



# VOICING COMMUNITY INTERESTS IN THE GLOBAL FUND

A Guideline for the Involvement of People Living with HIV in the Global Fund To Fight AIDS, Tuberculosis and Malaria's Country Coordination Mechanism

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# LIST OF ACRONYMS

<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>AUSAID</b>	Australian Aid
<b>CCM</b>	Country Coordination Mechanism
<b>CSO</b>	Civil Society Organization
<b>GF/GFATM</b>	Global Fund/Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>KP</b>	Key populations directly affected by HIV, including (but not limited to) people who inject drugs, sex workers, men who have sex with men, transgender people and other vulnerable groups based on local contexts
<b>PLHIV</b>	People Living with HIV and AIDS
<b>PR</b>	Principle Recipient
<b>TWG</b>	Technical Working Group
<b>UNAIDS</b>	The Joint United Nations Program on HIV/AIDS
<b>USA</b>	United States of America
<b>USAID</b>	The United States Agency for International Development
<b>WHO</b>	World Health Organization



# EXECUTIVE SUMMARY

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is one of the most important institutions in the response to the three diseases. As a funding mechanism, GFATM pools funds from international donors and then makes grants to low and middle-income countries for health services and systems.

Community participation in the GFATM is integral to its success. The GFATM has a number of opportunities for people affected by the three diseases to participate in shaping where and how funds are delivered. A critical feature of this involvement is community representation on the Country Coordinating Mechanism (CCM), which is a national committee that submits funding applications to the Global Fund on behalf of the entire country. Representatives of people living with HIV (PLHIV) play a

vital role on CCMs and need support to ensure their participation benefits the broader community.

This handbook aims to facilitate the active involvement of PLHIV in the GFATM CCM. It outlines basic values and principles, providing practical information and tools which can be adapted to national contexts. It stresses the ongoing importance of PLHIV-led communication, coordination and consultation, so that people most affected by the three diseases can continually make their voices heard and weigh in on important issues.

The ultimate goal of PLHIV representation on CCMs is to ensure that GFATM financed programs are efficient, impactful and sustainable.



# CHAPTER I. INTRODUCTION



## A. BACKGROUND

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a funding mechanism that supports countries in the response to the three diseases. GFATM focuses its resources primarily on low-income countries. Since it was established in 2002 to achieve the Millennium Development Goals (MDGs) Goal #6, the GFATM has disbursed more than USD 18.5 billion to 150 nations across the world to help countries prevent and treat HIV, TB and malaria. GFATM grants support activities such as outreach to key populations, condom and sterile needle procurements, increased facilities for HIV testing, ARV disbursements, opportunistic infection drugs procurement, sexually transmitted infection management and other supportive services depending on the country's needs.

GFATM was developed as an international financing institution built on a public-private partnership, with funds from developed country donors such as the U.S., Great Britain, Germany, France, Japan in collaboration with private donors, like the Bill & Melinda Gates Foundation and multinational corporations, such as Microsoft and Chevron. To access Global Fund monies, countries apply for grants by submitting a country-wide proposal. The strategic direction of the organization is managed by the **Global Fund Board**, which consists of representatives from:

- International development agencies
- Implementing country governments
- The private sector

- Civil society and communities affected by the three diseases
- Donor governments<sup>1</sup>

The Board meets periodically to agree on Global Fund management strategic decisions, and is responsible for electing the Fund's Executive Director. The Secretariat of the Global Fund is located in Geneva, Switzerland. The Global Fund does not have offices in countries; management of GFATM activities is carried out by an independent committee established by the countries themselves, through a process called the **Country Coordinating Mechanism**.

### What is the CCM?

The **Country Coordinating Mechanism (CCM)** is a forum or committee formed by each country to facilitate the coordination of the Fund's grant cycle. The Committee is independent and multi-sectoral, which means that it is comprised of a variety of sectors related to the response to the epidemics; for example, government agencies, civil society, private company entities and international development agencies.

### What are the tasks of the CCM?

1. Coordinates the design of the country proposal.
2. Submits the country proposal to the GFATM Secretariat.
3. Nominates and selects the organizations or agencies to act as Principal Recipient (PR) for the grant.

<sup>1</sup> For more information on governance, please refer to : <http://www.theglobalfund.org/en/government/>

4. Submit a grant's funding extension or reprogramming.
5. Harmonizes and coordinates the AIDS, tuberculosis and malaria programs funded by other resources in the country.

