toward narrowing down to specific issues that attendees felt most strongly about and then considering recommendations to respond to them.

Below are summaries of the four “activity areas” identified and the concepts and issues grouped within each one.

Communications. Participants stressed the need to improve communications and information-sharing

- within and between civil society networks;
- within and among countries and regions;
- from the global South to the global North, and (equally importantly) vice versa;
- between and among civil society and governments, multilateral entities, and donors; and
- throughout civil society advocacy efforts and policy-development initiatives.

Capacity strengthening. Participants stressed the need to strengthen civil society capacity

- at local, national, regional, and global levels;
- in advocacy, program implementation, and monitoring and evaluation (M&E);
- in organizational structure and efficiency;
- in human resources (such as through mentoring and leadership support); and
- in ensuring that civil society representation is meaningful and accountable to community members.

Policy development. Participants stressed the need for more coordinated efforts to

- (a) define an overarching civil society agenda and vision and (b) implement that agenda and vision;
- develop advocacy strategies to more coherently implement civil society's policies and positions;
- respond effectively to policies and practices initiated and/or supported by governments and multilateral entities at global, national, and local levels. (An example cited: Some donors and governments are considering pushing for circumcision as an HIV prevention mechanism. What do we as civil society think of that? And how should we express our collective response, if at all?); and
- ensure that programs being implemented are evidence-based. Civil society should (a) seek and define a broad definition of "evidence-based" based on community knowledge and (b) push for this definition to be accepted by implementing entities.

Funding mechanisms. Participants stressed the need to

- prioritize community-driving funding mechanisms;
- advocate for increased and sustainable core support for networks, at all levels. Such non-tied support would allow civil society to develop its own agenda and pursue it, instead of merely "doing what donors want to do". It could also accommodate for an effective use of community systems strengthening (CSS) funding opportunities through the GFATM;
- address funding-related barriers to program scale-up (in particular treatment programs); and
- increase support for the implementation of "evidence-based" programs (*see final bullet point under previous activity area listed, policy development*). (An example cited: CSOs and community organizations recognize that harm reduction strategies, notably needle exchange, greatly reduce HIV transmission among IDUs. Yet many policymakers and donors refuse to implement or support harm reduction, often alleging lack of evidence in the effectiveness of such strategies.)

2.3 Priority-setting by activity areas

Additional winnowing and honing of issues raised during the initial "open space" process was conducted through another series of break-out discussions. Participants were urged to use these discussions to focus on identifying more specific action steps and recommendations designed to improve and broaden civil society and community engagement in the global HIV response.

The break-out discussions differed slightly from the "open space" conversations. However, the process also was structured to maximize participation and input by all participants:

1. Based on the results of the groupings conducted after the "open space" process, the facilitator identified three broad categories through which topics

- could be considered in separate sessions. The three were communications, capacity strengthening, and policy development. (It was agreed that the fourth category originally identified, funding mechanisms, forms an integral part of the other three categories. Participants were therefore urged to slot funding-related issues within each of the other three categories.)
2. Three separate sessions were held, one after another, each lasting about one hour. During each session, three randomly determined groups of participants held separate discussions about the same category. The broad category topic of the first session was communications; of the second, capacity strengthening; and of the third, policy development.
 3. One participant in each individual group took notes. He or she then filled out a similar form to that used in the "open space" process. The first part of the form had space for brief bulleted items under "discussion summary"—key and/or particularly interesting points or comments raised during the group discussion. The second part of the form was reserved for "recommendations" developed during the discussion. Participants had been requested to identify recommendations with relevance to the particular category they were discussing at the time (communications, capacity strengthening, or policy development).

A total of nine different group discussions were held during this process: three separate ones for each category. Among the 30-odd recommendations that arose from these category-focused group discussions were the following:

- Regular group meetings should be held among representatives from throughout the HIV/AIDS civil society sphere, including global organizations and networks. A major objective of the meetings should be to identify shared goals over a specific period (five years, say) and then monitor and evaluate progress toward achieving them. Such meetings would benefit from a determination in advance as to how "networks" should be defined within the HIV/AIDS civil society world.
- A systematic process should be created so that information and observations from global-level meetings reach all interested civil society groups and individuals. Such information must be more easily and consistently accessible to a greater number of people at the community level.
- Agendas for important civil society-related meetings, such as PCB, should be made widely available prior to the meetings. This would give more civil society stakeholders an opportunity to provide input and suggestions to counterparts who are attending.
- More extensive and consistent translation services should be made available at all global level meetings, civil society and otherwise. This would help bolster the ability of a greater number of people to participate meaningfully.

