

# Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria

For young activists and youth organizations



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# Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria

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## ACRONYMS AND ABBREVIATIONS

ARV	antiretrovirals
CCM	Country Coordinating Mechanism
CSS	community systems strengthening
FAQ	frequently asked questions
FBO	faith-based organization
GAC	Global Fund Grant Approvals Committee
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	gross national income
HSS	health systems strengthening
LFA	local fund agent
M&E	monitoring and evaluation
NFM	new funding model
NGO	non-governmental organization
NSP	national strategic plan
PLHIV	people living with HIV
PR	Principal Recipient
RCM	Regional Coordinating Mechanism
RO	Regional organization
SR	sub-recipient
SSR	sub-sub-recipient
TB	Tuberculosis tuberculosis
TRP	technical review panel
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
YPLHIV	young people living with HIV
WHO	World Health Organization

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## Key age-related terms

The UN uses the following definitions. For the purposes of measuring youth participation, many youth organizations define young people as being aged 15–30, while some governments define youths as up to age 35.

*Child:* up to 18 years

*Adolescent:* 10–19 years

*Young people:* 10–24 years

*Youth:* 15–24 years

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**This tool has been developed in collaboration between the PACT—a global alliance of 25 youth organizations working on HIV—UNAIDS and the Global Fund Secretariat.**

## 1. INTRODUCTION

This tool has been developed in collaboration between the PACT—a global alliance of 25 youth organizations working on HIV—UNAIDS and the Global Fund Secretariat.

It aims to increase young people’s effective and meaningful participation in the Global Fund, with a specific emphasis on opportunities to participate at the national level. The tool has the following objectives:

1. Provide practical guidance to youth activists at the country level on how they can participate in the Global Fund and ensure Global Fund grants are invested strategically to ensure programmes for young people have maximum impact.
2. Provide guidance to Country Coordinating Mechanisms (CCMs<sup>1</sup>)—the entities that coordinate the development and submission of funding requests to the Global Fund, and that oversee the implementation of grants—so that they effectively and meaningfully engage young people.

This tool has two parts: Part one is for young people and youth organizations, and Part two is for CCMs and other key Global Fund actors. While this tool focuses primarily on HIV issues, it also can be used to guide the participation of young people working on tuberculosis (TB) and malaria.

### 1.1 How this tool was developed

The tool’s recommendations draw on a literature review of key Global Fund policy documents, as well as youth participation tools, key informant interviews with eight young people who have engaged with the Global Fund in different capacities, and a survey of current and former youth CCM members.

A working group consisting of PACT members,<sup>2</sup> the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund Secretariat provided oversight and reviewed the tool. It also was reviewed at Trainer of Trainers workshop organized by the International HIV/AIDS Alliance’s Link Up project, by young activists from Ethiopia, Uganda and the United Kingdom of Great Britain and Northern Ireland.

### 1.2 How to use this Tool

Your experience	Go to
I work on HIV, TB or malaria, but am new to the Global Fund	Page 9
I want to learn about the Global Fund’s current structure and grant process	Page 11
I already understand the Global Fund structure and want to know how young people can participate effectively in the process	Page 22
I just want some practical tools to support youth participation	Page 37 (annexes)

1 In this document, “Country Coordinating Mechanisms” refers to both CCM secretariats and CCM members.

2 The PACT is a strategic collaboration framework uniting over 25 youth-led and youth serving HIV organizations.



## 2. THE ROLE OF YOUNG PEOPLE IN THE GLOBAL FUND

Created in 2001, the Global Fund is an international financing institution that funds the global response to AIDS, TB and malaria. By the end of 2013, Global Fund-supported programs in more than 140 countries had enabled 6.1 million people to access antiretroviral therapy for HIV, had tested and treated 11.2 million people for TB and had distributed 360 million insecticide-treated nets to protect families against malaria.

Since the Global Fund's inception, young people have been involved in its decision-making and grant implementation, and dozens of CCMs have included youth representatives. Many CCMs still lack youth representatives, however, and there is little understanding about whether Global Fund grant money has been invested strategically to address the needs of young people affected by the three diseases.

There is an urgent need for youth organizations and young people affected by HIV, TB and malaria to increase their participation in Global Fund processes. By participating, they can help assess whether grant funds are both working for young people at the country level, and they can influence the grant application, grant-making and grant implementation processes in order to ensure they are informed by the best available evidence about which programs work for young people.

In 2013, the Global Fund made changes to its funding model. These changes present an opportunity for increased youth engagement and accountability that cannot be missed. This tool has been created to inspire and help youth organizations and activists gain the knowledge, skills and capacity to effectively engage with Global Fund processes and ultimately influence what programmes are implemented for young people with the Global Fund grants.

**The Global Fund's relevance for young people:** In 2013, an estimated 670 000 youth aged 15–24 were newly infected with HIV, with 96% of the new infections occurring in low- and middle-income countries. In the same year, an estimated 5.0 million young people aged 10–24 were living with HIV. Recent UNAIDS estimates show that adolescents aged 15–19 are the only age group where AIDS-related deaths have been increasing over the past few years.

TB and malaria also heavily affects younger people: most malaria deaths occur among children living in Africa, where a child dies every minute from malaria. According to the World Health Organization (WHO), 349 000 children under the age of 15 fell ill with malaria in 2011, and during the same year, 74 000 died from TB. Coinfection of TB and HIV also is

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### Examples of the Global Fund's investment in countries to date:

*Cambodia:* US\$ 140 096 151 on malaria

*Ethiopia:* US\$ 1 081 473 453 on HIV

*Malawi:* US\$ 669 317 226 on HIV

*Peru:* US\$ 72 223 009 on TB

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3 UNAIDS unpublished estimates 2013

a growing problem in many countries in general. Clearly, there is an urgent need to scale up effective HIV, TB and malaria responses that are tailored to the needs of young people.

According to UNAIDS's Global Report 2013, the Global Fund represents 19.7% of international assistance funding for HIV, and more than 50% for HIV prevention. In many countries, the Global Fund accounts for more than half of all funds available for the AIDS response at the national level. It also provides approximately two thirds of international financing for TB and malaria. Decisions made within country-led Global Fund processes significantly impact what commodities, programs and services become available to prevent new HIV, TB and malaria infections among young people, and they ensure that young people living with HIV, TB and malaria have access to life-saving treatment, care and support.



### 3. UNDERSTANDING THE FUNDING MODEL AND STRUCTURE OF THE GLOBAL FUND FROM 2014 AND BEYOND

Donor countries, private foundations and the private sector financially support the Global Fund. Every three years at a Global Fund replenishment meeting, these funders make a commitment of how much they will give to the Global Fund over the following three years. The Global Fund then disburses that money to countries. The income level of each country and the burden of the three epidemics determine eligibility for Global Fund grants. You can view a list of eligible countries for 2014 on the Global Fund's website.<sup>4</sup>

**So what exactly is the funding model?** In 2013, the Global Fund introduced its New Funding Model (NFM), which is being fully rolled out in 2014. Key elements of the NFM are:

- Applicants can submit funding requests when it is most convenient for them.
- The grant priorities are more closely aligned with national health strategies.
- There is improved predictability about the level of funding available to each country.
- All stakeholders—including young people—must be involved in a meaningful way throughout the funding application and grant implementation processes. This is done through the ongoing country dialogue, which ensures that the Global Fund concept notes<sup>5</sup> and grants include programs that appropriately address the needs of the people affected by the three diseases.
- It recognizes that, although the CCM is still the main body involved in developing the concept note and overseeing grants at the country level, meaningful involvement requires engaging actors beyond the CCM.

For additional information on the funding model, check out the Global Fund publication *Engage! Practical tips to ensure the new funding model delivers the impact communities need.*<sup>6</sup>

The graphic below illustrates the process for accessing Global Fund funds.

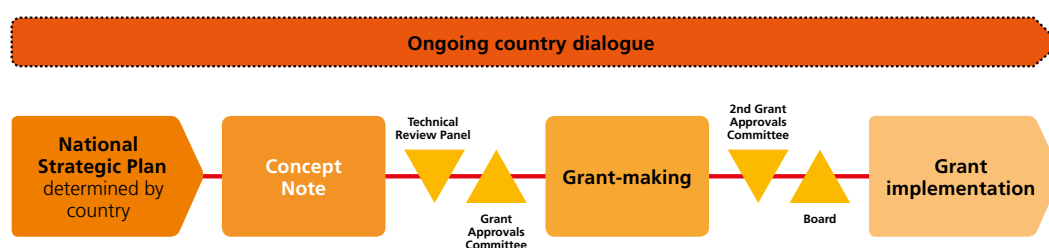


Figure 1 The funding process at the Global Fund.

4 <http://www.theglobalfund.org/en/fundingmodel/single/eligibility/>.

5 The Global Fund primarily receives funding requests from single-countries through a Country Coordinating Mechanism (CCM) or Sub-CCM. These funding requests are made through a 'concept note' using a standard template. More information on application materials for single country applicants can be found here <http://www.theglobalfund.org/en/fundingmodel/single/applicationmaterial/>

6 Engage! Practical tips to ensure the new funding model delivers the impact communities need. Global Fund, 2014 (available from [http://www.theglobalfund.org/en/publications/2014-04-24\\_Engage\\_Civil\\_Society/](http://www.theglobalfund.org/en/publications/2014-04-24_Engage_Civil_Society/)).