## How are CCM members selected?

The members of the CCM are selected or appointed by their own agencies and through their own individual processes. The selected members sit on the CCM for a period of two years (except in India, where the CCM tenure is now three years). The selection of representatives in each sector must be organized in a transparent, accountable and well-documented manner. The results of the different processes are then reported to the CCM Secretariat, along with supporting documentation of the selection process (i.e. meeting minutes, list of participants, etc.).

### Case Study

Indonesia's CCM was founded in 2002 at the time of the country's first successful Global Fund proposal. A group comprised of 25 people were selected for the CCM, representing each of the following agencies and ministries:

- 10 government ministries (including two from the Ministry of Health (one person from the Bureau of Planning and Budgeting with another person from the Medical Services Directorate General); Coordinating Ministry of Social Welfare; Ministry of Finance; Ministry of Home Affairs; Ministry of Foreign Affairs; State Secretary; Planning National Agency; National AIDS Commission and the Ministry of Labour.
- 10 civil society and private sector representatives (from faith based organizations, NGOs providing TB, malaria and HIV services, academics, PLHIV network representatives, TB patient representatives and the private sector).
- 5 representatives of international development agencies and UN partners (including UNAIDS, WHO, USAID, AUSAID and the European Commission).

## Why should affected communities be involved?

Communities have always played a vital role in responding to the AIDS, TB and malaria epidemics. The Global Fund has been at the forefront of the movement to provide more systematic support for community engagement, which is essential for enabling a long-term effective response to these epidemics. The involvement of affected communities also ensures the long-term sustainability of GFATM investments and

ensures that the principle of protecting and enhancing human rights remains at the centre of the response.

## B. OBJECTIVES

This handbook aims to act as a technical reference to support the active involvement of PLHIV in the GFATM CCM. Specifically, the handbook aims to:

1. Increase understanding of the mechanisms of PLHIV community's involvement GFATM funding.
2. Explain the division of roles and tasks in the PLHIV community related to the involvement in the designing and implementation of GFATM grants.
3. Support the engagement of communities in country dialogues and support their efforts to provide oversight through monitoring in-country grant performance.
4. Improve the quality of life of people living with HIV through organizing their HIV response on the local and national levels.

This handbook was developed through a process that actively engaged communities affected by HIV.

## C. RATIONALE

There is an urgent need for guidelines that advise PLHIV and key population (KP) communities for active and effective involvement in GFATM decision-making. This toolkit builds on previous country-based experiences and guidelines that have been published. It is critically important that communities affected by HIV, TB and malaria are actively involved at all levels of GFATM strategy, and this involvement must be facilitated in a standardized manner, sensitive to local contexts. This handbook outlines basic values and principles which are needed to create an ethical, transparent and strategic approach for the involvement of PLHIV in Global Fund decision-making processes, ensuring that the projects implemented by GFATM are efficient, impactful and sustainable.

### Important Note:

The principles, values and guidance provided in this document are meant to be a helpful guide and are by no means mandatory to follow by communities organizing themselves at the local level. Communities are welcome to set their own values and principles for their involvement in the Global Fund, based on local context, social norms, cultures, politics and economic situations.

This toolkit is meant as a reference for local communities; it is a living and dynamic document that will evolve as needed by communities at the local, regional and global levels.

# CHAPTER II. ENSURING PLHIV ARE REPRESENTED ON THE GFATM CCM

GFATM CCMs must include one PLHIV representative and one alternate; PLHIV have one voting seat. Both of these representatives have the same rights and obligations as other CCM members from various sectors including government, civil society and international development agencies.

## A. PRINCIPLES AND VALUES

The following principles and values guide the involvement of PLHIV on the GFATM CCM:



**01**  
Representativeness



**02**  
Transparency



**03**  
Accountability



**04**  
Collective interest



**05**  
Anti-corruption



**06**  
Independency



**07**  
Commitment



**08**  
Togetherness

## B. CRITERIA

Representatives of people living with HIV have a mandate to accommodate the aspirations of their constituents at CCM GFATM forums. The following guidelines provide general criteria for the selection of a member and alternate member of the CCM representing PLHIV.

1. The CCM candidate should be a person living with HIV/AIDS that has been involved in the HIV response for at least 3 years;
2. The candidates should commit to allocate time to carry out all duties and responsibilities as a member of the CCM and represent PLHIV;
3. The candidate should understand the scope of funding related to the Global Fund;
4. The candidate should have strong communication skills, especially in conducting negotiations and diplomacy in official forums;
5. The candidate should have excellent proficiency in English, both oral and written.

## C. TASKS AND RESPONSIBILITIES

The tenure of a PLHIV representative at the CCM varies, and depends on the local CCM Governance Manual. However, on average, the term should be for at least two or three years, during which the representatives' tasks are to work strategically for the interest of PLHIV, in coordination and consultation with their constituents, to ensure that PLHIV interests are incorporated in the implementation of GFATM financed programs.