Currently, many individuals whose main language is not English (in particular) find it difficult to engage regularly and adequately express their opinions.

- Civil society must focus on developing strategies to ensure a more holistic response to HIV/AIDS. As pitched by some meeting participants, such a response would consider issues such as poverty, vulnerability, oppression, and isolation in addition to those directly related to HIV treatment and care. (Example cited: Some people now have access to ARVs, but they are so poor that they cannot afford adequately nutritious food—if they can afford enough food at all. Their ability to improve their health and livelihoods remains constrained without additional forms of assistance, including poverty-alleviation support.)
- An office should be set up in Geneva to support and provide information to community members, particularly those from the South, who travel to the city for various health-related meetings at WHO, UNAIDS, etc. Many individuals—especially those on their first few visits, regardless of where they are from—find it difficult to understand and navigate the array of organizations or recognize the most relevant individuals working at them. An office specifically geared to assist civil society representatives could greatly facilitate their ability to interact effectively and decisively.

(Annex 2 includes the verbatim discussion summaries and recommendations recorded during all nine of the individual category-specific group meetings.)

2.4 Recommendations

The meeting concluded with a brief open discussion as to the most appropriate and useful recommendations to advance. Participants focused on the potential merits and liabilities of the suggested recommendations identified during the immediately preceding category-specific group discussions.

Perhaps unsurprisingly, achieving consensus at this stage of the process proved largely impossible. Participants did agree, however, that important steps had been made toward the ultimate goal of building a more effective and sustainable civil society architecture. The meeting was considered particularly useful by most participants because it helped them recognize and understand the priorities of other civil society stakeholders in this regard.

Participants ultimately accepted a suggestion to identify two broad areas in which some of the most popular recommendations could be organized. Following are brief summaries of the two:

2.4.1 Improving communications and collaboration

A number of different suggestions focused on finding ways to bring together global civil society representatives. This was deemed important for several different reasons—including to share information more systematically and to provide training and mentoring services to organizations requesting them.

Opportunities therefore should be explored for combined/collaborative funding proposals to support building communications-support networks, with the focus on greater inclusion of groups at the grassroots community level. Such support might include, for example, improved computer/Internet capacity; support for more and better prepared policy advocates at national and regional levels; and easier access to funding for “core costs” so that networks and NGOs can more extensively fulfil their roles as information providers and can have greater leeway in deciding where their resources are most appropriately directed.

By more directly articulating “core costs” and communications needs at the local, national, and regional levels, such funding proposals would offer a greater opportunity for strengthening the capacity of local civil society representatives and organizations.

2.4.2 Articulating a coherent, collaborative, and consistent civil society vision

Several recommendations referred directly or indirectly to the fact that civil society organizations involved in HIV/AIDS work do not share a vision. This often means that the organizations and representatives are reactive rather than proactive in their interaction with governments, donors, and multilateral entities. In such paradigms, civil society is defined by outsiders, not by members of the sector itself. One result is a paucity of effective community-led initiatives on a global scale.

A structure should be put in place in which a full range of civil society actors can come together to determine a far-reaching and collaborative vision (or visions). The outcomes would influence—and be influenced by—stakeholders at the top global levels (such as within UNAIDS and the GFATM Board) and at grassroots levels around the world. The structure should be as fluid, flexible, and inclusive as possible.

One specific situation was cited during discussion: A major donor such as DFID is considering moving from a specific HIV/AIDS agenda to folding HIV-specific projects into a general health agenda instead. How should civil society respond—strategically, effectively, and collaboratively? There is no agreed-upon vision, either short- or long-term, that would help determine such a response. And perhaps more importantly, the lack of such an articulated

vision means that DFID and/or other non-civil society stakeholders are more likely to make such decisions unilaterally, without feeling compelled to consult with civil society. The ultimate losers are people directly affected by HIV, even though they are the individuals supposedly benefiting from programs initiated and implemented by non-civil society entities.

2.5. Next steps

Conceptualizing and building a new civil society architecture is a major undertaking that will take time and will have multiple prongs. The information provided in the two broad recommendation areas summarized in Section 2.4 is best viewed as a useful first step toward prioritizing the nearly endless possible concrete actions that stakeholders believe would enhance civil society's ability to influence the global HIV/AIDS response. As such, coupled with the extensive annexes to this report, the information in the recommendations section is expected to help guide ICSS and its civil society partners by serving as the basis for future discussions. Many of those additional meetings and discussions could undoubtedly take place through ICSS's newly launched Free Space Process (FSP).