### 3.1 The funding model of the Global Fund: Setting the priorities and grant-making through an inclusive process at the country level

**Ongoing country dialogue:** The Global Fund requires countries to ensure there is an inclusive country dialogue where all stakeholders (including those from the government, the private sector, civil society, in-country technical and financial partners, and key populations affected by HIV, TB and malaria<sup>7</sup>) meet to identify the country’s strategic priorities for effectively addressing the three diseases and to outline key considerations for a new Global Fund grant. The Global Fund believes that the strong engagement of civil society organizations—particularly key populations and those organizations dedicated to gender equality, women’s rights, human rights and the interests of specific communities—is critical to an effective consultative process. The country dialogue is not a process pre-determined by the Global Fund; instead, it is up to each country to design the dialogue. While the dialogue process will vary between countries, each dialogue should include representatives of all stakeholders, including young people. Ideas for how youth can get involved in the country dialogue are outlined in the next section.

**Beginning the grant-making process:** Each country is notified of how much funding has been allocated to each disease for which they are eligible. For example, Country X might be allocated US\$ 15 million for HIV, US\$ 10 million for TB, and US\$ 10 million for malaria, resulting in a total allocation of US\$ 35 million. Countries can then decide whether to keep these amounts or to change how the money is divided.

CCMs must draw on the inclusive country dialogue process to inform how to divide the funds between each disease and allocate funds to cross-cutting health systems strengthening (HSS). In this fictional situation, the CCM of Country X might ultimately decide to take US\$ 5 million of the total US\$ 35 million allocation for health systems strengthening, allocating the remaining US\$ 30 million evenly across the three diseases. In cases of deviation from the initial allocation of funding, the CCM has to justify its decision.

Once the CCM has decided on the program split (and it has been agreed upon by the Global Fund), the next step is developing the concept note. At this stage, the inclusive country dialogue is crucial. CCMs are required to draw on the dialogue to inform their decisions at every step of the process, making it an opportunity to guide the development of the country concept note and, once the concept note is approved, to guide the process of turning the concept note into a grant (also known as “grant-making”). After a grant is made, the country dialogue process continues to provide an important mechanism for feedback and accountability during grant implementation. The Global Fund Secretariat staff remain in close contact with the CCM throughout the country dialogue and the steps that follow.

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<sup>7</sup> Technical and financial partners may include United Nations agencies—such as UNDP, UNICEF and UNAIDS—and other donors, such as the Presidents Emergency Plan for AIDS Relief (PEPFAR). The definition of key populations is included on page 10.

National  
Strategic Plan  
determined by  
country

**National strategic plans (NSP) and investment cases:** Typically, countries have NSPs that outline a multi-year strategy for addressing one or each of the three diseases. The Global Fund requires that grant applications are based on (and align with) existing NSPs that are “robust,” meaning they have (among other criteria) clear and evidence-based priorities and strategies, are based on an inclusive multi-stakeholder process, and address gender norms and dynamics that make certain groups particularly vulnerable to HIV. If NSPs are due for renewal, the Global Fund expects them to be developed through inclusive multi-stakeholder efforts that include civil society groups (such as networks of people who are affected by the three diseases, including key populations and young people).

As an example of an NSP, the 2011–2015 HIV National Strategic Plan for Myanmar (an early applicant under the new funding model) can be seen at: [http://www.nationalplanningcycles.org/sites/default/files/country\\_docs/Myanmar/myanmar\\_national\\_strategic\\_plan\\_on\\_hiv\\_and\\_aids\\_2011-2015.pdf](http://www.nationalplanningcycles.org/sites/default/files/country_docs/Myanmar/myanmar_national_strategic_plan_on_hiv_and_aids_2011-2015.pdf)

If a country does not have robust NSPs for the three diseases, the Global Fund allows for something similar to be developed so that funds can still be accessed. In such cases, applicants may conduct a review process to strengthen their NSP so that it provides an acceptable basis for a funding application. For example, if a country does not have a strong NSP for HIV, an HIV investment case can be developed with the assistance of UNAIDS to support a Global Fund application. If a country has a weak NSP for malaria or TB, they can ask partners to help them develop something similar to an investment case.

Please refer to the Global Fund information note *Strategic investments for HIV programs for more information*: <http://www.theglobalfund.org/en/fundingmodel/support/infonotes/>.

Concept  
Note

**Concept note development:** The next step of Global Fund grant development is the successful submission of a concept note by the CCM. In order to submit a concept note, CCMs must fulfill certain requirements, such as demonstrating that they have conducted an open and inclusive concept note development process. They also must show that they transparently selected the Principal Recipient (or “PR”; for more on the Principal Recipient, see “Grant implementation,” below). The Global Fund will accept one concept note from each country for each eligible disease or for health systems strengthening from 2014–2016. Countries with a high burden of coinfection for TB and HIV are required to submit a single joint concept note for both diseases.

More information about CCM eligibility requirements is available at <http://www.theglobalfund.org/en/ccm/>.

Concept notes include four basic sections: 1) the country context, including epidemiological information; 2) the funding landscape, which includes the counterpart financing plans, that is government contributions and funding gaps; 3) the funding request; and 4) the implementation arrangements and risk assessment, with information about the capacity of the Principal Recipient to implement the grant. The Global Fund country team actively participates in the concept note development process, typically engaging in a dialogue with the CCM until the concept note is finalized. Concept notes also are reviewed by an independent technical review panel (TRP) and the Global Fund's Grant Approvals Committee (GAC) before moving to grant-making (see below).

The concept note template and additional guidance are available at <http://www.theglobalfund.org/en/fundingmodel/single/applicationmaterial/>.

**Grant-making:** Within the context of the Global Fund, grant-making is the step of transforming an approved concept note into a grant agreement that can be used for funding disbursements. The Global Fund Secretariat works with the Principal Recipient to develop a performance framework, budget and work plan. The ongoing country dialogue continues to be relevant during the grant-making process, ensuring that input from affected communities and other stakeholders is taken into account during the program design. Once the grant-making stage is complete, the GAC reviews the grant and requests approval from the Global Fund Board. Once the board has approved the funding, the first installment is released.



**Grant implementation:** The Principal Recipient, sub-recipients and sub-sub-recipients implement the grant.



Principal Recipients, the institutions that receive and administer the funding, must have the capacity to manage large amounts of money, and they may include government institutions, civil society organizations or, in certain circumstances, UN agencies (for example, UNDP has served as a Principal Recipient in some countries). In any given country, there can be different Principal Recipients for different grants or different diseases. Recognizing that different sectors have expertise in different types of programming, the Global Fund encourages countries to use Principal Recipients from both the government and non-government sectors to implement grants (this is also known as “dual-track financing”). In some countries, the private sector also has taken on the role of Principal Recipient.

The Principal Recipient implements some activities directly, or it can transfer resources to sub-recipients, which also implement funded programs. **Sub-recipients** usually are civil society organizations or governmental bodies with the capacity to deliver the proposed services to the public. There also are **sub-sub-recipients**, which are generally smaller organizations that can reach a specific community. All sub-recipients report back to the Principal Recipient to account for how the money was spent.

The country dialogue and CCM meetings continue during grant implementation. The CCM remains responsible for grant oversight at the country level, including understanding how the grants are working, documenting the progress and challenges, making any necessary

recommendations to improve performance, and managing and addressing potential risks to the grant.

### 3.2 Key Global Fund structures: From in-country decisions to global governance

**Country Coordinating Mechanism (CCM)** is the main body in charge of developing Global Fund concept notes and overseeing grant implementation. CCMs are comprised of government representatives (from the Ministry of Health and other relevant institutions), civil society organizations (such as networks, faith-based organizations, groups of people affected by the three diseases, other key populations, and so on), technical partners and, in some cases, other groups (such as youth organizations). For an example of CCM composition, see Annex 4.<sup>8</sup>

The Global Fund recognizes that effective grant implementation requires the involvement of non-CCM stakeholders—including civil society groups that are addressing key populations, human rights and gender issues—throughout the grant cycle. As a result, CCMs are required to draw on the broader country dialogue to inform the development of funding requests to the Global Fund and to provide feedback on grant implementation. The CCM also selects the Principal Recipients.



**Technical review panel (TRP)** is a group of independent experts that analyses the submitted concept note to assess whether a country's requests are strategically focused and technically sound, and whether the implementation plan has the potential to achieve high impact. If the concept note is approved by the TRP, it is passed on to the GAC (see below). If the TRP finds the concept note to be lacking in some way, it will send it back (with specific feedback) for revision by the submitting CCM. There are nine submission windows during the 2014–2016 period; details can be found at <http://www.theglobalfund.org/en/fundingmodel/single/dates/>.



**Grant Approvals Committee (GAC)** is a committee comprised of senior Global Fund managers and representatives of technical partners. It receives the concept note after the TRP for review and determines the maximum amount of funding that can be allocated to the grant. It also makes a recommendation to the Board as to whether a grant should receive any **incentive funding**—an additional pool of money that is awarded on a competitive basis to the concept notes with the greatest potential for increased impact.