The overall responsibilities of the PLHIV representative at the CCM are:

1. To actively participate in CCM and related meetings, representing PLHIV interests.
2. To regularly communicate, coordinate and consult with PLHIV communities concerning the implementation of program activities supported by GFATM. Consultations should take place in accordance with CCM GFATM procedures.
3. To regularly update and inform their constituents of all CCM GFATM activities by circulating CCM meeting notes.



4. To respond to questions or requests for clarification and information from constituents in an efficient and prompt manner.
5. To actively participate in monitoring funded activities and providing feedback to the CCM.

The PLHIV representative has the following obligations during their tenure:

1. Approve/vote during CCM decision-making forums (based on prior consultation with constituents, ensuring that any decision on behalf of PLHIV at the CCM forum is based on community consensus).
2. If necessary, refuse to agree on an issue during the CCM decision-making forum, as per the results of consultations with constituents.
3. Obtain information regarding program implementation from communities in the field in order to identify any abuses or challenges and bring them to the CCM's attention, and to facilitate and follow-up on requests for clarification, case finding or other information from constituents pertaining to the implementation of field activities supported by GFATM grants.

4. Get support and technical assistance (as needed) to ensure effective participation, including the mobilization of resources from a Technical Committee consisting of representatives of groups/organizations/community-based networks affected by HIV.
5. In accordance with the Global Fund Guidelines and Requirements for CCM's management of conflict of interests, to publicly declare in writing any potential conflict of interest, both personal and institutional, during their tenure.
6. To facilitate the planning of a selection process in the last quarter of their tenure for a new PLHIV representatives at the CCM.

## D. CONFLICT OF INTEREST

As mentioned above, any CCM representative must openly declare in written form any potential conflict of interest, either from individual and institutional interests, prior to beginning a CCM tenure. *Please consult the GF CCM Guidelines and Requirements document for further information.*

# CHAPTER III. STANDARD PROCEDURE FOR SELECTING A PLHIV REPRESENTATIVE FOR THE CCM

## A. SELECTION MECHANISM

The selection process for new CCM civil society candidates normally takes place in the last quarter of the current seat holder's tenure. There are four phases to this process:

### 1. Preparation phase

The current representatives of people living with HIV at the GFATM CCM should facilitate the creation of an ad-hoc team to organize the selection phases for the new candidate. The selection process will observe the principles of inclusivity, transparency and accountability. This ad-hoc team will design a selection plan which includes the following aspects:

- Selection process timeframe
- Selection method
- Selection panel
- Dissemination of the selection process

### 2. Dissemination of information regarding the selection process

It is important that information about the selection process is publicly disseminated at all stages, so that the process is transparent. Information should be distributed through relevant communication channels (e.g. mailing lists, websites, CSOs, social media) to all constituents, as well as an announcement when the selection process has concluded.