Therefore, it was agreed that ICSS, building on the recommendations that constituted the two broad recommendation areas, will (a) review all the information and observations gathered during this initial FSP meeting, and (b) present an action plan for follow-up to the participants. This action plan will seek to capture the growing consensus on priority issues in the meeting and subsequently may present ideas on how to take the prioritization process a step or more further. Finally, the action plan will include a proposal as to ICSS's role as well as the role(s) of other participants in facilitating follow-up to the Free Space Process and the implementation of the plan.

Annex 1: Results of 'open space' conversations

This section includes information about all 20 individual "conversations" that took place during the "open space" discussions described in Section 2.2 of this report. The hosts of each conversation were asked to take basic notes. At the end of the session, they filled in a form with two parts. The first part had space for brief bulleted items under "discussion summary"—i.e., the most relevant, salient, and/or interesting points or comments raised during the overall conversation. The second part of the form was reserved for hosts to include bulleted "recommendations" considered during the overall conversation. The recommendations section was where hosts listed what specific steps, if any, might be taken to address the main issue(s) of the conversation.

This annex contains the discussion summaries and recommendations recorded by each host. The text is reprinted verbatim here; it is taken directly (with minor editing for clarity) from the handwritten reports submitted by each host for further consideration by the full group.

The different conversations were held over three individual sessions, 9 in the first session, 7 in the second, and 4 in the third. The conversations are grouped below by the session in which they took place.

Session 1

Group 1: Universal access, universal standard

Discussion summary:

- There is currently an unacceptable divide between the North and the South in treatment/monitoring requirements.

Recommendations:

- A centralized structure would provide a consistent and stronger advocacy voice.
- A centralized structure could gather and disseminate facts and figures on real services available in different localities.
- The following should be highlighted: issues related to service delivery capacity building in different localities.

Session 1

Group 2: Need for self regulation and higher ethical standards to guide civil society advocacy work globally

Discussion summary:

- Civil society organizations are faced with serious challenges—including in regard to transparency and accountability, legitimacy, and globalization.
- There is a general sense of democratic deficit at all levels.
- Legitimacy of representation.
- Lack of communication is a barrier.

Recommendations:

- Civil society advocacy work needs to be grounded in the community—leading by example and responsibility.
- There is a need for more capacity strengthening and capacity building, responding to fundamentals of human rights.
- Need to ensure that an NGO Code of Conduct reflects the role of civil society organizations' work, including ethics.
- Civil society organizations should recognize and accept the role of global citizenship responsibility.

Session 1

Group 3: Share information in a more structured way among various representatives of global institutions and networks

Discussion summary:

- Information is lacking; it should be made available in the right way and in time to be able to consult.
- Networking and communications is missing.
- Capacity building, especially for the South, is needed.
- Another obstacle relates to the overburden of information on occasion; difficult to process and identify priorities.
- There are technical issues as well regarding the gap between North and South.

Recommendations:

- Have delegations of PCB, GFATM, and UNITAID, etc. meet one or two times a year and set up "people connector" for times in between.
- A liaison office in Geneva could be useful for information-sharing, orientation, and capacity building.

- Communication structure could be between CFPs [Communication Focal Points] of all institutions—need to filter accessible information through them.
- Need to set up formal process to ensure information is shared within and among networks.

Session 1

Group 4: 'Chaos structure'

Discussion summary:

- The diversity and “chaos” of civil society is often used against us—but yes, we are diverse and chaotic...and this is our strength.
- How can we “structure” to ensure that through our diversity we don’t undermine each other?
- We only ally with those familiar to us.
- Lack of resources is a major barrier to maximizing the potential of our “chaos structure”.
- A formal, global structure is not needed or effective.
- Our diversity is not understood or accepted by bureaucracy.
- We are a tropical rain forest, not a formal, planted garden.

Recommendations:

- Explore creation of space opportunities for strategizing.
- Need not create formal global structures—this doesn’t work for us—but instead look more structurally around specific events. This structure can come and go as necessary.
- Consistent messaging.
- We need to consider promoting, presenting, talking about ourselves differently, in a way that reflects our positive “chaos” and not succumb to pressure to be something we are not.

Session 1

Group 5: Common agenda including voices from global South

Discussion summary:

- Lack of dialogue between activists from North/South.
- Implementation designed in the North is not always effective in the South.
- Dialogue between “donors” and “communities” have to empower, not disempower (we must recognize the imbalance).
- Elite of advocates from the communities’ “gentlemen’s club”.