**Global Fund Board** is responsible for the overall governance of the organization, including strategic decisions and grant approval. The Board includes representatives of donor and recipient governments, non-governmental organizations, the private sector (including businesses and foundations) and affected communities. There are 20 voting members of the Board, three of whom represent civil society: Developing Countries NGOs, the Developed Countries NGOs and Communities. Each Board member is supported by a delegation, and the NGO and Communities constituencies currently have (or have had) youth representatives.

<sup>8</sup> To identify CCM members in your country, go to <http://portfolio.theglobalfund.org/en/Home/Index>. Choose your country from the list, then click on the CCM link on the right.

The Point Seven delegation—comprised of the governments of Denmark, Ireland, the Netherlands and Norway—has also had a youth representative for several years.

**The Secretariat:** is the sole Global Fund office, and is based in Geneva, Switzerland. The Secretariat oversees the general functioning of the Global Fund, managing applications, monitoring grant performance, administering the money, mobilizing resources and reporting to the Board and the public. Country teams are part of the Secretariat.

**The Office of the Inspector General (OIG)** is an independent body that supervises whether grant funds are used responsibly. The OIG also is in charge of detecting and investigating any country-level fraud or mismanagement of the resources that may occur, including human rights violations by Global Fund grant recipients. It also is based in Geneva, on the same site as the Global Fund Secretariat.

**Did you know?** The Global Fund website contains information about each grant that has been approved. It also contains contact information for CCM members, Principal Recipients and other actors. You can find it at <http://portfolio.theglobalfund.org/en/Home/Index>.

Check it out to learn about previous Global Fund grants in your country.

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## Key resources

- Engage! Practical tips to ensure the new funding model delivers the impact communities need. Global Fund, 2014 (available from [http://www.theglobalfund.org/en/publications/2014-04-24\\_Engage\\_Civil\\_Society/](http://www.theglobalfund.org/en/publications/2014-04-24_Engage_Civil_Society/)).
  - New funding model. The Global Fund, 2013 (available from <http://www.theglobalfund.org/en/fundingmodel/>).
  - New funding model resource book for applicants. The Global Fund, 2014 (available from [http://theglobalfund.org/documents/fundingmodel/FundingModel\\_ResourceBookForApplicants\\_Book\\_en/](http://theglobalfund.org/documents/fundingmodel/FundingModel_ResourceBookForApplicants_Book_en/)).
  - Effective CCMs and civil society. ICASO, 2013 (available from <http://www.icaso.org/media/files/23925-EffectiveCCMsandtheMeaningfulInvolvementofCivilSocietyandKeyAffectedPopulations.pdf>).
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## 4. REALIZING THE RIGHT TO HEALTH: HOW THE GLOBAL FUND INVESTS IN COMMUNITIES AND CIVIL SOCIETY

Civil society has played a key role in the Global Fund since its inception; organizations and people from affected communities have been part of the Global Fund structures, occupied decision-making spaces and supported grant implementation. Civil society organizations also have advocated for human rights-based grant-making, and as a result, the Global Fund has adopted several important approaches designed to ensure the concerns of civil society organizations—including youth organizations and young people—are taken into account in funding requests. Below are the key policies for the Global Fund’s grant-making that you should know—these can support the right of young people to participate in the process and request the inclusion of certain programming in a concept note.

### 4.1 Overall support for community, human rights and gender related programming

The Global Fund recommends that grants are designed to improve everyone’s access to quality health services. This includes providing support for:

- strengthening community systems in order to monitor programs, mobilize the community sector and advocate for change;
- supporting the response to the three diseases by delivering health services outside of and alongside the formal health sector, and providing the necessary institutional capacity building to community sector organizations to enable them to fulfill this role;
- working to address legal barriers that impede health outcomes, including legal environment assessments, law reform, legal aid services and human rights training for communities, officials, police and health workers;
- human rights monitoring and advocacy, as well as investing in a package of services to remove human rights barriers to the access of services; and
- efforts to address barriers that increase the vulnerability of key populations including women in all their diversity—especially young women and girls—and limit their access to health and related services.<sup>9</sup>

In addition, to further address human rights, the Global Fund requires that applicants:

- identify who is at risk of HIV, TB or malaria, who is living with the diseases, and what activities are needed to address human rights barriers and effectively reach those populations;
- design all disease programs using a human rights-based approach; and
- ensure human rights-related issues are considered within the Global Fund’s overall approach to risk management.

More information on human rights is available at <http://www.theglobalfund.org/en/about/humanrights/>.

8 Adapted from Engage! Practical tips to ensure the new funding model delivers the impact communities need, p. 7 (available from [http://www.theglobalfund.org/en/publications/2014-04-24\\_Engage\\_Civil\\_Society/](http://www.theglobalfund.org/en/publications/2014-04-24_Engage_Civil_Society/))

## 4.2 Addressing women, girls and gender equality

The Global Fund's Gender Equality Strategy encourages activities that address gender inequalities and that strengthen the response for women and girls. The Global Fund recognizes that men and women have unequal access to health services, and that the response to the three diseases must be made more effective and equitable. In 2014, the Gender Equality Strategy Action Plan was launched in order to revitalize and scale up the Global Fund's work around gender.

**How is this relevant to young people?** Young women and girls face unique barriers to health services for the three diseases. Young women consistently have lower comprehensive knowledge about HIV than young men, and in some countries, young women (15–24 years old) are three to four times more likely to be infected with HIV than men in the same age group. During pregnancy, young women face increased risk of malaria, adverse birth outcomes or death. Many young women living with TB also face severe stigma.

The Global Fund's emphasis on addressing gender inequality provides inroads to demanding programs that are gender-responsive. This includes programs that address structural and rights-based issues, harmful norms, laws, behaviors, and institutional stigma and discrimination.

For more information about the Gender Equality Strategy and the Gender Equality Strategy Action Plan—and for advice on including gender-responsive approaches in Global Fund grants—please visit <http://www.theglobalfund.org/en/publications/other/> and <http://www.theglobalfund.org/en/fundingmodel/support/infonotes/>

## 4.3 Health systems strengthening

The Global Fund recognizes that programs for HIV, TB and malaria do not occur in a vacuum; rather, they are a part of a country's health system, which it defines as a “complex system where political commitments, human resources, laws, regulations, fiscal constraints, financial management, external aid and national budgetary processes and allocations, all interact to impact on the efficiency and efficacy of service delivery and ultimately on health outcomes.”<sup>10</sup> The Global Fund Strategy for 2012–2016 recognizes HSS investments as a way

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### Example of HSS funding

The Global Fund approved a 2005 proposal for US\$ 34 million to strengthen human resources for health in Rwanda, including salaries and training. The grant also supported innovative approaches to financing and improving health care access— such as the roll out of community-based health insurance—for vulnerable children and people living with HIV.

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<sup>10</sup> Global Fund's investment in health systems strengthening. Information note. Global Fund, March 2013, p. 3 (available from [http://admin.iapbafrica.co.za/Uploads/ResourceFiles/300/Core\\_HSS\\_InfoNote\\_en.pdf](http://admin.iapbafrica.co.za/Uploads/ResourceFiles/300/Core_HSS_InfoNote_en.pdf), accessed 27 June 2014).

to maximize the impact of investments in HIV, TB and malaria programs—that is why the Global Fund support cross-cutting and disease-specific HSS investments that address system-wide issues that negatively affect efforts to combat the three diseases.

***How is this relevant to young people?*** Young people have complex needs, and they should be able to access holistic, comprehensive youth- friendly health services. Unfortunately, many young people have to visit multiple clinics or medical providers to receive the care they need, and others have unique needs that are not addressed by mainstream health services.

Youth advocates can use their countries HSS strategy to leverage the response to the three diseases by requesting support for integrating health services (such as those for HIV or sexual and reproductive health) or for adapting them (for example, creating a special service to address the sexual and reproductive health of adolescents living with HIV). This will help to ensure that services work better for young people.

To learn more about the HSS strategy, please visit <http://www.theglobalfund.org/en/fundingmodel/support/infonotes/>

#### 4.4 Community systems and community systems strengthening

As mentioned above, the Global Fund emphasizes community systems strengthening (CSS) as one part of an overall community systems approach. The Global Fund defines community systems as “the structures, mechanisms, processes, and actors through which communities act on the challenges and needs they face ... [they] are made up of different types of entities: community members, formal and informal community organizations and networks, and other civil society organizations.”<sup>11</sup> Community systems can play a key role in delivering services, supporting marginalized people to access services and conducting advocacy for improved health systems and services (among other things). The Global Fund encourages all funding applicants to ensure community organizations and groups have central roles in the design, implementation and monitoring of Global Fund grants, and CSS interventions should be planned to ensure that community organizations have the capacity to play these roles effectively.

***How is this relevant to young people?*** This framework provides a clear space for youth organizations to advocate for tailored services that meet youth needs, both as part of a Global Fund grant and within the broader national policies and processes. It also provides an opportunity for them to play a key role in delivering peer-based- and other health services, to support marginalized young people to access services, and to monitor and hold decision-makers accountable.

For more information about CSS, please visit <http://www.theglobalfund.org/en/fundingmodel/support/infonotes/>.

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<sup>11</sup> Community systems strengthening. Information note. Global Fund, 2014, p. 2.