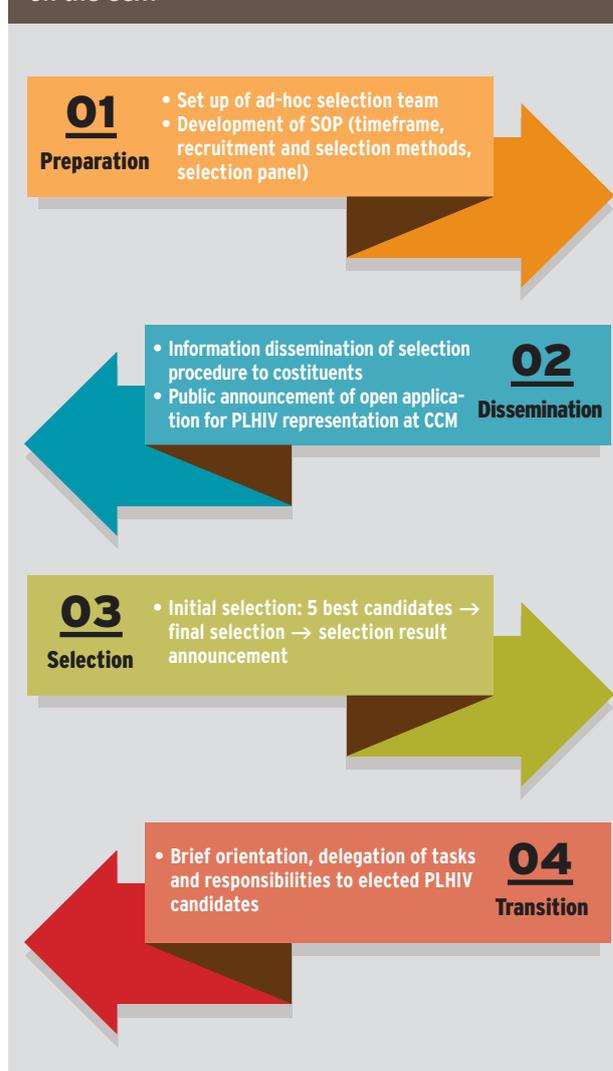
### 3. Selection phase

There are two stages to the selection phase: (i) a preliminary selection of the top five candidates, based on the predetermined selection criteria; and (ii) an in-depth review of the top candidates, based on the ad-hoc team's recommended procedure. The selected candidate will be the PLHIV representative at the GFATM CCM for the following 2-3 year period, and the new representative will be publicly announced to constituents, GFATM CCM Secretariat and partners.

### 4. Transition phase

During the transition stage, the current CCM PLHIV representative should provide a brief orientation and discuss ongoing work that needs to be continued. This stage requires the support and assistance of the broader PLHIV and GFATM community.

Graph 1. Steps in selecting a PLHIV representative on the CCM



## B. SELECTION PANEL

The Selection Committee (ad-hoc team) will set up a Selection Panel to carry out the selection process. This Panel should consist of people with expertise in relevant topics such as GFATM program management; human rights and gender; advocacy; and others. It should also include representatives of PLHIV organizations or key population based organizations. The Selection Panel is an independent entity; members of this panel should not be influenced by any outside party.

## C. SELECTION METHOD

The selection method for a PLHIV representative is determined by the selection committee. The most common method used is a structured interview by a panel, discussing topics related to the applicant's capacity to carry out the duties and responsibilities as a CCM member.



# CHAPTER IV. COMMUNITY COMMUNICATION, COORDINATION AND CONSULTATION MECHANISMS

Once a PLHIV representative assumes a role on the CCM, it is essential to communicate, coordinate and consult with PLHIV constituents at all stages, so that the CCM representative has a broad base of support and also understands the needs on the ground. Communication, coordination and consultation mechanisms should be institutionalised so that they are effective. This section provides a broad overview of these three aspects of a representative's role as well as some tips.

**Communication** reflects the ability to convey or transfer information from one place or person to another, using various means. This includes speaking, writing or using some other medium; it can be face-to-face or online.

To ensure that community groups are given a level playing field to participate in GFATM processes, they must be up to date on GFATM issues and developments. PLHIV representatives should also be able to make informed-based decisions based on relevant reports from the ground, to ensure that the rights and needs of their constituents are fulfilled.

**Coordination** refers to the synchronization and integration of activities and responsibilities from across the CCM member role, so that all parties cooperate effectively.

These coordination and communication functions take place at least once a month through meetings between the CCM and the Technical Committee. Further dissemination of updates and progress to constituents will be followed up by the Technical Committee members' networks through various channels such as:

- E-mail
- Mailings if needed

- Social Media → Facebook, Instagram, Twitter, etc.
- Other official media channels

In addition, conventional meeting forums may take place for consultation and strategic decision making. These face to face meetings may take place at least once every six months.

**Consultation** typically involves exchanging (and sometimes negotiating) different points of view from different parties to reach an agreement. It is an important phase in the context of managing an organization, especially for Global Fund financed programs, where beneficiaries are often marginalized and/or minorities in their own society, such as people who use drugs, MSM, transgender people, sex workers and people living with HIV or TB. Consultation processes provide these groups with the ability to influence program development and implementation, in order to ensure that programs are actually benefiting and fulfilling their specific needs.

For the PLHIV CCM representative, it is important that ongoing consultation occurs across geographic areas and with all the different groups affected by HIV (PWID, SW, MSM/TGs, women, children, etc.). The PLHIV representative should consult with communities prior to important GFATM decision-making, including:

1. Approval of GFATM country proposal
2. Election of a Principal Recipient (PR)
3. Submission of reprogramming and funding allocations
4. Decisions that impact directly the lives of people living with HIV