- We don't always realize the influence of cultural/political, etc. background in our discourses.

Recommendations:

(In general: need to be more self-reflective and self-critical)

- Need to establish dialogue between activist communities in the same level of power (balanced table), level playing field.
- Self-scan our cultural/gender/economic background and how this shapes our "activism".
- Unpack the meaning of "North"/"South" as identities people build, even if they were born in the "South".
- Unpack concepts of "power" and "empowerment".
- Language (English) technology, jargon of elites of hierarchies...we need practical ways of building bridges (Internet/video/oral cultures).

Session 1

Group 6: Take financing of civil society to the next level

Discussion summary:

- Collectively we need to increase the funding of our architecture on all three levels, with a focus on the national level.
- This group can start process of a strategic and financial proposition to Gates Foundation and others, based on clearly defined core infrastructure needs (and on all three relevant levels, with a focus on countries).
- Objective: a) to strengthen the fundamentals of our architecture, and b) to strengthen the whole infrastructure in order to achieve this.
- For disbursement of money we should consider the Collaborative Fund model.

Recommendations:

- This group should start a process of developing a strategic and financial proposal for Gates and others that focuses on strengthening the core functions (not projects/activities) of our architecture, with a priority on country level.

Session 1

Group 7: Fluent communication for NGOs and networks

Discussion summary:

- Two aspects of communication: technology and language.
- Poor phone links.
- Poor Internet access.

- Communication is dominated by English; it is almost impossible for people who speak other languages—French, Spanish, Russian, Chinese, etc.—to participate.

Recommendations:

- Pay for technology facilities.
- Identify human capacity within CSOs to ensure simultaneous translation and dissemination at the same time without discrimination.
- Sensitize community leaders about the need to learn English.
- Pay for interpretation, translation of materials, English learning for leaders.
- Main languages should be English, French, Spanish, Portuguese, Arabic, Russian, and Mandarin Chinese.

Session 1

Group 8: Increasing advocacy and activism led by Southern People Living with HIV: How to do it?

Discussion summary:

- Many networks are struggling with similar communication problems.
- Small, effective grassroots organizations aren't getting needed resources (especially GFATM money).
- In many countries, newer groups or individuals are intimidated by older, more established (and thus intimidating) leaders.
- In some countries (for example, in West and Central Africa), the tradition of activism is weak—we need to do something about this.
- In countries without traditions of democracy, it's difficult to achieve certain responses from civil society without reinventing the wheel each time.

Recommendations:

- Networks (GNP+, ICW, ITPC, etc.) should pool resources to identify and address specific communications barriers in a collaborative way.
- Educate donors (big foundations, bilaterals, etc.) about urgent need to fund efforts to build up advocacy and activism.
- Get allies at Global Fund Secretariat to develop solutions to the problem: grassroots organizations aren't getting Global Fund "civil society" money (through "CSS" window?).
- Support training and sharing of advocacy "best practices" within a region (or outside a region) in order to increase activist capacity among communities and in order to increase the number of new, effective PLHIV activist leaders.
- Require NGO PRs to have no more than one grant, and to build up capacity of an "incoming" NGO PR.

Session 1

Group 9: Collaboration on key policy issues under discussion

Discussion summary:

- Need to ensure policy work is funded as policy work, not as ad hoc add-on to projects. Policy work is seen as luxury by many programme people.
- Credibility and accountability: It is difficult to obtain observations and opinions from the country level because of lack of Internet access, poor phone links, etc. Need to make information simple and accessible.
- It's hard to respond to draft policies from UN, etc. if there is no policy office and/or organization policy to guide/draft your response.
- Governments/UN have signed on or voiced support for the GIPA principle but won't listen to the "evidence" of PLHIV when they engage in policy debates. How do we value/define "evidence base"?
- We've had success at getting to the table but not at getting the resources to be effective—including lack of investment in policy work.

Recommendations:

- Dedicated policy people/focal points in each network should be identified and linked to each other.
- Increase policy capacity within networks and find ways to get it funded. Also funding for networking required to consult adequately (tools/skills, resources).
- PCB NGO Communications Facility, CSAT, GFATM Communications Focal Points, etc. to synthesize key documents like *Missing the Target* and other community-led research/key policy issues together so they can be used to help set civil society agenda. This will help us be proactive, not reactive.
- Set up collective conversation with Gates on funding policy work. This should be convened by neutral party. No pitch.

Session 2

Group 1: How to ensure non-tokenistic representation and representatives' accountability

Discussion summary:

- We need to be more demanding of our representatives.
- Legitimate representation goes beyond individual needs; thus we need to ensure that invites are sent to organizations, not individuals.
- We need to have a common agenda.

