BUILDING CAPACITY FOR THE AGRICULTURE SECTOR’S RESPONSE TO AIDS

A TRAINING MANUAL FOR AGRICULTURE SECTOR WORKERS

MODULE

Leadership and Resource Mobilization
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AIMS

The aims of this module are the following:

1. To gain a general understanding of the role of the agricultural sector as a leader in reducing vulnerability to HIV and in mitigating its impacts.
2. To describe possible leadership steps to assert the role of the agriculture sector in the AIDS response.

OBJECTIVES

Upon completing the module, the learner should be able to:

- Identify where the agriculture sector could provide leadership in HIV prevention and AIDS impact mitigation.
- Describe how the agriculture sector could provide leadership in the AIDS response at country, regional and international levels.
- Identify potential resources that can be mobilized to support the agriculture sector response to AIDS for a country, based on international health partnerships and global health initiatives.

QUESTIONS FOR REFLECTION

1. On leadership:
   - In light of the AIDS epidemic, what role can the Agriculture sector play in leading a country toward achieving Millennium Development Goals (MDGs) one, six and eight?
   - What challenges might the sector face in terms of leadership in the AIDS response?
   - What kinds of partnerships could the Agriculture sector form in order to more effectively lead the AIDS response?

2. On resource mobilization:
   - How might the Agriculture sector proceed in securing available resources for AIDS-related interventions?

INTRODUCTORY REMARKS

This module covers two (inter-related) components: leadership and resource mobilization. Effective leadership in the agriculture sector – based on the sector’s comparative advantage and unique expertise in contributing to the AIDS response – can influence its ability to mobilize resources to respond to the epidemic. As the world is turning from crisis interventions to sustainable responses to AIDS, it is a good time for the agriculture sector to contribute to reducing underlying factors leading to HIV vulnerability and to mitigating its impacts. Donors also need to be convinced of the value of the agriculture sector’s contribution. The sector’s contribution to AIDS responses depend on each country’s specific disease patterns and epidemic profiles.
READINGS: AN OVERVIEW OF AGRICULTURE LEADERSHIP AND RESOURCE MOBILIZATION FOR THE AIDS RESPONSE

1. Agriculture sector leadership

While previous modules addressed technical responses to AIDS within the agriculture sector, the focus of this section is to identify and describe possible leadership steps to assert the role of the agriculture sector in responding to the epidemic.

1.1 Establish a sound knowledge base to inform policy and programmes

The AIDS epidemic is complex and diverse. UNAIDS promotes AIDS responses that are tailored to the local context and that are evidence-informed through epidemiological analysis, behavioural data and an understanding of social and gender norms\(^1\). The Agriculture sector can gather, analyse and disseminate information on HIV issues in the sector, which will contribute to an evidence-informed response to the epidemic from two aspects:

1) For those outside of the agriculture sector: To inform the health and other sectors on how the agricultural sector can contribute to reducing vulnerability to HIV mitigating its impacts. This first requires an understanding of the health sector’s approach to the epidemic as to facilitate the establishment of a niche for the agriculture sector in a multi-sectoral partnership and response to the epidemic.

2) For the agriculture sector: To document how the AIDS epidemic has impacted the agriculture sector. This second aspect provides evidence-based advocacy to agriculture ministries and sub-sectors for their active participation in responses. This, however, requires an understanding of how the agriculture sector views the epidemic. Such information can be used to facilitate the mainstreaming of HIV issues in the agriculture sector.

The agriculture sector (both public and private) should take the lead in developing a knowledge base and disseminating information on the linkages between AIDS and agriculture. It should also consolidate existing information and increase awareness on the impacts of HIV and other diseases on households, communities, rural populations, the agriculture sector itself, as well as the economy. This will require building the capacity of the sector to disseminate and communicate knowledge through carefully selected national and international fora and media. It is also critical to strategically communicate these issues with key donors, both through bilateral and multilateral channels. Research findings on AIDS and agriculture could furthermore be used to inform and advocate within the United Nations system, as well as being used by agriculture Ministries within countries to inform National AIDS Commissions and National AIDS coordinators.

The role of the agriculture sector in AIDS responses should take advantage of the sector’s comparative advantage. Knowledge generation and information dissemination should thus focus on key areas where the agriculture sector can build resilience to HIV and its impacts –

for example enhancing food security\(^2\), improving nutrition support for households and identifying labour-saving approaches in food production and rural development. Food security is important in reducing people’s vulnerability to HIV in both rural and urban areas. Food insecurity and poverty can lead to migration or high-risk sexual behaviours as ways of coping.\(^3\) Migration has been associated with high-risk sexual behaviour, resulting in an increase in vulnerability to HIV. HIV can further weaken household food security, compromise labour resources, and deepen poverty in already poor rural households. These are some of the issues that the agriculture sector should focus on and analyse in order to further build a knowledge base to inform policy and programmes.

