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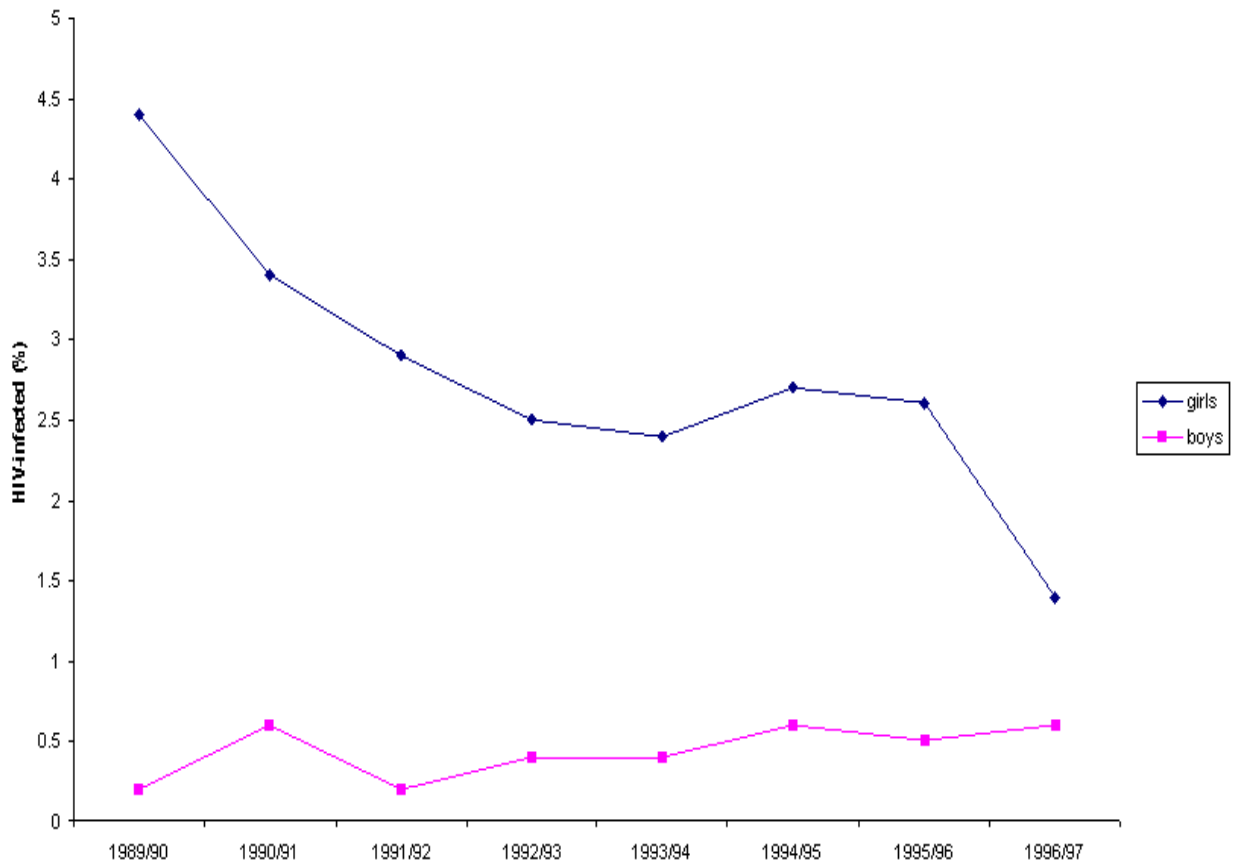
**THE GLOBAL FUND ON HIV/AIDS AND HEALTH
AFRICAN CONSULTATIVE MEETING ON COUNTRY LEVEL
ISSUES**