## 4.5 Key populations

According to the Global Fund, “developing a common definition of key populations across the spectrum of the three diseases is not possible as the diseases have very different impacts. A group is considered to be a key population if all three of the following factors apply:

1. Epidemiologically, the population faces increased risk, vulnerability and/or burden of at least one of the three diseases—due to a combination of biological, socio-economic and structural factors.
2. Access to relevant services is significantly lower than for the rest of the population—meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility.
3. The population faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and criminalization—which increases vulnerability and risk as well as reducing access to essential services.”<sup>12</sup>

In 2014, the Global Fund will release its Key Populations Action Plan (KPAP) 2014–2017, which (among several objectives) aims to contribute to the effective implementation of services and programs for key populations, and the meaningful participation of key populations at every level of the implementation of Global Fund financing.

***How is this relevant to young people?*** As mentioned earlier in this tool, key populations include young people, and while young key populations often have different needs than older key populations, they may face legal and policy barriers to accessing medical services. For example, young people under 18 who use drugs may not be able to access harm reduction programs due to age restrictions. Similarly, young people who sell sex often lack peer support, and they frequently face stigma and confidentiality breaches from health-care providers. As an advocate, you can use the KPAP to ensure the concept note includes a plan for addressing the age-related needs, vulnerabilities and legal barriers faced by young key populations.

For more information about the KPAP, please visit <http://www.theglobalfund.org/en/publications/>

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<sup>12</sup> Global Fund key populations action plan (KPAP) 2014–2017. Global Fund. Available at <http://www.theglobalfund.org/en/publications/>

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## Key resources

- Addressing sex work, MSM and transgender people in the context of the HIV epidemic. Information note. Global Fund, 2014.
  - Guidance to intensify the uptake and scale-up of collaborative TB/HIV activities in Global Fund grants and processes. USAID, 2013 (available from <http://www.cap-tb.org/sites/default/files/documents/GF%20TBHIV%20Guidance%20Final%20version%2011.03.2013.pdf>).
  - Harm reduction for people who use drugs. Information note. Global Fund, 2014.
  - Access to the Global Fund information notes listed above (and others on subjects such as addressing gender inequalities and harm reduction for people who use drugs) can be found at <http://www.theglobalfund.org/en/fundingmodel/support/infonotes/>.
- 



## 5. GETTING INVOLVED: OPPORTUNITIES FOR YOU TO PARTICIPATE IN THE GLOBAL FUND

It is critical for youth organizations and young people who are affected by the three diseases to get involved in Global Fund decision-making. This will help ensure that grants adequately address the needs of young people and therefore deliver impact. Below are the key opportunities for participation and some suggested recommendations for how to engage effectively with the Global Fund. For additional suggestions, please check out *Engage! Practical tips to ensure the new funding model delivers the impact communities need*.<sup>13</sup>

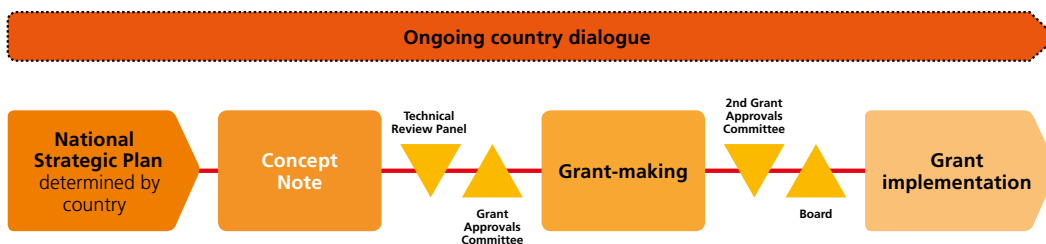


Figure 2. The funding process at the Global Fund.

### 5.1 Laying the groundwork: influencing the country dialogue, national strategic plans and the concept note

The country dialogue process is central to influencing all stages of Global Fund grant-making. It should be a participatory and inclusive process where different stakeholders can voice their concerns and ideas. It is critical that young people and youth organizations attend and are fully prepared to speak up about the serious issues facing young people affected by the three diseases. Participants also must be ready to provide constructive recommendations for how to better address their needs.

Here are some suggested steps for getting involved and making sure young people are represented. While the ideas presented below are intended for the country dialogue process, they could equally apply to participation in other processes. Similarly, while HIV is used as an example, you also could use these steps for TB or malaria.

1. **Find out the who, where, when and what.** The first step to participating in the country dialogue is knowing **who** convenes it, **where** it occurs, **when** the next convening will happen and **what** form the dialogue will take. To find this information, first contact the CCM in your country and request this information (the Global Fund website has CCM contact details).<sup>14</sup> If you have trouble getting a response from the CCM, contact the UNAIDS or UNDP office in your country—or the Global Fund Secretariat—to request information.<sup>15</sup> Once you know when and where the dialogue is occurring, you should write to the dialogue convener to request an invitation to attend (see Annex 1 for a template that you can use for your letter).

<sup>13</sup> Available from [http://www.theglobalfund.org/en/publications/2014-04-24\\_Engage\\_Civil\\_Society](http://www.theglobalfund.org/en/publications/2014-04-24_Engage_Civil_Society).

<sup>14</sup> To identify CCM members in your country, go to <http://portfolio.theglobalfund.org/en/Home/Index>. Choose your country from the list, then click on the CCM link on the right.

<sup>15</sup> To contact the Global Fund Secretariat, visit <http://www.theglobalfund.org/en/about/organization/contact>.

2. **Consult with other youth organizations.** It is impossible for one organization or person to represent all young people at a country dialogue. Consulting other youth actors for their voices and opinions prior to the country dialogue is key to ensuring your proposed recommendations are well founded and represent a broad perspective. It also gives you more credibility when you speak for a broader constituency (rather than just as a single person or organization).

There are different groups of young people you should consult, including key affected populations like young people living with HIV, men who have sex with men (MSM), sex workers, transgender people, and people who use drugs. Depending on your country context, you also may consult with young people who live on the street, young migrants, young people in prison and other groups. As the category of “young people” includes people aged 10–24, also make sure you are consulting with adolescents aged 10–19. You may already know organizations that are led by young people from key populations, but if you need support identifying them, you can consult with national, regional or global key population networks (see the following page for contacts to the PACT).

3. **Learn from other civil society groups.** Before you attend a country dialogue, contact another civil society group that is actively involved in Global Fund processes and request a meeting to learn more about previous Global Fund work and how civil society has been involved. Depending on your context, you may want to explore the following questions or ideas in your meeting:
  - How has civil society in our country previously been involved in the Global Fund? What have been the challenges and successes of this involvement?
  - Are there any dynamics we should know before heading into the country dialogue?
  - Is there a pre-existing civil society group or network that has been working together on Global Fund processes?
  - Would your organization or the civil society network be interested in exploring an alliance with my/our collection of youth organizations to better advocate for youth needs? For example, could you voice your support after we present our analysis?
  - What will you be advocating for, and is there a way we could support you?
4. **Attend the country dialogue and report back.** After each dialogue, prepare a brief report detailing events and the next steps for the youth constituency. You could share this with other organizations via a Word document, a blog post or even a long Facebook update. The important thing is that it is public and anyone who is interested can access it. Also, while you should definitely share with relevant youth organizations and young activists, it would also be helpful for you to share with other civil society organizations. This may help you attract other allies to the youth cause.

## Ask for help

**The Global Fund Secretariat country team:** Led by the Fund Portfolio Manager, the Global Fund Secretariat country team supports the country through each step of the funding process, ensuring that all Global Fund policies and procedures are properly followed. The country team contributes to concept note development, presents the concept note to the GAC and helps to identify technical assistance needs (and mobilize technical assistance, where necessary) in order to ensure a transparent and inclusive country dialogue. If you have challenges engaging in the country dialogue, get in touch with your Secretariat country team.

**UNAIDS:** UNAIDS takes a robust investment approach to identifying prioritized, high-impact and evidence-informed interventions that support countries in developing National Strategic Plans and investment cases. This includes addressing human rights, gender equality and the legal and social environment; focus on equity, including services for key populations and reaching those who remain underserved; facilitating both the inclusion of the community response in the national response and the meaningful engagement of communities at all stages of decision making and programming; and improving the sustainability of the national HIV response.

Through its convening power and role in coordination of technical support, UNAIDS also supports countries in conducting country dialogues, preparing concept notes and implementing grants.

The UNAIDS country office can help youth organizations by:

- providing up-to-date information on the HIV epidemic and response in their country;
- brokering relationships with CCM chairs and other key stakeholders, including other civil society organizations;
- supporting political mapping of key influencers within the CCMs; and
- securing invitations for youth organizations to take part in the country dialogue.

To contact the UNAIDS office in your country, please visit

<http://www.unaids.org/en/regionscountries/countries/>

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## Connect to the global youth movement on HIV: PACT organizations that work on young key populations and gender issues

- MSM Global Forum Youth Group (young MSM): [www.msmsgf.org](http://www.msmsgf.org)
  - Global Youth Coalition on HIV/AIDS (*network on young people and HIV*): [www.gyca.org](http://www.gyca.org)
  - HIV Young Leaders (*funding and advocacy for young key populations*): [www.hivyoungleadersfund.org](http://www.hivyoungleadersfund.org)
  - YouthRise (*young people who use drugs*): [www.youthrise.org](http://www.youthrise.org)
  - Youth LEAD (*young key populations in the Asia Pacific region*): [www.youth-lead.org](http://www.youth-lead.org)
  - Youth Voices Count (*young MSM and transgender people in the Asia Pacific region*): [www.youthvoicescount.org](http://www.youthvoicescount.org)
  - Y+ (*young people living with HIV*): <http://www.yplusleadership.org/>
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## 5.2 Participating in national strategic plan (or investment case) creation and concept note development.