### 1.2 Cultivate partnerships

The AIDS epidemic has been a highly politicized issue. Politics, ideology and ignorance have at times been more influential on policy than epidemiology, technical knowledge or evidence.\(^4\) Policy decisions are a result of “ongoing interactions and conflicts among institutions (the structures and rules which shape how decisions are made), interests (the groups and individuals who stand to gain or lose from change) and ideas (discourses, arguments and evidence)”\(^5\).

Therefore, in addition to knowledge creation, it is important to understand the political dynamics determining whether and how knowledge is used to guide AIDS policies, programmes and resource allocation.\(^6\) Such understanding is necessary in order to effectively lead advocacy for evidence-informed policy and programme actions as insufficient appreciation of the political dimension could undermine such efforts. The purpose of influencing policies is to create an enabling environment for an effective and sustainable AIDS response.

There are two dimensions from which the agriculture sector could engage in such leadership efforts: (1) from within the agriculture sector and (2) by forging strategic partnerships with non-agriculture sectors, such as the health and planning sectors. To achieve this, it is important to consider the following key international principles:

- Engage civil society and community based organizations (CBOs) in planning, collaboration, implementation, monitoring and evaluation of initiatives.
- Ensure the full and active participation of people affected by and living with HIV.
- Address gender inequities and other factors of vulnerability in policies and programmes.

An example of applying a participatory approach is the Malawi Agricultural Sector HIV and AIDS Strategy Document. The strategy, promoted by the Malawi Agriculture Ministry, ensured the participation of stakeholders at all levels of planning, implementation, coordination, management and monitoring and evaluation (see Figure 1).

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\(^2\) Both availability of and access to nutritious food.


\(^5\) John 1998, quoted in Ibid.

\(^6\) Ibid.
Strategic partnerships at the global, regional and national levels should include:

- Collaboration with relevant technical divisions of institutes and organizations working in the agriculture sector.
- Cooperation with United Nations entities, international organizations and relevant regional bodies.
- Engagement of key sectors at national level (e.g. agriculture, health, education, etc.).
- Establishment of partnerships with local policy-makers and service providers, including community based organizations and the private sector.

It is important for the agriculture sector to identify and participate in global health initiatives. Some key aspects to consider include:

- Institutional interests driving the HIV agenda.
- Actors or key players involved in HIV policy decisions.
- Incentives and strategies driving the direction of HIV programmes, and resultant resource allocation.

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Building Capacity for the Agriculture Sector’s Response to AIDS
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1.3 Ensure active advocacy and policy dialogue

The knowledge accrued by the agriculture sector will only be useful if communicated and disseminated to relevant institutions, decision makers and other key actors in an effective and timely manner. For example, participation in international consultations and/or scientific conferences, coupled with effectively managed and well-timed information dissemination at national, regional and international levels are crucial in ensuring that issues related to HIV and the agriculture sector receive the necessary attention.

Another area where the agriculture sector can take a leadership role is in advocating for, and formulating, sector-specific AIDS strategies and policies based on the specific context and comparative advantage and expertise of the agriculture sector. At the country level, national agriculture strategies should integrate issues of HIV vulnerability and impact mitigation. Strategies should also address gender equity and should engage other sectors, ensuring a participatory approach.

The agriculture sector also has a role to play in advocating for the integration of agriculture responses in national AIDS strategies (where applicable). At present, most national AIDS strategies are predominantly health sector strategies. It is essential that the unique attributes of agriculture sector responses and contributions be advocated and integrated into national health sector strategies. It is therefore important for the agriculture sector to work closely with the Ministry of Health to ensure that the agriculture perspective is taken into account.

The development of a national AIDS strategy for the agriculture sector or mainstreaming HIV issues in the agriculture sector and its sub-sectors should consider the following:

1) Ensure that the agriculture sector plan is incorporated in the National Development Plan. In countries where there is a poverty reduction strategic (PRS) process, ensure that the agriculture sector is part of this.
2) Ensure that the agriculture sector AIDS strategy is consistent with the national AIDS strategy, based on the three ones principles.
3) Incorporate agriculture issues into national health-related strategic plans by participating in the consultation, formulation and implementation of national strategies.