Lilongwe, Malawi 12 and 13 November 2001

Background

Africa with an estimated 797 million people that is 13 percent of the world's population and 23 percent of the world's total land area) has recorded about 25 million cases of HIV/AIDS out of the 34.5 million cases recorded worldwide. This constitutes 72% of the World's total. Of the total deaths from HIV/AIDS of 18.8 million Africa Sub-Sahara alone has recorded 14.8 million, either 78.7% of the World's total. The trend has continued to grow with increase in new cases seen in young men and women. Today, the continents average HIV/AIDS prevalence is put at 8.7% with some countries in the continent having an average of 33% seroprevalence rate among the adult population. Most affected are women, who constitute 55% of all cases recorded. So far a staggering number of orphans from HIV/AIDS have been reported in the continent and this figure continues to grow. Of the 13.2 million cumulative number of orphans worldwide, 12.1 million are in Africa. In many countries of the region, HIV/AIDS had severely affected the GDP and had turned ground all economic gains of the last two decades. Despite this sign of hopelessness, some countries have achieved great results. Uganda, for example brought its estimated prevalence rate down to around 8% from a peak of close to 14% in the early 1990s with strong prevention campaigns, and there are encouraging signs that Zambia's epidemic may be following the course charted by Uganda. Uganda's progress is shown in the figure below.

Figure 1. HIV prevalence rate among 13-19-year-olds, Masaka, Uganda, 1989-1997



In addition to the menace of HIV/AIDS and its impact on the growth of African region, other infectious diseases such as Malaria and Tuberculosis (TB) continue to grow affecting the continent with even more devastating effects. Malaria alone is estimated to affect **almost 300 million clinical cases of malaria occur worldwide each year and over one million people die (see Annex Table 8). About 90% of these deaths occur in sub-Saharan Africa, where young children are the most affected. Malaria is directly responsible for one in five childhood deaths in Africa and indirectly contributes to illness and deaths from respiratory infections, diarrhoeal disease and malnutrition. Though malaria is still a big problem, huge progress has been made since the beginning of the century; its recent resurgence in Africa contrasts dramatically with the global decline in mortality since 1900.**

Additionally, one third of the world's population is infected with tuberculosis (TB); 7.89 million TB cases occurred in 1997 and some 1.86 million deaths occur annually. Most cases (95%) and deaths (98%) occur in developing countries. The HIV has fundamentally changed the epidemiology of TB. Globally, 8% of TB cases are due to HIV, but in sub-Saharan Africa the percentage is much greater – up to 80% in some countries. **Multi-drug**

resistance of TB is on the rise - currently standing at 1-2% of all cases, in some countries the problem is very much greater.

It is because of this devastating effect of these diseases on the African Continent and the visible progress made by some countries in fighting them that the African Leaders, supported by the United Nations, some International agencies and countries hosted two Summits on Rollback Malaria in the year 2000 in Abuja and the African Heads of State Summit on HIV/AIDS, TB and other Related Infectious Diseases again in Abuja, Nigeria, April, 2001. This summit came out with a specific declaration on how to fight these diseases in the Continent and Abuja declaration and Framework for Action Plan for the continent was designed. It was at the Abuja HIV/AIDS Summit, the UN Secretary General Mr. Kofi Anan pronounced the need to establish a Global Fund to fight HIV/AIDS, TB and Malaria. This pronouncement was subsequently supported by the European Union, G-8 and many other International Organizations and countries.

The fund is suppose to be complimentary and is to be designed to help fill the gaps in our efforts in fight these diseases worldwide. The Global Fund to fight HIV/AIDS, TB and Malaria (GFATM) is in the process of being established and had already started attracting additional and complementary resources from public-private institutions. A Transitional Working Group (TWG) under the leadership of Dr Chrispus Kiyonga of Uganda has been established and is charged with the responsibility to take forward and finalise preparatory arrangements, with the intention that the fund shall be operational by 15 December 2001. A Technical Support Secretariat (TSS) located in Brussels is assisting the TWG in its work.

The fund will have as its core function support to country programmes. It will support innovative programmes and interventions that have high impact, measurable success and sustainable results on decreasing morbidity and mortality as they relate to HIV/AIDS, TB and Malaria and on the improvement of quality of life. To facilitate access to the fund, this country consultative meeting on regional basis is being called to acquire necessary information that could aid effective utilization of the fund from country to country.