- There should be a process in place (inc. support mechanisms) to bolster accountability. This could help ensure that representatives are briefed appropriately in advance by constituents in advance.
- Information from meetings should be shared more widely and effectively.
- Avoid cherry-picking.
- We need to make tokenism work in our favour.

Recommendations:

- Re civil society Codes of Conduct for organizations: we need to revisit and flesh out. We should control re-drafting. The goal should be to make it work better for us.
- Invitations to meetings/conferences/policymaking boards, etc. should go to organizations and not to individuals themselves. Boards of organizations should then make decisions about who should represent them.
- Policy checklists should be developed (e.g., Young Positives). This would help increase ethical representation, including the extensive involvement of people in planning processes. These checklists should not be too rigid, however, or they might limit invitations.
- We should propose this discussion—on tokenism—for the Living 2008 conference in Mexico. Maybe have a panel with UN agencies.
- Develop a way to be more accountable. (One step in this direction could be to contact www.aids-accountability.org and find out what they do, how they do it.)

Session 2

Group 2: Holistic responses to HIV and AIDS

Discussion summary:

- Short-termism of donors.
- Bio-medical responses and lack of comprehensive analysis.
- Funding has focused on risk and not vulnerability.
- Funding has focused on sticking plasters (“Band-Aids”) and not looking at or addressing root causes.
- Donors hand funds over to “Southern” governments that don’t support human rights groups.

Recommendations:

- Donors should be held responsible for ensuring funds reach marginalised groups.
- Need to recognize multiple universal root causes of spread of HIV and respond to these.

Session 2

Group 3: How to invest in organizations, building their capacity to create/nurture/mentor NGO leaders

Discussion summary:

- Much cherry-picking goes on...need to hold people and organizations accountable; need to build capacity of people and organizations to put processes in place to allow proper representations, etc.
- Organizations do not have capacity to nurture new leadership.
- What has priority: skills (such as management) or leadership?
- Mentoring and leadership is complex; risks, long-term supporting environment.
- Why so little attention and support? Potential reasons: complexity; varied landscape; civil society diversity.

Recommendations:

- Invest in organizational development, both at country/local and international level. This will support leaders, allowing them to be representative, accountable, able and willing to provide feedback, etc.
- Develop a yearly training program for new leaders, from different organizations, to develop skills, capacity, etc. As a collaborative effort between several civil society/government. These programs could include mentorship and follow-up support.
- Send message to international community about how involvement should take place and how it should be supported. Base should be NGO Code of Conduct, GIPA, etc. The message(s) should be sent from the joint group.
- Document and share best practices of mentoring, including failings, risks, etc.

Session 2

Group 4: Civil societies at country level benefit from stronger international civil society bodies

Discussion summary:

- It's a two-way street: strong national civil society, strong international civil society, and vice versa.
- There are good examples of how international civil society positively influences local level (ITPC, GFATM Board NGOs).

Recommendations:

- International NGOs have to set examples more actively.

- PCB NGOs should criticize governments openly.
- Share best practices.

Session 2

Group 5: Collaboration and alignment on monitoring/tracking of implementation of commitments, resources and evaluation of government engagement with CSOs

Discussion summary:

- Long-term planning for civil society involvement in UNGASS/universal access leading up to 2010 / MDG 2015.
- Capacitate existing communication structures within organizations/networks and not create a new entity to coordinate communication.

Recommendations:

- Analysis of country reports post-January 2008, with goal of identifying and addressing gaps in civil society involvement.
- Linking of organizations involved in monitoring civil society participation at different platforms, etc. ITPC monitoring of civil society in CCMs.
- PCB civil society reps / strategic role in preparation for UNGASS 2008...how to communicate and consult and strategize.

Session 2

Group 6: Disparities of northern and southern CSOs—capacity building support for weaker CSOs by stronger CSOs and information sharing (best practices).

Discussion summary:

- How can Northern NGOs support their counterparts in the South?
- Orientation of incoming community board representatives on international boards.
- How to get resources to support the capacity building.
- Need for mentoring.

Recommendations:

- Joint network proposal by several CSOs for community systems strengthening.
- Approach corporate entities—e.g., IBM, Microsoft—for collaboration. They could donate computers/laptops and Internet time to CSOs to enhance HIV advocacy work.

- Northern-based networks could offer technical capacity/training/mentoring to Southern CSOs or all incoming community representatives on international boards.
- Stronger Southern NGOs should mentor weaker Southern NGOs.