National  
Strategic Plan  
determined by  
country

The Global Fund expects concept notes to build on disease-specific NSPs that are considered to be robust.<sup>16</sup> The emphasis on robust NSPs is an important opportunity for young people, since one of the main criteria of robustness is that the NSP is developed through an inclusive, participatory and transparent process. NSP processes are usually performed every three to five years at the national level, and in 2014, many countries will be reviewing their NSPs in preparation for developing their Global Fund concept note.

Typically, the Ministry of Health, the National AIDS Commission or a similar government body convenes a NSP process. During an NSP process, civil society organizations are consulted at different stages. Because each NSP process may vary by country, the first step is to find your existing plan and review it. When you read it, consider questions such as:

- Is there a part of the NSP specific to young people, or are young people included within another population?
- Does the NSP recognize which young people are most affected by HIV?
- Are the suggested prevention programs evidence-informed, and do they meet the needs of different groups of young people (including key populations)?
- Is specific reference made to the needs of adolescents living with HIV, including adherence, disclosure support, and sexual and reproductive health needs?
- Do prevention and treatment targets include specific provisions for young people and young people living with HIV?
- What are the indicators for adolescents and young people, and how do the program indicators reflect responses to the specific needs of these two age groups?

Based on your review of the existing NSP, you will have a good idea of how the government is approaching youth HIV issues. If your NSP is coming up for review, then you should note when it will happen and determine whether your constituency can be included in the review process. You also can try to influence an ongoing Modes of Transmission analysis (which your government may have commissioned) and use your knowledge of gaps in the existing NSP to prepare for the concept note development.

<sup>16</sup> For a full definition of how the Global Fund defines “robust,” please see: New funding model resource book for applicants. The Global Fund, 2014 (available from [http://theglobalfund.org/documents/fundingmodel/FundingModel\\_ResourceBookForApplicants\\_Book\\_en/](http://theglobalfund.org/documents/fundingmodel/FundingModel_ResourceBookForApplicants_Book_en/)).

Keep in mind that doing a complete Modes of Transmission studies are is time-consuming and expensive. It therefore is important to ensure that mid-term or new NSP processes include specific questions about young people (such as the questions outlined below) so that a similar analysis can be done at the national level. In some cases, governments have resources to perform this analysis, and this approach is a great way to make use of them. You also can request help from civil society partners, UN agencies and others to support an analysis that is specific to young people.

**Prepare to influence the NSP process and concept note by analyzing the youth epidemic and understanding the current response.** Before you can participate in the country dialogue effectively, you need to understand your local HIV epidemic, how it affects young people, how effective existing programs have been in addressing youth needs, and what could be done to improve them. You also should consult with other youth organizations and young people affected by HIV (including young women and young people living with HIV). In some countries, there may be ongoing analysis or an existing, complete modes of transmission analysis; in these cases, it's important to review what has been done and what it revealed about youth needs. In other contexts, however, such an analysis may not be available.

Below are the basic steps for using a 'Know your Epidemic, Know Your Response' approach to analyze how the epidemic affects young people in your country and how you can develop an evidence informed argument for the CMM and country dialogue to invest in young people. The approach is divided into 3 key steps first, know your epidemic; second, know your response and finally develop your recommendations<sup>17</sup> (see annex 2 page 39 for analysis tools).

1. **Know your epidemic.** These are the key guiding questions you should ask to ensure that you know your epidemic. If you do not know this information, now is the time to get the answers by examining key data, such as a demographic health survey (DHS), integrated bio-behavioral survey (IBBS), the global AIDS response progress report from your country,<sup>18</sup> other national reports from the government (available from your Ministry of Health or National AIDS Commission websites) and so on.

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17 This section has been adapted from the UNAIDS (2014) Resource kit for high impact programming: Guidance note on HIV prevention, treatment, care and support for adolescents and youth. Available at: <http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/>

18 These reports can be found at <http://www.unaids.org/en/regionscountries/countries/>.

**Please note:** you may find your government does not collect data on some of the questions listed below. If that is the case, consider advocating for improved strategic information to be part of your agenda.<sup>19</sup> This could include analyzing existing information or collecting new information to fill gaps in knowledge. If you find that quantitative data is lacking in your country—for instance, if data on young people under the age of 18 from key populations is not included in national HIV surveillance systems—you can build your case to argue for the inclusion of this data based on qualitative information (such as in-depth interviews or focus group discussions).<sup>20</sup>

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### Try to find information and data to answer the following questions

- Which young people have the highest HIV prevalence? Take into account sex and age (groups aged 10–14 years, 15–19 years and 20–24 years).
  - Among which groups of young people are new HIV infections occurring? (**Tip:** in generalized epidemics, young people in the general population are at high risk of HIV. In most settings, this also would include young women, young people who use drugs, young MSM, transgender people and young people who sell sex.)
  - Where are they (geographically), and what factors could explain the increased risk of HIV infection among young people in these settings? What are the cultural, economic, gender, social, structural and political factors that make these young people vulnerable to HIV and influence their behavior?
  - What are the trends in new infections and AIDS-related deaths among adolescents and youth? Are they increasing or decreasing in your country? What factors could explain the observed trends?
  - What are the estimated sizes of the youth populations or sub-populations in need of HIV prevention, treatment, care and support services? How many young people are there in your country? How many of them are sexually active? Are there any specific size estimation studies of young people among key populations?
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<sup>19</sup> Strategic information is data and knowledge that guides prevention policy, planning and resources for HIV (or another disease); it also monitors progress and accountability in achieving program goals and objectives.

<sup>20</sup> Please note that under current standards of research ethics, the inclusion of adolescents under the age of majority in studies without parental consent is challenging. This is one of the key reasons there is a dearth of strategic information on adolescents. The No Adolescent Living with HIV Left Behind treatment coalition advocates for research funding agencies, research institutions (including clinical trial networks and academic journals) and institutional review boards to lower the age of consent. This would allow adolescents to participate in research on issues in an internationally recognized manner. Read the full action plan [http://www.gnpplus.net/assets/2014\\_NoALHIVLeftBehind4-copy.pdf](http://www.gnpplus.net/assets/2014_NoALHIVLeftBehind4-copy.pdf).

2. **Know your response.** After you know who is most affected, it's time to look at the current response, which includes the policy and legal environment, the availability and quality of services available, the availability and affordability of medicine, and other key factors.

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## Programmatic response

- What specific priorities and targets to reduce new HIV infections and HIV-related illness and death among young people are defined in the national HIV strategy and related strategic plans?
  - What HIV prevention, treatment and care services are available to young people? Where are they available, and what is the quality of the provided services?
  - What norms, standards, laws and policies related to HIV prevention, treatment and care for adolescents and youth might affect service delivery and treatment uptake among those in need in your country? How do they compare to international norms and standards?
  - What is the current coverage (disaggregated by age, sex and key population, where possible) of HIV testing and counseling (HTC), and high-impact HIV prevention, treatment and care interventions (such as prevention of mother-to-child transmission, condoms, antiretroviral therapy, voluntary medical male circumcision, targeted interventions for key populations and behavior change communication)? What is the quality of the services that are delivered among young people?
  - What program responses are in place to address gender inequality and sexuality education?
  - What mechanisms are in place to ensure that young people are participating and engaging in the design, implementation, monitoring and evaluation of HIV policies, services and programs that target them?
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## Data on AIDS spending

- What is the current investment level in programs and community-driven service delivery for young people (including youth-led services)?
  - Who are the current investors or major sources of funding (such as the Global Fund, PEPFAR, domestic resources or others) for HIV responses that target young people?
  - Where is the money spent in your national AIDS programme including domestic investments, Global Fund grants and other sources such as PEPFAR (i.e. on what programs, for which adolescent and youth populations, and in which geographic areas)?
  - What additional resources are required to mount an effective HIV prevention, treatment and care response for young people?
  - What priority changes are required to better align investment in HIV services targeting young people with the epidemiological profile and human rights challenges that prevent an optimal response?
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## Legal, regulatory and human rights environment

- What are the legal and policy barriers to effective HIV responses for young people (including young people among key populations at higher risk of HIV infection)?
  - What is the age of consent for accessing medical services, including HIV testing and related treatment and care? Can young people access services independently, without the consent of their parents?
  - What are the human rights barriers (including discrimination) to accessing health care for young people?
-

3. **Design appropriate asks or recommendations.** Based on the questions above, work with your organization and other youth organizations to decide on your main asks or recommendations at the country dialogue. While you may have many recommendations, consider picking just three or four so that they are more likely to be adopted. Below is a short example based on a fictional example.

**The situation:** An analysis of the country's HIV epidemic among young people revealed that the two groups with the highest number of new HIV infections are young women in age-disparate sexual relationships and young MSM. While there are prevention programs targeting young women, they use fear-based messaging that young women do not feel is relevant, and there are few prevention programs targeting young MSM. In addition, while the country has a national plan to scale up access to HIV treatment for all people living with HIV, many young people do not know their HIV status, and the plan does not have a specific target to increase treatment access for young people. In consultations with other youth groups—including a group of young people living with HIV—it was reported that there is low treatment literacy among young people living with HIV, and many struggle with adherence and stop taking their antiretrovirals at different points.