These consultations will consider diversity of culture, modes of transmission of these diseases, behavior pattern, health systems, existing health care facilities and infrastructure and national control programmes in the region. The Africa Consultative meeting will therefore provide the opportunity for obtaining country level input, experiences and views on how the Fund should be operated to the full benefit of the region.

The consultation in Malawi is part of a series of consultations co-ordinated by the Technical Support Secretariat. It is scheduled to feed into the preparations for the second meeting of the Transitional Working Group scheduled for 22nd – 24th November, where governance, country processes and decision making (eligibility) vis-à-vis the new fund will be the main points on the agenda. The MEETING in Malawi will be briefed on the status of preparatory work for Fund operations and provide space for dialogue and comments. Special focus will be on country level processes and operations, including implications of contextual diversity, relationship to national health systems and ongoing development processes, eligibility for funding,

requirements of country proposals, priority setting and decision making, co-ordination and implementation mechanisms.

In setting up new mechanisms for the new Global Fund, it is important to build on these experiences. The consultation in Malawi will be divided between plenary sessions and group work and a written report will be produced at the end.

Names and positions of the nominated representatives from your country should be forwarded by fax or e-mail to the Conference Secretariat as soon as possible and by 5th of November at the latest. Please use the attached registration form.

Objectives

The consultative meeting will provide an opportunity for additional African countries other than those represented in the TWG, to advise on suitable mechanisms for the new fund at country level. A special concern is to ensure that the fund can build on and support existing country systems and development processes.

The objectives of the African Consultative meeting therefore are:

- To inform countries of background and progress on establishing the Fund
- To inform countries of Title, Principles, and Scope of the Fund that agreed upon by TWG in the first meeting on 11-12 October 2001
- To obtain suggestions on?:
 - How the Fund can best match resources with priorities and needs of countries in Asia and Pacific Regions.
 - How the Fund can support the expanded coverage of prevention, care support and treatment activities for HIV/AIDS, TB and malaria, with a good balance among the three diseases and choices of intervention
 - Ways of effective operation in conflict or disaster situations
 - Funding process within countries?
- To discuss issues of governance, eligibility criteria, country processes, accountability and technical review and advise process of the Fund
- To identify how to enhance comprehensive dialogue and coordination among many actors including government organizations, non-governmental organizations, private sector, international organization, bilateral and multilateral collaborations at the country level in dealing with HIV/AIDS, TB and malaria and seeking supports from the Fund.

Expected Outcome

- Countries are informed and prepared to engage in the Fund when it becomes operational
- Countries contribute to their thoughts, position and suggestions as regard to the preparation documents of governance, eligibility criteria, country processes, accountability and technical review and advise process of the Fund. This will be an important input for the TWG 2nd meeting in November 2001.

Location

Le Meridien Capital Hotel, Lilongwe, Malawi

Telephone: (+265) 773 388 Fax: (+265) 771 223

Rooms are reserved from 11 to 14 November.

Dates of the Meeting

12th to 13 of November 2001

Participants

Representatives of National governments (see attached list of countries invited), NGOs from East, West and Southern Africa and a few bi-lateral partners, UN agencies, OAU and some International Agencies and some umbrella NGOs and other representatives of the private sector and representatives from the TWG and TSS will attend the consultations.

You are kindly requested to identify one NGO representative from your country in addition to two government representatives at senior civil servant level. It is recommended that the NGO representative come from a strategic, umbrella NGO which can represent a broader network. In order to make recommendations from the consultations operational, it is recommended to include the working Chair of your National AIDS Commission or similar body if applicable, as well as one government representative with responsibilities for health sector planning and co-ordination or development/financial planning.

Host

The Government of Malawi

Funding

The Governments of Denmark, Malawi, Norway and Sweden have graciously agreed to sponsor the two-days consultation meeting on country processes and country perspectives, in Lilongwe, Malawi.

The TSS provides technical inputs to the consultative meeting

The sponsors will cover air tickets (normally on economy class), accommodation, meals and a small allowance (in accordance with the Norwegian Government's Travel Regulations) during the stay in Malawi.