1.4 Be strategic – formulate a sector strategy to guide action

As already noted, it is important for the agriculture sector to advocate for the integration of agriculture sector responses in national AIDS strategies, in addition to advocating for the mainstreaming of HIV issues in agriculture sector strategies. Some country examples of agriculture sector AIDS strategies include Malawi, Ethiopia, Tanzania, Uganda and Zimbabwe. The success of strategy implementation will depend to a large part on leadership within the sector. Effective leadership is necessary to advocate for the formulation, adoption, implementation and monitoring and evaluation of strategies, as well as to ensure adequate

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8 Dickinson and Buse, 2008.
9 The three ones principles are: (1) one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; (2) one National AIDS Coordinating Authority, with a broad based multi-sector mandate; (3) one agreed country level Monitoring and Evaluation System.
10 Refer to module 9 for further information on developing an agriculture sector AIDS policy, in addition to examples of policies in Malawi, Tanzania and Uganda.
Building Capacity for the Agriculture Sector’s Response to AIDS
Module 10: Leadership and Resource Mobilization

resource allocation. Good governance in the sector is essential to ensure cost-effective implementation of strategies, as well as the gathering of critical and sound data for monitoring and evaluation and continued refinement of strategies. This is important in order to demonstrate the relevant role of the agricultural sector in supporting effective AIDS responses.

2. Funding sources and entry points for the agriculture sector

At the G8 summit in 2005, leaders pledged a commitment of US$25 billion per year to African aid. This pledge included support for universal access to HIV prevention, treatment, care and support. According to UNAIDS, in 2008 global financing for AIDS reached record highs of US$13.8 billion. The largest source of funding is through domestic sources – accounting for 52 percent. Bilateral and multilateral funding account for 31 percent and 12 percent respectively.11

The agriculture sector needs to strategically tap into these resources in order to support its efforts to respond to the epidemic. There are four main channels of funding12 that could be used to support the agriculture sector response to AIDS:

- Multilateral international financing – e.g. G8, EC, UNAIDS, the Global fund to fight AIDS, tuberculosis and malaria, international development banks (e.g. Asian Development Bank – ADB, African Development Bank – AfDB)
- Bilateral donor country support – e.g. US President's Emergency Plan for AIDS Relief (PEPFAR)
- Private sector support – e.g. Bill and Melinda Gates Foundation, corporations, companies and international NGOs
- Domestic national government resources and individual out of pocket payments

2.1 Multilateral channels

The key multilateral channels that would be relevant to the agriculture sector include the United Nations Joint Programme (UNJP), the United Nations Joint Programme on AIDS (UNAIDS), UNITAID and the Global Fund to Fight AIDS, TB and Malaria (GFATM).

2.1.1 United Nations Joint Programme (UNJP)

The United Nations Joint Programme (UNJP) is a key mechanism through which the United Nations works at country level. The purpose of having a joint UN country programme is to enhance the development impact of the UN’s work by organizations planning and designing their programmes together. The process of identifying and developing a Joint Programme strengthens the effectiveness and efficiency of national implementation.

A Joint Programme is a set of activities included in a common work plan and budget, developed jointly by several United Nations organizations and national partners. The partners

prepare a joint programme document in which the roles and responsibilities of each party are identified and coordination and management roles are allocated. The document is then signed by all participating organizations.

In determining a joint Programme, each country team identifies and decides on common themes that the UN country team will focus on. Most countries have a United Nations theme group on HIV, comprising Heads of participating UN organizations who meet on a regular basis and provide general oversight and policy guidance for the implementation of the UNJP on HIV (see box 1 for an example of a terms of reference for a United Nations HIV team). All United Nations programmes and activities relating to HIV in a country are usually reflected in the UNJP and are undertaken in accordance with the United Nations Development Assistance Framework (UNDAF).

Box 1. Terms of Reference for a joint UN team on HIV (Viet nam)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Support national authorities and stakeholders, including civil society and PLHIV groups, in their efforts to implement an accelerated national response and resolve impediments to implementation of the National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a vision to 2020, and other policy documents;</td>
</tr>
<tr>
<td>b)</td>
<td>Facilitate the implementation of the ‘Three Ones’ principles in Viet Nam, including joint programming, policy dialogue and partnerships with national and international stakeholders</td>
</tr>
<tr>
<td>c)</td>
<td>Provide an entry point for national stakeholders to access HIV technical assistance from the UN system</td>
</tr>
<tr>
<td>d)</td>
<td>Develop common communication strategies and key messages on HIV and ensure greater understanding among key partners and stakeholders about the roles and responsibilities of individual agencies</td>
</tr>
<tr>
<td>e)</td>
<td>Coordinate the mobilization of resources – financial and technical – for a scaled-up national response to HIV</td>
</tr>
<tr>
<td>f)</td>
<td>Further develop, facilitate and monitor the implementation of the HIV components of the Viet Nam UN Development Assessment Framework (UNDAF), and other UN policies and joint programmes on HIV</td>
</tr>
<tr>
<td>g)</td>
<td>Support the joint and individual work of UN organizations and ensure that technical directions are consistent with recognized best practice and that full advantage of synergies is being taken.</td>
</tr>
<tr>
<td>h)</td>
<td>Develop and implement a Joint UN Team on HIV monitoring and evaluation plan.</td>
</tr>
<tr>
<td>i)</td>
<td>Provide technical advice to and follow up on decisions made by the UN HIV Theme Group</td>
</tr>
<tr>
<td>j)</td>
<td>To support the implementation of the UN Learning Strategy on HIV/AIDS, through: (i) Developing the knowledge and competence of UN staff (including mainstreaming of HIV into all UN programmes); and (2) Ensuring basic AIDS competence of all staff (including knowledge about the UN’s HIV policies and entitlements)</td>
</tr>
<tr>
<td>k)</td>
<td>Other tasks as may be assigned by the UN HIV Theme Group</td>
</tr>
</tbody>
</table>