### Recommendations

1. The concept note should include a plan to revise the prevention program targeting young women, seeking to involve young women in program design and implementation.
2. A request for funding for the existing national MSM HIV prevention program should be made in order to develop a new program to reach young MSM with sexual health education, voluntary counseling and testing, and links to treatment and care.
3. The allocation of funding for young people living with HIV support groups must be ensured, including designing a relevant treatment literacy curriculum and supporting young peer educators to implement it.
4. Research must be undertaken to discover why young people do not seek HIV testing as part of the grant, with a focus on determining how to generate demand for testing; this will ensure young people living with HIV can be linked to care and treatment.

*Tip:* Once you have written your case, practice your intervention before the meeting. It may feel strange, but read out your talking points, either to yourself or to your peers. What you say is important, but it is also important that your intervention is clear, to the point and well prepared. See Annex 3 for sample talking points based on the fictional case presented above.

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## Do you have questions or need support?

Request to join the PACT Facebook group Global Fund Youth (<https://www.facebook.com/groups/729909383716665/>) and get in touch with youth organizations that can assist you!

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### 5.3 Engaging the CCM

Engaging the CCM is essential to ensuring that the perspectives and realities of young people affected by the three diseases are represented, and that youth-specific strategies are included in grant proposals.

While the country dialogue and NSP processes are important avenues to participation, the CCM is still responsible for submitting the final concept note. Having a seat on the CCM is a way to ensure the youth constituency is involved every step of the way. Some countries have a spot for young people or representatives of the youth sector; the governmental youth body often occupies the space, but it is possible for a youth organization to do so. If there is not an appropriate youth seat on the CCM, you can advocate for one.

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“Young people who are representatives in the CCM must have a constituency that they know very well; they should understand the disease burdens and ... the Global Fund mechanisms. It is not easy, but if we want our participation to be effective, we also should take the responsibility to learn and ... report back to our people.”

- *Young Person, Zambia*

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However, you do not have to sit on the CCM to influence it—there are other ways! Let’s discuss two of the different ways you can be involved.

1. **Gaining a seat on the CCM.** Typically CCMs have had between ten and 20 seats, two to five of which have been reserved for civil society (depending on the country). A new minimum standard, enforceable as of 2015, is for 40% of CCM representatives to be from civil society. The Global Fund also requires that there are processes for electing non-government CCM members.

Given the limited number of CCM slots, securing a CCM seat requires a long-term strategic advocacy plan. Below are some suggested steps for securing a CCM seat. Keep in mind that it is unlikely you will gain a seat on the CCM right away, but you can take immediate steps towards gaining a seat in several years.

- **Have a constituency.** Before you can ask for a seat on the CCM as a civil society member, you must have a constituency that you represent. This constituency should include significant and diverse networks of young people who are affected by HIV, TB and/or malaria. You also should be able to demonstrate how you consult with (and report back to) this constituency.
- **Know the conveners who issue the CCM seat invitations.** It could be the CCM Secretariat, the National AIDS Council or the UNAIDS country office. Set up initial

meetings with them to discuss your work and your interest in CCM engagement. Enquire if there are ways to become involved so that you can demonstrate your commitment. Stay in frequent touch with them.

- **Consider attending CCM meetings as an observer.** If young people are not represented on your CCM, you may be able to attend CCM meetings as an observer. This will allow you to get to know and understand the CCM prior to potentially joining (or seeking to influence) it.
  - **Lobby other CCM members who may be in a position to support your engagement.** Articulate why including your organization or a youth constituency would address a needed gap and add value to the process.
  - **If you are invited to join a CCM, take time to thoroughly prepare.** Ensure you are familiar with your role and all Global Fund processes.
  - **Ask for support.** Being on the CCM is an exciting but challenging role. It is natural that you initially may need help understanding the different issues and processes. The faster you get up to speed, the more successful you can be in your role. You may want to ask another CCM member to meet with you and provide advice, and you also can seek support from other civil society organizations that interact with the CCM. Keep in mind that CCM members have a heavy workload and a commit a significant amount of their time to their role, so your organization should be prepared to help you meet the requirements of CCM participation, including costs related to communication, travel and other necessities.
2. **Influencing the CCM.** Regardless of whether or not you have a seat on the CCM, you can still influence the CCM by lobbying its members. Creating alliances with other CCM members is one way to advance the youth agenda. Those allies can include other civil society representatives, people living with HIV and key populations, but it also can include UNAIDS, other UN agencies, and government representatives. Representatives of civil society also should be representing people affected by HIV of all ages, so if there are issues that you want to highlight, other people may be able to do so on your behalf. At the same time, if it is difficult to build alliances with other CCM members, young people can directly approach those who may have stronger voices and influence, for example donors or networks of people living with HIV, on the CCM in order to make their case.



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## Four good practices for civil society representatives (including youth representatives)

There are some good practices that all civil society organizations—including youth organizations—should follow with regard to the Global Fund.

**Rotation of youth representatives.** Young people are one of the few constituencies where a person eventually stops being part of a specific population (usually when they turn 30 and age-out!). Depending on the age limit of your organization, you will need to vacate your position for a younger person at some point.

**Mentoring.** Transitioning your position means supporting the new person to engage effectively with the Global Fund process. It is imperative to find ways to transfer knowledge, skills and relationships to younger representatives.

**Transparency.** In the same way that we demand transparency and accountability from our governments and organizations, we also must be transparent and accountable within our organization and with our larger constituencies. This includes making key decisions and meeting results publicly available, creating open calls for proposals and ensuring transparent participant selection processes (among other things).

**Build alliances.** Even if your organization is large, it is likely that there are other youth organizations working on HIV or sexual and reproductive health in your country. Their voices also should be heard in decision-making spaces. It is crucial to build alliances with organizations and community groups from all over the country in order to have a strong representation and to gain more legitimacy.

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## 5.4 Be involved in grant implementation

As grants are implemented, civil society—including youth-led and youth-serving organizations—can continue to be engaged as implementers (such as sub-recipients) or stakeholders involved in overseeing the grant and ensuring accountability.

As mentioned earlier, the Principal Recipients receive the funds once a grant is approved. Principal Recipients usually are very large institutions or organizations, and as a result, youth organizations usually are not nominated to be Principal Recipients. However, it is possible for youth organizations to be sub-recipients or sub-sub-recipients.

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“In our country, we have been able to include youth-targeted programming in country proposals, and [we have] pushed for the inclusion of youth organizations as sub-recipients. Those youth organizations really need capacity building in leadership and other areas, such as administration.”

- young person, Angola

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Becoming a sub-recipient or a sub-sub-recipient means that your organization can receive funding to implement a project included in the Global Fund grant. To become a sub-recipient or sub-sub-recipient, your organization usually must be selected by the Principal Recipient or the CCM. To be selected, your organization must demonstrate strong administrative capabilities, as well as experience in program implementation, monitoring and evaluation. It also is important to have a good relationship with members of the CCM and the Principal Recipient's staff. If your organization lacks certain capacities, you can seek support building your capacity from UN organizations, technical support providers, other youth and civil society organizations, and through finding resources and information online.

*Please note:* CCM members who work for organizations that are implementing grants must have signed a clear conflict of interest statement.

## 5.5 Hold accountable those responsible for Global Fund programmes

You do not have to be involved in a Global Fund-specific process to assess how funds are used and ensure they are working for young people. You also can be an independent watchdog, monitoring the decision-making and grant implementation processes. This could involve assessing and then advocating around a number of issues.

***Are young people involved in grant design and implementation?*** Many projects include young people as beneficiaries in the proposals, but there often is a missed opportunity to involve young people in their design and implementation. As a result, programs may lack appropriate elements. For instance, the prevention messages may not be youth-friendly, or outreach services may not operate in the right locations. If young people are a key target population for an activity or a major part of the grant, they should be involved in the design and implementation of the activities.

***Are resources being used responsibly?*** It is important to make sure Global Fund money is not wasted due to corruption or misuse. If money is misused, the decision-makers and implementers must be held responsible. Under the Grant Portfolio section of the Global Fund website, you will find information about how much money countries are receiving for each grant and other useful data. Do not be afraid to do your own research and speak up if you think money is not being used appropriately at any level.

In addition to monitoring for misuse, you can also assess whether the Principal Recipients, sub-recipients or sub-sub-recipients are using resources efficiently. For example, if they

committed to implementing a new youth testing campaign, is the planning underway, or are there delays that you would like to draw to people's attention?

***Are the Global Fund youth-specific programmes working and are they smart investments?***

Youth organizations are in a unique position to monitor the quality of the roll-out of new youth programmes. Your organization can conduct community-based research to learn how young people are being reached by new activities and whether their needs are being met. If your research shows that there are areas that need improvement, you could prepare a short briefing note and request meetings with the Principal Recipients, sub-recipients or sub-sub-recipients to discuss possible improvements. If these groups do not listen to your concerns, you could issue a press release to draw attention to the issue.

You also can undertake an analysis of the Global Fund-supported grant to see where resources for young people are going, and whether that use is in line with a strategic investment approach. If you determine resources are not being used effectively to impact the epidemic, you can document the issue and call attention to your findings.