Session 2

Group 7: Focusing our advocacy efforts

Discussion summary:

- What are the issues that go beyond health?
- The G8 [Group of 8] has a certain relevancy but we need to be careful how much energy we devote to it.
- How do you do effective targeting of advocacy at/within complex structures?
- What is the mechanism for holding the G8 to account?
- Advocacy needs to be focused on the international NGOs as well.
- Success has been achieved specifically when there has been political leadership; this may need to be one of our focus points.

Recommendations:

- We need to be fully involved with H8 and International Health Partnership. We need to get more information and get fully briefed as a new focus for our advocacy efforts to shape the agendas. To ensure a broader definition of health.
- Possibly invite H8 to brief us.
- We need to make the case for why we should be involved.
- We should develop clear talking points to feed into the development process of IHP.
- We need to mobilize around preventing UNGASS and MDGs being merged. We need to ensure that AIDS reporting happens.

Session 3

Group 1: Strengthen voice and participation of civil society

Discussion summary:

- All the progress on HIV treatment, care, and support came from civil society, e.g., the Global Fund.
- Up to now, only a "Western" participation model.
- Getting a seat at the table is the beginning of the process.
- Civil society is not strategic enough.

Recommendations:

- Provide additional support, financially and capacity.
- Strengthen FBOs; they need to be embraced as positive contributors to civil society and the AIDS response.
- Establish a coordinating office in Geneva.
- Acknowledge the diversity of civil society actors.

Session 3

Group 2: Hierarchy of research/community 'evidence'

Discussion summary:

- Western biomedical mentality/approach to "research".
- Hierarchy problem—data is considered "contaminated" if communities are involved.
- Documentation and data flow of existing participatory assessments and approaches: lacking.
- Community evidence seen sometimes as "complementary" and not "central".
- Evidence-informed—define (UNAIDS)/criteria on how done.
- Documentation of successes of community-based responses: needed.
- Language barriers.
- Feedback needed for communities "researched".

Recommendations:

- Need to establish principles for monitoring impact of policies, such as PITC (provider-initiated testing and counselling) and male circumcision.
- Conference guidance for reviewers
- Best practice guide (with an emphasis on keeping relatively brief) on community-based research on HIV.
 - UNAIDS, GNP+, ICASO, ITPC, ICW, others.
- Positioning community-based research as "complementary".
- Training communities on participatory research.
- Need to be critical or analyze how research is done; i.e., who undertakes it and what methodologies (e.g., participatory).

Session 3

Group 3: Global Fund implementation bottlenecks

Discussion summary:

- Multiple problems: Urgent crisis issues around specific grants; some groups are excluded from grants implementation; we need to increase capacity of

NGOs/CBOs as implementers; some groups don't actually know about the GFATM.

- "Real" CBOs aren't getting GFATM money.
- We need more information about what the problems are.
- PR selection is not a fully leveraged opportunity.
- CSAT is being launched.

Recommendations:

- Best practices in civil society implementation should be systematically shared regionally, globally, face-to-face ... maybe with the "Southern exchange" of UNAIDS.
- Develop regional versions of the *Global Fund Observer*. They could focus on reports about what's actually happening; questions, etc.—and be accurate.
- Develop mechanisms for sharing information—from Board members to civil society and from civil society to the Board when problems.
- Recommend that all GFATM grants implemented by an NGO PR invest in developing capacity of civil society so that the subsequent NGO PR is a different PR than the current one.

Session 3

Group 4: Prevention

Discussion summary:

There is a need for a paradigm shift:

- Comprehensive programming for prevention is beyond condom, needles, vaccines...it includes efforts to empower and address vulnerabilities (see SAVE model from ANERELA+⁷ - Safer practices, Available medications, Voluntary counselling and testing, Empowerment).
- Treatment is prerequisite for effective prevention. This means going beyond just talking about the "continuum".
- FIPH ("Full Involvement of People with HIV"), not GIPA.

Recommendations:

- Civil society has a role to play to encourage the paradigm shift and a new understanding about prevention that is comprehensive.
- Ongoing dialogue is needed to deepen dialogue and understanding about prevention.
- Alliance/engagement of women's movement would help.

⁷ African Network of Religious Leaders Living With and Personally Affected by HIV and AIDS.