## Case Study

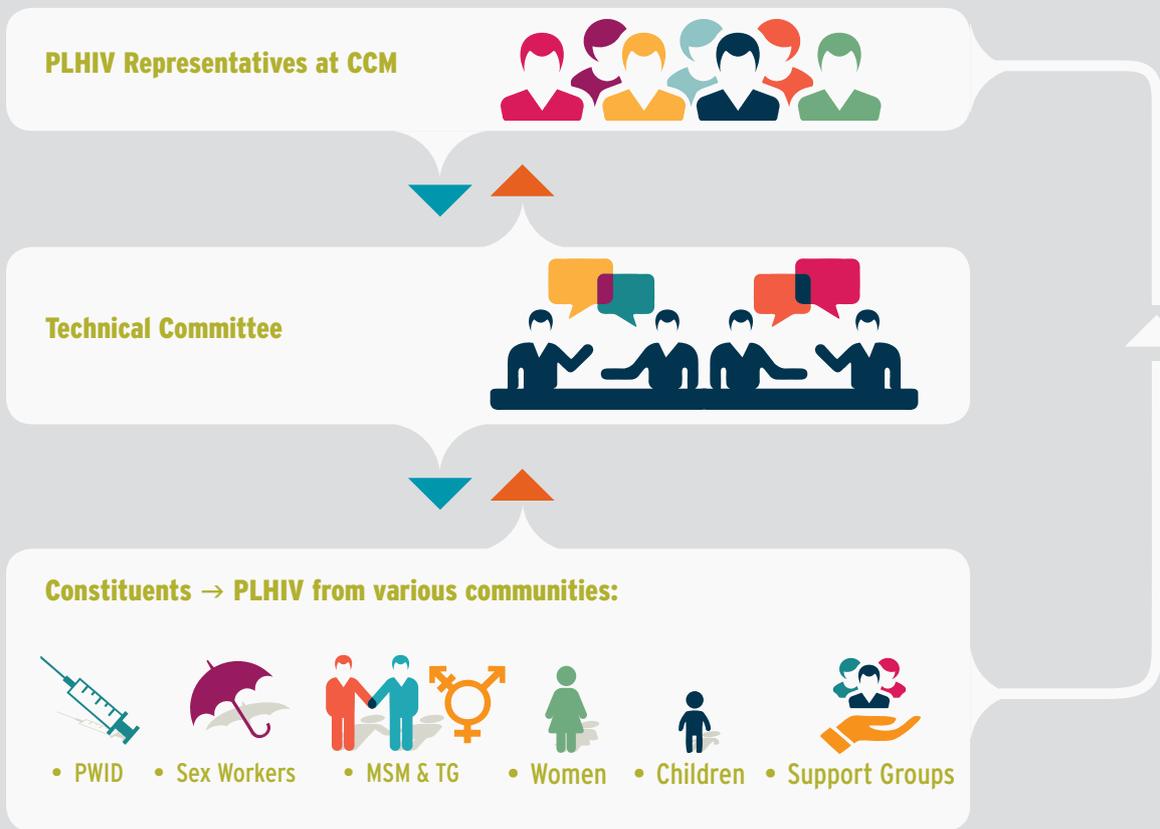
In Pakistan, the CCM has been functioning since early 2000. In the beginning, the HIV community had a presence at the CCM forum, but it was a largely tokenistic presence. At that time, the country's PLHIV network, the APLHIV (Association of People Living with HIV) had a leading role in advocating for a CCM PLHIV representative, but the process was not institutionalized due to a lack of leadership and network capacity issues.

It was only in December 2014, following the restructuring of the APLHIV in 2012, that a formal election process resulted in a new PLHIV CCM member. This process resulted in a much stronger PLHIV voice on the CCM. Some of their successes include but are not limited to:

1. Reported drug stock-outs and supported the CCM to address this issue, leading to prevention of future stock-outs
2. Influence over the selection of the PR – for example, UNDP was not selected as a Co-PR due to concerns from the PLHIV Community CCM member.
3. The issues at Hayat Medical Complex HIV treatment center were resolved.
4. M & E visits by the NACP (National AIDS Coordination Program) are a regular feature now.



Graph 2: Communication channels



Notes:

 Information dissemination from representatives to constituents

 Information dissemination from constituents to representatives

## Information

Information dissemination is key for a participatory and accountable process. It includes sharing information among constituents on:

1. Program performance and grant utilization
2. Program management
3. Service access and availability
4. CCM policies

This information can be sourced from in-person participation in the CCM and from CCM Dashboard meeting records (such as meeting minutes). It is important to share well-organized and clear documents that are easy to understand by communities, and to avoid any terms that are too technical. A narrative report prepared by PLHIV members post CCM meeting could include:

- Summary of activities carried by PLHIV representatives in CCM forums
- Recent developments/dynamics within CCM
- Proposed priority issues to be carried out based on field reports, identified for the upcoming three months.