As soon as your nominations are received, PTA for air tickets will be forwarded to a travel agent in your capital, and details on collection of PTAs will be sent to you as soon as possible.

Please note that you may need a visa to enter Malawi. (Participants from Botswana, Zimbabwe, Mozambique, South Africa, Tanzania, Kenya, and Zambia do not need visa). Visa can be arranged at the airport provided all required information has been forwarded to the conference secretariat in advance, ref. registration form.

Organizers:

Governments of Malawi, Denmark, Norway and Sweden supported by the TSS
For any inquiries of a practical/logistical nature, please contact the Conference Secretariat,

Management International,

Private Bag B418

Lilongwe 3

Tel: +265 756 094 or

+265 756 286

Fax: +265 756 097

E mail: magtint@eomw.net

or

Ms. Tessie Ali

The Royal Norwegian Embassy, Lilongwe

Tel: + 265 774 211

Fax: + 265 772 845

E-mail: normwi@malawi.net

For questions or comments regarding the agenda, informal consultations prior to the meeting itself or follow-up of the consultations, please contact

Dr A. Nasidi +32 2 234 6362 (or care of Laurence Vercammen), TSS (+32 2 234 6350, fax +32 2 234 6349, email: abdul.nasidi@tss-twg.be).

or

Mr Bjørn Skogmo (+ 47 22 24 35 67, fax + 47 22 24 38 43, e-mail bjorn.skogmo@mfa.no).

**PROPOSED
AFRICA CONSULTATIVE MEETING
12-13 November 2001
Lilongwe, Malawi**

Background

[TO FIT IN ONE OF TWO SHORT PARAGRAPHS ON THE SITUATION OF THE DISEASES IN AFRICA]

To help reduce the disease burden of HIV/AIDS, Tuberculosis, and Malaria in every part of the world, including Africa, the Global Fund to fight AIDS, TB and Malaria (GFATM) has been established to attract additional and complementary resources to fight these diseases through a public-private partnership. As a financial instrument the Fund will finance country-led processes. Consultations with intended recipient countries will, therefore, provide the information necessary to help set up and operationalize the Fund.

There is significant diversification in terms of culture, behavior patterns, health system, health care facilities and infrastructure and how they respond to the epidemic within countries and with specific regions. Thus Africa regional consultations will provide specific country level input, experiences and views on how the Fund should operate in Africa and within specific African countries.

Objectives

The objectives of the regional consultations are:

- To inform countries of the background and progress on establishing the Fund
- To inform countries of the Title, Principles, and Scope of the Fund agreed upon by the TWG at the meeting on 11-12 October 2001
- To identify
 - How the Fund can best match resources with priorities and needs of countries in Africa.
 - How the Fund can support the expanded coverage of prevention, care support and treatment activities for HIV/AIDS, TB and Malaria, with a good balance among the three diseases and choices of interventions
 - Ways of effective operation in failed state, conflict or disaster situations
- To discuss issues of governance, eligibility criteria, country processes, accountability and technical review and advise process of the Fund
- To identify how to enhance comprehensive dialogue and coordination among key actors (including government institutions, non-governmental organizations, private sector, international organization, bilateral and multilateral entities) at the country level in dealing with HIV/AIDS, TB and Malaria in relation to support to be received from the Fund.

Expected Outcome

- Countries are informed and prepared to engage in the Fund when it becomes operational
- Countries contribute their ideas, position and suggestions as regard to the governance of the GFATM as well as its eligibility criteria, country processes, accountability methods, technical review and advice processes. This will be important input for the TWG meeting of November 2001.

Location

Lilongwe, Malawi

Time

12-13 November 2001

Participants

{{{LIST INVITED COUNTRIES}}}

Host

The Government of Malawi

Financing

The financiers of the meeting (Denmark, Norway and Sweden) with interested recipient countries and the TSS.

Organizer

The financing partners and TSS will contract an organization – preferably from Africa – to manage practical and logistical organization of the meeting, and contract an individual or organization to prepare a report of the consultation. The resident Danish, Norwegian and Swedish embassies will contribute.