Annex 2: Results from category-specific group meetings

This section includes information about all nine of the individual category-specific group meetings described in Section 2.3 of this report. One participant in each individual group took notes. He or she then filled out a similar form to that used in the earlier “open space” process (see Annex 1). The first part of the form had space for brief bulleted items under “discussion summary”—key and/or particularly interesting points or comments raised during the group discussion. The second part of the form was reserved for “recommendations” developed during the discussion. Participants had been requested to identify recommendations with relevance to the particular category they were discussing at the time (communications, capacity strengthening, or policy development).

This annex contains the discussion summaries and recommendations recorded for each individual group. There are three separate entries under each of the three main categories. The text is reprinted verbatim here; it is taken directly (with minor editing for clarity) from the handwritten reports submitted by each group.

Capacity strengthening (1)

Discussion summary:

- Lack of coordination among capacity building entities—there is a lot of jealousy and lack of sharing; too much preservation of jobs.
- The global entities need to talk together about their relative strengths. Attending meetings (PCB, GFATM, etc.) is an unrecognized and hidden extra job.
- Capacity must be focused on what people really need, not what others think they need.
- We too often talk about the result of capacity needs rather than the causes.
- We need to think about capacity building on different levels, requiring different approaches.
- Breaking things down into key components that can be addressed.
- Short-term, one-off capacity strengthening events do not work effectively.
- Capacity strengthening is strongly linked to communication.
- Lack of flexibility in the general approach to capacity development.

Recommendations:

- At a global level, some sort of coordination meeting between the major agencies and TA providers to look at groups and a changed understanding of how and what capacity development needs be made available and accessible.
- There is a need, perhaps the responsibility of all of us, to redefine what we mean by capacity strengthening—so that it is reflective and responsive to locally identified needs. Focus on the recipient, not the donor.

- Mapping—who is doing what?

Capacity strengthening (2)

Discussion summary:

- The main issue is: How to leverage civil society access to funding?

Recommendations:

Concrete next steps (presented in order to be taken):

1. This group starts a process of defining “core cost” needs on all levels—international, regional and national (with focus on national).
2. The group presents this to Gates (maybe others too?) as a strategic approach toward investment in civil society (as a prerequisite for enhancing our response).
3. A disbursement mechanism is developed (in parallel) based on lessons learned of the Collaborative Fund for HIV Treatment Preparedness, in order to reach the grassroots level.
4. This model could include: (a) specifically funded country-based advocates; (b) leadership training and mentoring; and (c) addressing grassroots communications needs. [*NOTE: these options need to be developed separately*]

Capacity strengthening (3)

Discussion summary:

- Need longer-term core funding—should be joint message from civil society about this priority. Get basic understanding for this.
- Need to cost the GIPA Principle and get acknowledgement also that it is not just a medical problem → pay for process and structures.
- No capacity to push positions/agenda.
- Gap between someone representing a network becoming a representative in international bodies.
- Need new leadership nurtured in a structural way.

Recommendations:

- Develop a regular/ongoing program for new leaders. Need a curriculum/link (‘AIDS school’) with schools/universities.
- System for training and ongoing support for incoming members/international bodies.
- Develop and execute an initiative around and beyond on CSS. Start with defining what it is and get that into calls for proposals, etc. And get interested

- parties together to work on proposals. [*Note from discussion member: This is a bigger concept than just the GFATM*]
- Mapping the needs → cost the GIPA Principle and get it acknowledged.

Communications (1)

Discussion summary:

- Not having the capacity to synthesize information that is already being collected by various entities.
- There is a lack of designated communications Focal Points within each network.
- Communication channels between the three disease constituencies.
- Our current communication approach is very ad hoc.
- Our lack of capacity means we don't have time to learn from good processes/events.
- Lack of investment in communications building.
- Communication is only effective/necessary if we have something to say.
- There are also limitations in the North as well as the South.
- We could think about engaging the various NGO delegations (GFATM, PCB, UNITAID, etc.).
- Communication has three basic functions: to share knowledge; to strategize around specific issues, e.g., UNGASS; and for mutual benefit and opportunities.
- The mainstreaming of HIV into broader health agendas—UNGASS and we need to mobilize around this.

Recommendations:

- A meeting among the various NGO delegations (GFATM, PCB, UNITAID, etc.), networks, and TB and malaria communities. This meeting should take place before the April meetings of GFATM and PCB. The purpose is to set up permanent communications channels. Also include communications "specialists" (Health Development Networks (Tim France), AIDSPortal and others?).

Not recommendations, but other relevant issues to consider:

- Develop capacity to synthesize (and disseminate) information that is already being collated by various entities.
- Identify sources of financing for investment in communications enabling—especially at regional (but also local) levels.