***Are human rights respected?*** The Global Fund's overall strategy, *Investing for impact: 2012–2016*, has five objectives. One of these commits to protecting and promoting human rights by:

- integrating human rights considerations throughout the grant cycle;
- increasing investment in programs that address human rights-related barriers to access; and
- ensuring the Global Fund does not support programs that infringe upon human rights.

The Global Fund clearly advocates that countries take a human rights-based approach to HIV, TB, malaria and health systems strengthening issues. But is this the case in your country? Monitoring grant implementation within a human rights framework often means focusing attention on services and programs for key populations, including young MSM, sex workers, young people who use drugs, transgender people, and even adolescents, who often face barriers to their rights to health, education and participation (among other things). It also involves making sure funds are not spent on programs that violate human rights, such as forced HIV testing.

*Tools.* If you are tackling the above questions, you can use the following suggested tools to document the issues, communicate to the public and advocate for solutions:

- community-based research (focus group discussions, key informant interviews, surveys and literature reviews of relevant documents);
- issue briefs and position statements (synthesizing research results into an issue brief and/or developing a common youth position);
- advocacy campaigns (protests, petitions and lobbying); and
- communications (photos, videos, articles, blog posts and social media).

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## Key resources

### Know your epidemic, know your response

- Global AIDS response progress reports submitted by countries. Geneva: UNAIDS, 2012 (available from <http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>).
- Wilson D and Halperin D. Know your epidemic, know your response: a useful approach if we get it right. *The Lancet*. 2008;372(9637):423–426 (available from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)60883-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60883-1/fulltext)).
- Global guidance briefs: HIV interventions for young people. New York: UNFPA, 2008 (available from <http://www.unfpa.org/public/publications/pid/2850>).
- Global report of the epidemic. Geneva: UNAIDS, 2013 (available from <http://www.unaids.org/en/resources/documents/2013/name,85053,en.asp>).
- Securing the future today: synthesis of strategic information on HIV and young people. Geneva: UNAIDS, 2011 (available from <http://unfpa.org/public/home/publications/pid/8048>).
- Guidance note on HIV prevention, treatment, care and support for adolescents and youth. Geneva: UNAIDS/WHO, 2014 (in press)(available from <http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/resourcekitforglobalfundhivproposals/>).
- HIV and the law: risks, rights and health. New York: UNDP/Global Commission on HIV and the Law, 2012 (available from <http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>).
- Making the case with strategic information: young key populations at higher risk of HIV in Asia and the Pacific. Bangkok: UNICEF East Asia and Pacific Regional Office, 2013 (available from [http://www.unicef.org/eapro/Young\\_key\\_populations\\_at\\_high\\_risk\\_of\\_HIV\\_in\\_Asia\\_Pacific.pdf](http://www.unicef.org/eapro/Young_key_populations_at_high_risk_of_HIV_in_Asia_Pacific.pdf)).

### Effective youth engagement

- Youth participation in development: summary guidelines for development partners. Restless Development and UN Programme on Youth, 2010 (available from <http://social.un.org/youthyear/docs/policy%20guide.pdf>).
  - Youth guide to the Global Fund. Geneva: Global Fund, 2010 (available from [http://www.theglobalfund.org/documents/publications/other/Publication\\_YouthGuide\\_Guide\\_en/](http://www.theglobalfund.org/documents/publications/other/Publication_YouthGuide_Guide_en/)).
  - Youth-led organizations and SRHR. Youth Coalition for SRR, 2009 (available from <http://www.youthcoalition.org/publication/youth-led-organizations-srhr-step-step-guide-creating-sustainable-youth-led-organizations-working-sexual-reproductive-health-rights/>).
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## ANNEX TOOLS

We hope the following tools and templates are helpful to youth activists. If you would like to request an additional tool, please contact the PACT at **PACT-GlobalFund@gmail.com**. You also can download and print these tools independent of the earlier sections in the online version of this tool.

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## ANNEX 1: TEMPLATE FOR A LETTER TO THE CCM

This is a template that you can draw upon when writing your own letter to submit to CCM requesting that your organization be included in the country dialogue. Please note that you should tailor this letter to make it specific to your country and organization, especially the parts indicated in [brackets].

[date]

Dear [focal point of CCM or CCM chairs],

I currently represent [name of org], a [description of your organization, such as its constituents or the geographic region that it represents] that works to [include purpose, such as advocating for improved HIV prevention programs and treatment, care and support]. [Name of org] is extremely interested in participating in the ongoing country dialogue that will inform the development of [country]'s concept note to the Global Fund for 2014–2016.

Our organization is well poised to bring specific expertise to the country dialogue process. Through our extensive network, we are able to quickly survey the views of [the group(s) and/or areas that you represent] and assess gaps in the present HIV response. In addition to identifying issues, we also can help create solutions, since we know what works to [meet the needs of young people living with HIV when it comes to testing, links to treatment, treatment adherence, sexual and reproductive health, and more]. [Organization name] has a demonstrated track record of [what your organization has done in the past, such as engaging young people living with HIV or conducting evidence-based advocacy].

We would like to request an invitation for two of our members to join the upcoming [country dialogue meeting in[date]]. Our members will be prepared to participate and engage fully in any pre-meeting work required.

We also would like to ask if it is possible for some travel support to be provided, as our organization is volunteer-based, and [appropriate number] of our members tasked with Global Fund engagement is based outside of [country dialogue location].

We look forward to hearing from you and working together to ensure the effective use of Global Fund investments for young people affected by HIV in our country.

If you would like to learn more about [organization name], you can visit our website at [website address], and you can contact me at any time [contact info, including email and/or phone number].

Best regards,

[Name, title, organization]

## ANNEX 2: MAKING THE CASE FOR SMART INVESTMENTS FOR YOUNG PEOPLE

This worksheet, which has been developed using the UNAIDS investment tool<sup>21</sup>, will help you with the basics of building your case for investing in young people. It is important that young people and youth allies are part of the development of investment cases for your country; this will ensure all available data on young people is taken into consideration when the investments are developed.

### BASIC INFO

1. *Disease you are working on:*
2. *Geographic area (country or area):*
3. *Organizations included in your assessment:*
4. *Suggested data sources included in your review:*

Data	Sources
Sentinel surveillance	Ministry of Health ( <b>MOH</b> ) in your country
Demographic Health Surveys ( <b>DHS</b> )	<a href="http://dhsprogram.com/Publications/Publications-by-Country.cfm">http://dhsprogram.com/Publications/Publications-by-Country.cfm</a>
Integrated Biological Behavioral Surveillance (IBBS)	
Know your Epidemic, Know your Response studies ( <b>KYE/KYR</b> ), including Modes of Transmission studies	<a href="http://www.unaids.org/en/dataanalysis/datatools/incidencebymodesoftransmission">http://www.unaids.org/en/dataanalysis/datatools/incidencebymodesoftransmission</a>
Global AIDS Response Progress reports ( <b>GARPR</b> )	<a href="http://www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting/">http://www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting/</a>
National Commitments and Policies Instruments ( <b>NCPI</b> )	<a href="http://www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2012countries/">http://www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2012countries/</a>
<b>Financing of the AIDS response</b>	Ministry of Health in your country
• National Health Accounts ( <b>NAH</b> )	Ministry of Finance in your country
• National AIDS Spending Accounts ( <b>NASA</b> )	<a href="http://www.unaids.org/en/dataanalysis/knowyourresponse/nasacountryreports/">http://www.unaids.org/en/dataanalysis/knowyourresponse/nasacountryreports/</a>
• Public Expenditure Reviews and other resource-tracking exercises (e.g. Clinton Health Access Initiative)	
National strategic plans ( <b>NSPs</b> ), other planning documents and funding submissions (e.g. to the Global Fund)	National AIDS Commission in your country Ministry of Health in your country <a href="http://portfolio.theglobalfund.org/en/Home/Index">http://portfolio.theglobalfund.org/en/Home/Index</a> The Global Fund, downloads <a href="http://portfolio.theglobalfund.org/en/Downloads/Index">http://portfolio.theglobalfund.org/en/Downloads/Index</a>
Routine programme data ( <b>RPD</b> )	Ministry of Health, as well as other implementing organizations, including non-governmental organizations, the United Nations family, etc.
Health management information systems	Ministry of Health in your country

<sup>21</sup> For more information on this, please contact the UNAIDS Secretariat [aidsinfo@unaids.org](mailto:aidsinfo@unaids.org)

5. *How did you include people affected by the disease in your assessment?*

organized community dialogues and/or focus group discussions

conducted key informant interviews

called a youth-sector meeting for a collaborative analysis meeting to interpret findings of the assessment and to agree on key recommendations for the concept note

other: \_\_\_\_\_



<b>Know your epidemic</b>					<b>Suggested data source</b>
<i>Question</i>	<i>Answer</i>				<i>See abbreviations key on previous page</i>
<b>Which young people have the highest HIV prevalence?</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>		DHS IBBS GARPR
			10–14		
			15–19		
			20–24		
<b>Among which groups of young people are new HIV infections occurring?</b>	<b>Male</b>	<b>Female</b>	<b>Other</b>	<b>Population</b>	DHS IBBS KYE/KYR
				General population	
				MSM	
				Sex workers	
				Transgender	
				Other:	
<b>What are the trends in new infections and AIDS-related deaths among adolescents and youth?</b>	<b>2001 HIV prevalence among young people</b>		<b>2013 HIV prevalence among young people</b>		DHS  RPD  Previous UNGASS and GARPR reports
	Has HIV prevalence increased or decreased in your country over the past 10 years? What factors could explain the observed trends?				
	<b>2001 AIDS-related deaths among young people living with HIV</b>		<b>2013 AIDS-related deaths among young people living with HIV</b>		DHS  MoH/NAC programmatic data Previous UNGASS and GARPR reports
	Have AIDS-related deaths <u>increased</u> or <u>decreased</u> in your country over the past 10 years? What factors could explain the observed trends?				