PROPOSED PROGRAM

DAY 1

08.00-09.00	Registration (Meeting to be Co-Chaired by Malawi and Norway)
09.00-09.30	Opening (Minister/Ambassador/Kiyonga)
09.30-09.45	Establishment of the Fund: Its purpose, process of establishment Title, Principles and Scope of the Fund: TSS Focal Point
09.45 – 10.00	Regional Framework HIV/AIDS, Stop TB, RBM (Johnson)
10.00-10.15	Break
10.15-11.30	Working session 1 Introduction and Plenary discussion on Governance, accountability, and technical review and advise process of the Fund (Mabope)
11.30-12.30	Working session 2 Introduction and Plenary discussion on Eligibility Criteria of the Fund (Nasidi)
12.30-13.30	Lunch
13.30-15.30	3 Working groups on (1) Governance, accountability, and technical review and advise process, (2) Eligibility criteria, (3) working group on Regional Framework Priorities.
15.30-15.45	Break
15.45-17.30	Report of 3 working groups for discussion and agreement on (1) Governance, accountability, and technical review and advise process and (2) Eligibility criteria, (3) and on Regional Framework

DAY 2

09.00-11.00	Working session 3 Introduction and Plenary on Country Process (Norway/Mabope) <ul style="list-style-type: none">• Proposal preparation• Coordination• Planning and application• Role of NGOs and External Partners• Monitoring and evaluation• Funding process• Role and accountability of stakeholders
11.00-11.15	Break
11.15-12.30	3 working groups on (1) Proposal preparation, (2) Funding process, monitoring and evaluation (3) Role and accountability of stakeholders
12.30-13.30	Lunch
13.30-14.30	Group work continue
14.30-17.00	Report of group work for discussion and agreement on Country process (1) Proposal preparation (2) funding process, monitoring and evaluation and (3) Role and accountability of stakeholders
17.00-17.30	Closing

Key documents to be used as background papers for Country Consultation

1. Title, Principles, Purposes and Scope of the Fund
2. Governance, accountability and technical review and advise process
3. Country process
 - a. Proposal preparation, funding process, monitoring and evaluation process
 - b. Roles and accountability of stakeholders
4. Eligibility criteria
5. Fiduciary
6. Legal issue
7. Key questions that will be discussed during the country consultation

**CONCISE COMMENTS FROM THE AFRICAN CONSULTATIVE MEETING ON
THE POSITION PAPERS OF THE TRANSITIONAL WORKING GROUP OF THE
GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA HELD IN LILONGWE,
MALAWI - 12 & 13 NOVEMBER 2001**

1. GENERAL COMMENTS

- 1.1 Countries commended and supported the actions of the TWG to consult on its work and called on a new alliance to fight disease and poverty to prevent millions from dying from preventable diseases.
- 1.2 To facilitate partnership by all countries, delegates requested that documents be made available in all languages as soon as possible especially English, French and Portuguese.
- 1.3 The process of consultation and providing information on the Fund must continue, even after the TWG meeting of 22-24 November 2001.
- 1.4 Delegates were spurred to immediate action upon their return home by the Vice President and the TWG chairman, and resolved not to wait for the Global Fund before taking action against HIV/AIDS, TB and Malaria.

2. COMMENTS ON GOVERNANCE, FIDUCIARY AND LEGAL ISSUES

- 2.1 In principle, the meeting supported the broad Governance Framework that was proposed in the paper on Governance, i.e. the Partnership Form, the Board, the Secretariat, the Technical Review Panels and the Trustee or Fiduciary.

Partnership Forum

- 2.2 There was support for Partnership Forum, which should meet every 18 or 24 months. The fund should finance the participation of developing countries in the Partnership Forum.

Board

- 2.3 The meeting observed that participation on the board of the Fund was heavily tilted towards developed countries, donors and UN agencies. Hence it was resolved that Africa should have 4 representatives on the board representing SADC, ECOWAS, East and Central Africa.
- 2.4 There was support for a 2-year rotation period for Board members and quarterly meetings for the board.