Meanwhile the information distributed by constituents to their representatives at the CCM are:

- Situation of HIV / AIDS services in the field
- Program implementation progress and issues
- Any noted abuse of human rights suffered by communities affected by HIV

## A. MONITORING AND EVALUATION

It is important to have a strong monitoring and evaluation (M&E) process to ensure that the PLHIV CCM member's involvement is improving GFATM mechanisms. M & E activities should take place on a regular basis, with a six-month interim evaluation and an evaluation at the end of each year, based on available resources. PLHIV representatives at the CCM and the Technical Committee will be responsible for organizing the M & E processes with reference to key indicators that have been mutually developed and agreed upon. Below are some sample indicators that you can adapt to your context.

### M & E Indicators

Activities	Key indicators
Monitoring	<ul style="list-style-type: none"> <li># CCM meetings attended by PLHIV representatives</li> <li># of community groups receiving progress reports</li> <li># of community issues reported to CCM representatives</li> <li># decision-making consultative meetings</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>Improved constituent understanding of the GFATM</li> <li># of constituent groups participating in routine coordination</li> <li># of program implementation issues related to PLHIV and key populations discussed at the CCM</li> <li># recommendations/issues from PLHIV that turned into CCM technical policies</li> </ul>

## CHAPTER V. CLOSING

This toolkit provides the necessary steps towards ensuring GFATM's CCMs have the strong and active engagement of the PLHIV community. Evidence demonstrates that the active engagement of PLHIV in programs, policies and funding mechanisms leads

to an improved HIV response. PLHIV are in a unique position to ensure that programs protect their human rights and the rights of others affected by HIV, TB and Malaria.



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## **ANNEX 1. COMMUNITY BASED SURVEY ON THE MECHANISM FOR THE INVOLVEMENT OF PLHIV IN GFATM SUPPORTED PROGRAMS**

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Dear friends,

Thank you for taking your time to complete this survey.

This community-based survey reflects the state of PLHIV activism in increasing the quality of HIV and AIDS programs in (country name) with regards to the Global Fund to Fight AIDS, TB and Malaria. Survey respondents should only complete this form on a voluntary basis and without any form of coercion.

In particular, this survey aims to:

1. Collect feedback from PLHIV on how the GFATM coordination process and consultation between CCM representatives and the community works
2. Collect feedback regarding the role of PLHIV representatives on the CCM

PLHIV from different backgrounds should be encouraged to complete this survey to ensure it is representational, including those from different socio-economic backgrounds, regions, gender, sex, and sexual orientations.

The results of this survey will help build a collective agreement on how the mechanism of involvement of PLHIV through its representatives in the CCM will work in the future.

Again, we would like to acknowledge your participation and look forward to your active role in increasing the quality of services and programmes for PLHIV.

Thank you

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## PLHIV Representative Selection Preparation Team

### Questionnaire instructions

- ✓ Please put a cross (X) in the answer box selected
- ✓ For questions that do not have a suitable optional answer, please provide additional information
- ✓ The completed questionnaire should be sent to the following email address:  
[insert email] by writing Community Survey in the subject line.

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### PART I.

#### Respondent profile

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1. How would you describe your group?

- Network of PLHIV (have a legal entity, structure, work programs, administration, based on individual membership)
- Network of PLHIV NGOs (have a legal entity, structure, work programs, administration, based on organizational-membership)
- PLHIV NGO (have a legal entity, structure, work programs, administration, not based on membership)
- Non-formal group (without any legal entity, nor structure, nor work programs, nor administration, based on consensus)
- Individuals / Other (please specify) .....

2. How many participated in the group discussion to fill in this survey?

- More than 10 people
- 5-10 people
- Less than 5 people

3. In what area do you / your group reside? (Specify province and / or district / city)

.....

4. Is there any additional information you would like to share about yourself or your group? *(Not mandatory)*

.....

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### PART II.

#### GFATM funded HIV programs

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5. Do you/your group know of the HIV programmes funded by GFATM?

- Yes
- No

## ANNEX 1.

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6. Are you/your group involved in GFATM funded projects?
- Currently involved
  - Never been involved
  - Was involved in a GFATM project in the past
  - Some members were involved in a GF project
  - Some members are currently involved in a GF project
7. Do feel that GF programmes are beneficial to you/your group?
- Very beneficial
  - Beneficial
  - Fair
  - Not beneficial
  - Very detrimental
8. How do you/your group assess GFATM programmes for PLHIV?
- Very good
  - Fair
  - Bad
  - Very bad

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### PART III.