<p><b>What factors can explain the increased risk of HIV infection among young people in these settings?</b></p>	<p>What are the cultural, economic, gender, social and political factors that influence the behavior of young people and make them vulnerable to HIV?</p>		<p>Qualitative data</p> <p>RPD</p> <p>NCPI</p>
<p><b>How many young people are in need of HIV prevention, treatment, care and support services? And among which population groups?</b></p>	<p>1. Number of young people in your country</p>		<p>National census data</p>
	<p>2. Number of sexually active young people in your country</p>		<p>DHS</p>
	<p>3. Number of young people living with HIV in your country</p>		<p>MoH</p>
	<p>3. Number of young men who have sex with men (MSM), sex workers (SW), people who inject drugs (IDU) and transgender persons (TG) in your country</p>		<p>Specific size estimation studies (if they exist)</p>

**Know your response**

*What is the current coverage (disaggregated by age, sex and key population, where possible) of HIV testing and counseling (HTC), and high-impact HIV prevention, treatment and care interventions (such as elimination of mother-to-child transmission, cash transfers, condoms, antiretroviral therapy, voluntary medical male circumcision, targeted interventions for key populations, and behavior change communication)?*

Programme coverage (potential source of data)	Age			Sex		Key population			
	10–14	15–19	20–34	M	F	SW	MSM	IDU	TG
HIV testing and counselling  Ever been tested for HIV (DHS)?									
Condoms  Condom use at last high-risk sex (DHS)?									
Treatment  Number of young people living with HIV eligible for treatment with access (MOH)									
Elimination of mother-to-child transmission (MOH)									
Voluntary medical male circumcision (MOH)									

**Know your response**

What is the current quality and reach of services? Develop illustrative examples to make your case.

<b>Case studies:</b> What specific programs and services currently exist to address the problems identified above? Are the programs reaching all those in need?	Are programs based on evidence? Yes/No	Are programs designed together with young people? Yes/No	Assess quality—is the <b>program</b> youth friendly? <sup>22</sup>

22 According the UNFPA, youth-friendly services offer convenient hours of operation, privacy and confidentiality, competent staff, respect for youth, essential services, sufficient supplies, a range of contraceptives, an emphasis on dual protection/condoms (male and female), available referrals, reasonable waiting times, affordable fees, and separate space and/or hours for youth (from <http://web.unfpa.org/adolescents/youthfriendly.htm>).

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**ANALYSIS**

Who are the young people currently at highest risk of HIV in your country? Specify by age, gender, key population and location, if possible.

To what extent are they currently reached by evidence informed, high impact HIV prevention services?

Do young people living with HIV in your community generally know their status and have access to quality treatment programs?

Based on your assessment, what are the main problems affecting young people with regards to your selected disease, and which factors (such as gender or human rights issues) may impede attempts to address the problems?

Of these problems, which are the most urgent for your community or organization? Why?

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## PRIORITIZING REQUESTS FOR INVESTMENT

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Based on your response, what would you recommend in the country dialogue as strategic investments for young people's health? This can include areas where additional strategic information is needed, or it might involve adapting existing programs or creating new ones.

List the sources of evidence for your proposal.

Do you anticipate any potential concerns from other stakeholders about your proposed requests for investment? If so, list them and indicate how you will respond.

When you did your assessment, were there any apparent data gaps that are worth highlighting?

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### **Synthesis and conclusion**

Based on [*name of the organization(s) or the coalition leading the work*]'s analysis of [*disease*] in [*geographic area*], we drew on [*sources of evidence*] to identify a number of key issues that should be addressed in our next concept note in order to invest strategically for young people. These key issues are: [*list the key issues*].

We also reviewed key elements of what is (and is not) working well with the current response to these issues. Based on this review, we recommend that the following programs receive increased resources: [*insert key programmatic recommendations*].

## ANNEX 3: SAMPLE TALKING POINTS

These example talking points are based on the fictional situation described earlier (and summarized below), which is a brief analysis of how HIV is affecting young people in one country and what young people would recommend to better address their health and rights.

Talking points are a good way to prepare for a meeting and ensure your public intervention counts.

### *A few tips*

- Practice your talking points before the meeting (if possible); this will ensure you feel comfortable with them.
- Avoid speaking in acronyms and jargon to make sure everyone understands your points.
- Make eye contact while you speak.
- Be prepared for possible questions, such as requests for more information or even rebuttals of your analysis.

### *Fictional situation*

**The situation:** An analysis of the country's HIV epidemic among young people revealed that the two groups with the highest number of new HIV infections are young women in age-disparate sexual relationships and young MSM. While there are prevention programs targeting young women, they use fear-based messaging that young women do not feel is relevant, and there are few prevention programs targeting young MSM. In addition, while the country has a national plan to scale up access to HIV treatment for all people living with HIV, many young people do not know their HIV status, and the plan does not have a specific target to increase treatment access for young people. In consultations with other youth groups—including a group of young people living with HIV—it was reported that there is low treatment literacy among young people living with HIV, and many struggle with adherence and stop taking their antiretrovirals at different points.

### *Recommendations*

1. The concept note should include a plan to revise the prevention program targeting young women, seeking to involve young women in program design and implementation.
2. A request for funding for the existing national MSM HIV prevention program should be made in order to develop a new program to reach young MSM with sexual health education, voluntary counseling and testing, and links to treatment and care.
3. The allocation of funding for young people living with HIV support groups must be ensured, including designing a relevant treatment literacy curriculum and supporting young peer educators to implement it.
4. Research must be undertaken to discover why young people do not seek HIV testing as part of the grant, with a focus on determining how to generate demand for testing; this will ensure young people living with HIV can be linked to care and treatment.

### *Meeting talking points*

- Our analysis used different forms of evidence, including our national report to UNAIDS for the past three years, previous Global Fund grant reports and a focus group discussion with young people living with HIV.
- Our analysis revealed that young women aged 10–24 in age-disparate sexual relationships and young men aged 10–24 who have sex with men are experiencing a high incidence of new HIV infections. Despite this, many young people do not know their HIV status.
- Despite clear evidence that these two populations of young people comprise a significant number of new HIV infections, our country still has no prevention program that specifically targets young MSM.
- Our country also has a significant number of young people living with HIV who do not understand their HIV treatment regimens and lack peer support for adherence. Young women living with HIV report feeling especially isolated.
- Based on this information, we recommend the existing HIV prevention program for MSM be expanded to address the specific needs of younger men through services such as mobile-based outreach and testing, and youth-friendly sexual health education.
- We also ask for the inclusion of a program to address the needs of young people living with HIV. This can be done through funding peer support groups—which WHO evidence shows are effective in addressing adherence issues—and developing and disseminating a youth-friendly treatment literacy curriculum.
- Finally, we need research to better understand why young people at risk of HIV are not accessing our national voluntary counseling and testing program. This research should be conducted as soon as possible, so that we can develop an appropriate programmatic recommendation to address it.
- Our youth network is ready to work with the CCM on these requests. We look forward to your positive response.



## ANNEX 4: SAMPLE CCM COMPOSITION

Please note the below reflects a previous and not the current CCM composition

### *El Salvador*

#### *Government*

- Ministerio de Salud (Health Ministry)
- Ministerio de Educación (Education Ministry)

#### *NGOs*

- Asociación Salvadoreña de Derechos Humanos (Chair)
- Movimiento Estudiantil Cristiano (Secretary) youth representatives
- Asociación de Administradores de Recursos Humanos (Vice-chair)
- PASMO

#### *People affected*

- ICW
- Asociación Vida Nueva

#### *Key populations*

- Asociación Arcoiris
- Asociación Flor de Piedra

#### *Religious sector*

- El Renuevo

#### *International organizations*

- UNDP (CCM Executive Director)
- UNAIDS

#### *Academia*

Universidad Evangélica de El Salvador

### *Papua New Guinea*

#### *Government*

- National Department of Health (Vice-chair)
- Provincial Government

#### *NGOs*

- Rotary Against Malaria
- FHI 360
- Churches Medical Council
- Hope Worldwide PGN

#### *Youth constituencies*

- Youth Against HIV/AIDS, youth representatives

#### *People affected*

- Igat Hope

#### *Religious sector*

- Churches Medical Council
- Catholic HIV/AIDS Services

#### *International organizations and bilateral partners*

- WHO
- UNAIDS
- UNICEF
- US Embassy

#### *Private sector*

- Chamber of Commerce (Chair)
- Oil Search Health Foundation

#### *Academia*

- Divine Word University



The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at [unaids.org](http://unaids.org) and connect with us on Facebook and Twitter.

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