Communications (2)

Discussion summary:

- At global level, we need to organize information clearly, so it is useful. The following should be involved/engaged toward this end: outside experts in facilitating communications and in facilitating community mobilization.
- Some initiative/efforts are working (ITPC regional listservs), but this is focused on “low-hanging fruit” (communication among people with some access already).
- Need an analysis of the set of needs and bottlenecks in communications.
- Need to look at communication in a more holistic way.
- Our tools on basic awareness raising and basic HIV information is geared to urban, Western, middle-class...this needs to be addressed.

Recommendations:

- Mapping analysis is needed: to know what works and what’s not being done.
- Involve outside experts: (a) grassroots communities, and (b) communications experts.
- Establish revolving fund for communities’ communications needs.
- Enable networks to better identify and address communications barriers in a specific area.
- A new, dedicated Geneva office for civil society is one tool—especially for optimizing global communications.
- Prioritize communication needs of people in remote areas. We must do this in tandem with improving communication at global, national levels.

Communications (3)

Discussion summary:

- There is a lot of information, but it is not accessible.
- There is not enough infrastructure at the local level.
- We don’t have any mechanism to deal with situations where communication with other networks is required.

Recommendations:

- Funding proposal to Gates, IBM, Google, etc. for computers, Internet connection, capacity/language training, translation services for each local level organization that is part of our networks.
- Collaboration on Web portals of information that is organized and easily accessible.
- Face-to-face meetings to strategize where necessary.

- Develop mechanisms to enable quick communication as and when the need arises (e.g., policy statements, etc.).

Policy development (1)

Discussion summary:

- What if we had the time and space to plan our agendas and visions? Audience: networks, representatives, other constituencies.
- Different approaches: “Free space” discussions; focused, pragmatic planning; and campaign development.
- UNGASS update 2008/G8 summit.
- Provider-initiated prevention launch — also an opportunity (also there are differences and divisions between and within networks on provider-initiated testing).
- Leadership Council for the Global Coalition of Women on AIDS.

Recommendations:

- Mapping is still needed; global and regional processes and entities.
- Regular meetings of networks and representatives to establish our issues, the issues of other actors, and the current situation—purpose is to do joint planning from a “free space” perspective. (Include co-sponsors of UNAIDS, especially WHO and UNICEF, as well as GF, PCB, UNITAID, Africa Union).
- Solicit and respond to “hot topics” as identified by different networks and representatives.
- Relate national priorities to the second recommendation above, and vice versa.

Policy development (2)

Discussion summary:

- North v. South. What works in North is not appropriate in South.
- Who is doing what, at the international and regional levels?
- What is needed to engage?
- What is happening? What spaces are there where this conversation can be forwarded?
- International Health Partnership (IHP)/H8: we’re not there/we’re not involved.

Recommendations:

- Need to set up meeting involving GF, UNITAID, PCG, global civil society. How can they work together for maximal efforts and maximum benefits?
- Produce code of conduct of good practice for governments. This could include “do’s and don’ts” regarding working with civil society on policy.

- Letter to ensure civil society involvement in IHP/H8.
- Commitment by this group to work out/develop plan to build capacity of global South to strengthen participation environment in policy advocacy strengthening.

Policy development (3)

Discussion summary:

- Should there be an entity to coordinate, perhaps based in Geneva? The various CFPs need to talk with each other through more formal structures.
- Perhaps we should develop regional influences first.
- How do people/organizations get input from the frontline (grassroots)?
- To address this we need to build the strength and capacity of the international, regional and national networks. This requires increasing availability and access to core funding.
- Longer-term investment in developing in-country advocates.
- We've been successful at increasing high-level community visibility. So how do we enable this to work more effectively?
- Northern delegates see their role as also representing their organizations because they are funded. Southern delegates often do not have institutional support.
- If we want to get taken seriously we need to build our credibility with broader representation.

Recommendations:

- We need to explore sources of financing to fund regional and national level advocates—so that this can be a full-time job.

Annex 3: List of participants

The chart below includes basic information about all of the participants at the October 2007 meeting in Amsterdam. It also notes the names and affiliated organizations of individuals invited who were ultimately not able to attend.

Representing	Name	Organization/Position	E-mail
Global Fund Board – Developed Country NGO delegation	Asia Russell, board member	Health GAP, USA	asia@healthgap.org
Global Fund Board – Developing Country NGO delegation	Bobby John, delegate (unable to attend)	Global Health Advocates, India	bjohn@ghadvocates.org
Global Fund Civil Society Team	Mick Matthews	Global Fund Secretariat	mick.matthews@theglobalfund.org
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