#### The role of PLHIV in GFATM funded HIV programmes

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9. The involvement of PLHIV in the GFATM, includes being part of the CCM. Have you/the group ever heard of the Global Fund CCM?
- I/We have heard of this committee/forum
  - I/We have never heard of this committee/forum
10. Are you/your group aware that there is representation of PLHIV in the GFATM CCM?
- I/We know
  - I/We don't know
11. According to you/your group, do PLHIV as recipients of Global Fund programs have an interest to be involved in the program implementation cycle, starting from the planning to the evaluation phase?
- Yes
  - No
12. If the answer to question number **10** is **Yes**, then according to you/your group, what are the criteria for PLHIV representatives in the CCM?
- (Please tick one or more of the following criteria)*
- Experience working in HIV / AIDS issues at least 3 years
  - Mastering English both oral and written
  - Gender sensitive
  - Have the communication and negotiation skills to facilitate advocacy efforts

- 
- Have university educational background
- Other (specify) .....
- 

**PART IV.****Communication and consultation between representatives and their constituents**

13. In performing their duties as representatives of PLHIV in the CCM, the PLHIV representative is required to communicate, to coordinate and to consult with constituencies. What is the appropriate frequency for effective communications?
- Every month
- Every 3 months
- Every 6 months
- Every year
14. What do you think is the most appropriate media/channel for communication between representatives and their constituents?  
(Please tick one or more on the following criteria)
- Mailing list
- E-mail
- Facebook
- Telephone & SMS texting
- Face to face meetings
- Others (specify) .....
15. What information do you need from PLHIV representatives at the CCM?
- Program performance
- Program management
- Services available for people living with HIV
- The decision-making process in the CCM
- Other (specify) .....
16. According to you/your group, what are the priority issues you think, as PLHIV, that should be articulated by CCM representatives?  
(Please tick one or more on the following criteria)
- Transparency of GF grant management
- Sustainability
- PMTCT
- Human rights
- Gender equality
- Gender sensitivity
- Age sensitivity/age appropriateness
- Other (specify) .....

**ANNEX 1.**

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17. In the decision-making process at the CCM, any CCM member or alternate member has one vote. According to you/your group, what are the issues that require consultation with constituents before voting?

*(Please select more than one issue)*

- Endorsement of a submitted country-proposal
- Selection of the principal recipient (PR) for the HIV component
- Election of the Chairman and the administrative structure of the CCM Global Fund
- An issue with direct impact on people living with HIV (e.g. issues related to antiretroviral drugs)
- Submission reprogramming and fund allocation
- Other (specify) .....

18. Are you/your group willing to be actively involved and be part of the communication, coordination and consultation process with the CCM's PLHIV representatives?

- Yes
- No

19. **This question is for group-based respondents only (not individual respondents)**

If the answer to question number **18** is **Yes**, please share the name and contact of an agreed member of your group to become the focal point for further communication processes.

Name: .....

Tel.: .....

E-mail: .....

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## ANNEX 2. ANNOUNCEMENT OF APPLICATION PROCESS TO REPRESENT PLHIV AT THE GFATM CCM

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### VACANCY: MEMBER OF THE GFATM CCM TO REPRESENT THE PLHIV COMMUNITY

The Global Fund is an innovative financing institution that relies on collaboration between governments, civil society, the private sector and people affected by HIV/AIDS, malaria and TB to fund national responses to the three diseases. The Global Fund's principles are: partnership, country ownership, performance-based funding, and transparency.<sup>2</sup>

The GFATM Country Coordination Mechanism (CCM) is a multi-sectoral committee facilitating every phase of the financing cycle of GF grants at country-level. Most country-based CCMs consist of an agreed number of Government Ministries and private sector and contributing countries or donor countries as well as various elements from civil society, including people with HIV / AIDS (PLHIV). Participation in CCM membership is voluntary and does not provide any compensation for members. The representative at the CCM will actively participate in the formulation of policies and AIDS prevention strategies in each country, from the planning phase of the national program to monitoring implementation of the program activities, with strong cooperation with the GF Secretariat Country Team in Geneva, Switzerland.

As the current CCM's membership tenure is now coming to an end, the people living with HIV community is seeking candidates who meet the requirements and criteria to represent the aspirations of people living with HIV on the GFATM CCM for the next period.

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#### General Criteria

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Representatives of people living with HIV at the CCM are individuals and do not represent any organization/institution. The selected candidates will represent the interests of their constituents while acting as a member of the GFATM CCM. Candidates must meet the following criteria:

1. A person living with HIV / AIDS who has been involved in the HIV response for at least 3 years;
2. Has an understanding of the Global Fund's scope of funding;
3. Committed to allocate time to carry out all the duties and the responsibilities of PLHIV CCM members, with high regard for transparency and accountability;
4. Excellent proficiency in English both oral and written; and
5. Has communication skills, especially in conducting negotiations and diplomacy in the official forums.
6. Domicile → this criteria might be of importance of certain regions, thus it is at the discretion of each region to determine whether and how domicile should be a condition of the tenure, in accordance to local context.