Secretariat

- 2.5 South Africa was proposed as a possible venue for locating the Secretariat because of its developed communications and transport networks.
- 2.6 There was support for a lean and effective secretariat.
- 2.7 Countries urged for transparency in the recruitment and appointment of the Secretariat staff and called for proportional representation of Africa in all the

structures of the Fund, including the Secretariat and Technical Review Panels.

Technical Review Panels

- 2.8 The establishment of Technical Review Panels was supported with the proviso that Africans are represented proportionally on these important panels.

Fiduciary

- 2.9 The meeting recommended that all options must be considered before making a decision on the Trustee/Fiduciary, and that opinions of the (African Development Bank) ADB should be solicited on this matter and to consider channelling funds allocated to the Africa Region through the ADB.

3. COMMENTS ON ELIGIBILITY

- 3.1 Countries were very anxious to have clear guidelines on eligibility criteria and to receive very soon the acceptable format on how to prepare proposals for funding, as soon as possible, in order to fast-track the preparation of country proposals.
- 3.2 It was resolved that Africa must be prioritized and should receive a share of the Global Fund that is proportional to the global burden of these diseases [90% Malaria, 80% HIV/AIDS and 70% TB], the level of poverty and under development, the burden of global debt and the relative weakness of health systems and health care infrastructure.
- 3.3 It was recommended that the fund should consider comprehensive proposals on each one as the diseases [AIDS, TB and Malaria] and not necessarily wait for a comprehensive proposal on all the diseases at once
- 3.4 The meeting endorsed the use of GNP/GNI per capita in the eligibility criteria, but warned that economic indicators should not used alone, but in combination with the burden of disease and other relevant health infections.
- 3.5 The meeting recommended that the Fund should consider the possibility of allocating interactive figures to countries for medium and long term budgeting and financial planning purposes.
- 3.6 The meeting resolved that Funds should be channeled through existing mechanisms
- 3.7 The meeting recommended that monitoring and evaluation should be done at country level, using globally agreed indicators on AIDS, TB and Malaria, but adapted for country level circumstances, in order to define pragmatic key performance indicators and assessment measurements for monitoring progress.
- 3.8 It was recommended that the Fund should measure the key inputs and outputs of the comprehensive country proposal, but to measure the outcomes of the country strategic plans rather than the proposals funded by the Global Fund.

4. COMMENTS ON COUNTRY PROCESSES

- 4.1 It was evident that the majority of African countries already have or are in the process of finalizing the development of country strategy plans for the three diseases, namely; AIDS, TB and Malaria.
- 4.2 Countries expressed the frustration that these plans, which have been prepared, are sitting on shelf primarily because of lack of funding. It was agreed that it would not take a very long time prepare proposals to be submitted to the Global Fund, hence the outcry for clear guidelines for the submission, evaluation and approval of proposals from the TWG.
- 4.3 It was agreed that countries should decide themselves on their proposals and the balance between the 3 diseases, as well as the prevention, treatment, care and support aspects that require funding.
- 4.4 There was unanimous support for inter-country and regional cooperation as diseases know no boundaries, and the commitment to work within the existing regional and global framework such as the Abuja Declaration and Framework For Action, the Millennium Africa Recovery Plan or New Africa Initiative, the UNGAS Declaration, the Stop TB Campaign and the Roll Back Malaria Programme.
- 4.5 It was agreed to immediately strengthen country-coordinating mechanisms by bringing all stakeholders and role players at the country level, into a true partnership, and building on existing country coordinating mechanisms.
- 4.6 It was agreed that the role of UN agencies, bilateral and multilateral organizations, and other relevant country and regional bodies, should be to assist countries by strengthening countries in the preparation, implementation and review at country proposals.
- 4.7 Over and over again, the message coming out of the consultative meeting was:
 - a. To reinforce existing country processes and mechanisms;
 - b. To avoid vertical approaches that negatively affect the multi-sectoral approaches to these diseases;
 - c. To define guidelines for submitting proposals urgently;
 - d. To better define mechanisms for the disbursement of funds with optional flexibility and minimum bureaucracy.