<sup>2</sup> <http://www.theglobalfund.org/en/overview/>

## ANNEX 2.

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### CCM membership period

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PLHIV representatives in the CCM will undergo a period of service for a period of two years. Candidates who are selected will immediately begin their tenure at the agreed time, in accordance to the local context.

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### Duties and responsibilities of representatives of PLHIV in the CCM

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The selected candidates carry on strategic work in the interests of people living with HIV through a process of coordination and consultation with constituents during GFATM CCM forums and on an ongoing basis, to ensure the aspirations of people living with HIV are at the core of GFATM funded programs and policies.

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### Responsibilities

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1. To participate in the entire series of CCM and TWG meetings on behalf of the PLHIV community;
2. To communicate, coordinate and consult with PLHIV constituencies on GF activities and programs supported with GF grants, periodically and following GF agreed procedures;
3. To regularly share updates concerning any activity by the GFATM CCM and through circulating CCM Meeting Notes with the broader PLHIV community;
4. To respond to questions or requests for clarification and information from constituents in an efficient/timely manner;
5. To publicly declare in writing any conflicts of interest, either personal or institutional, during his/her/their tenure as PLHIV representative at the GFATM CCM (please refer to the GF CCM Guidelines and Requirements document for appropriate and contextual use in each country).

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### Application submission process

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Applicants must prepare the three documents below in the form of an electronic copy using Ms Word or PDF format:

1. Letter of Support from the applicant's affiliated institution
2. Reference letter from an organization/other institutions engaged in the HIV response, recommending the submitted applicant.
3. A completed application form.

*If all above documents have been completed, please send them by electronic mail to the address [application.PLHIV.ccm@gmail.com](mailto:application.PLHIV.ccm@gmail.com) with subject: Application for PLHIV CCM Membership period 2016-2017*

*The acceptance deadline is: 15 February 2016, 16.00 GMT*

*This is just an example, the information here is to be written as each country deems appropriate.*

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## ANNEX 3. APPLICATION FORM

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APPLICATION FORM  
GFATM CCM MEMBER  
PEOPLE LIVING WITH HIV/AIDS SECTOR  
PERIOD .....

---

Submit the electronically completed form to the following email address:  
application.PLHIV.ccm@gmail.com with subject: Application for PLHIV CCM Membership period .....  
attached with:

1. Letter of Support from the applicant affiliated institution
  2. Reference letter from an organization/other institutions engaged in the HIV prevention, recommending the submitted application.
- 

PERSONAL DATA	
Name	
Address	
City/District	
Province/State/Sub-national	
Postal code	
Telephone/Cell Phone	
Email address	
Are you open/public about your HIV status?	
ORGANIZATION/INSTITUTION AFFILIATE	
Name of organization	
Address	
City/District	
Province/State/Sub-national	
Postal code	

**ANNEX 3.**

Telephone/Cell Phone			
Fax			
Email address			
Describe the organization you are affiliated with (Max 100 words)			
Position			
Job description			
<b>TECHNICAL COMPETENCY</b>			
1. Language Proficiency	Understanding	Oral	Written
English			
Others (specify) .....			
2. Computer proficiency	Good	Average	Deficient
MS Office (Word, Excel, Power-point)			
Internet			
Others (specify) .....			
<b>FORMAL EDUCATION</b>			
Level	Institution	Year	

<b>TRAINING, SEMINAR, WORKSHOP</b>			
Topic	Organizing Institution	Year	
<b>ORGANIZING EXPERIENCES</b>			
Organization	Area	Position	Year
<b>NARRATIVE QUESTIONS</b>			
1. In a short narrative, explain what you know about the Global Fund in your country? (Max 200 words)			

**ANNEX 3.**

2. In a short narrative, explain the relationship between the capacity and the experience you have today with the contribution you can give as a representative of PLHIV in the GFATM CCM in your country!  
*(Max 200 words)*

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3. Please list and briefly describe three important issues and achievements if you were to be selected as a representative of PLHIV in the GFATM CCM in your country!  
*(Max 300 words)*

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**STATEMENT** *(Please mark with X to the appropriate box)*

- I hereby declare that all information I have presented in this form is true, and that I fully understand all administrative and legal consequences as a result of any falsification of information in this process.
  
- I fully understand the terms of reference and the duties and responsibilities associated with the position I am applying in this process.

Signature & Name		Date	
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## VOICING COMMUNITY INTERESTS IN THE GLOBAL FUND

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