FAO country offices are encouraged to actively participate in the United Nations country programming process and to assert its leadership role in building sustainable responses based on the agriculture sector’s expertise and mandate. The steps in a common country programming process are illustrated in figure 2. In countries where FAO does not have a presence, it is still feasible to participate through the non-resident agency support system.

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2.1.2  **Joint United Nations Programme on HIV/AIDS (UNAIDS)**


The UNAIDS country coordinator convenes, coordinates, and facilitates the joint UN Team on HIV. At country level, UNAIDS has a small Programme Acceleration Fund (PAF), which allows efficient action to implement some of the joint HIV programmes by its co-sponsors and their implementing partners. The actual amount of the fund changes from year to year and is dependent on the specific needs of a country. UNAIDS and its co-sponsors jointly develop a unified budget and work plan (UBW)\(^{15}\) that is approved by the UNAIDS Programme Coordination Board. The UBW is a unique instrument in the UN system, combining a joint programme of work of the ten UNAIDS co-sponsors and Secretariat in a biennial budget and work plan. The purpose of the UBW is to maximize coherence, coordination and impact of the UN’s response to AIDS.

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\(^{14}\) This flow chart is developed by L-N Hsu, based on information from United Nations Development Group: Common country programming process.

The unified budget and workplan provides for:

- Unified and coordinated action on jointly established priorities, taking into account the comparative advantage of each member of the joint programme.
- A budget focused on joint priorities and results, maximizing the impact of available resources.
- A workplan that provides a framework for joint implementation, translated into clear and accountable operational plans at the country level.
- A performance monitoring and evaluation framework designed to support results-based management, promote transparency, strengthen accountability, improve reporting and reflect links between collective and individual efforts.

FAO country offices should be a member of the country UN theme group on HIV and collaborate with UNAIDS co-sponsors in implementing activities supported by the PAF. This requires the type of leadership and advocacy described in the first component of this module. FAO can also provide inputs to the formulation of a common country programme and engage ministries of agriculture in this process.

2.1.3 UNITAID

In 2006, France, Brazil, Chile, Norway and the United Kingdom initiated the creation of an international drug purchase facility called UNITAID with the aim of scaling up access to HIV, malaria and TB treatment in developing countries. The organization’s resources chiefly come from sustainable and predictable sources – e.g. from the tax on airline tickets. This innovative form of funding allows the organization to support “term long-term projects that can impact the market for health commodities”\(^\text{16}\).

UNITAID funding is channeled through partners\(^\text{17}\) working on the AIDS response who then work in collaboration with national partners – e.g. governments, NGOs and procurement agents. The specific focus of projects is on “medicines, diagnostics and related commodities and (that) have an expected positive impact on the market”\(^\text{18}\). As such, funding proposals are evaluated against these UNITAID strategic objectives.

This financing for drugs and diagnostics can allow the agriculture sector to ensure that treatment support is made available to affected rural populations. In addressing HIV treatment, the agriculture sector should also consider co-infection with tuberculosis and access to treatment for rural populations.

2.1.4 The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a private/public partnership that was created in 2002 to increase funding for AIDS, tuberculosis and malaria. It has become the main source of funding for the three diseases, with approved funding of US$19.3 billion in 144 countries and providing a quarter of all international financing for the


\(^{17}\) Some partners include: Foundation for Innovative New Diagnostics (FIND); The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; Roll Back Malaria; UNAIDS; Stop TB Partnership; UNICEF; William J. Clinton Foundation, HIV/AIDS Initiative (CHAI); World Health Organization.

\(^{18}\) Ibid.
AIDS response\textsuperscript{19}. The Fund works in close collaboration with other bilateral and multilateral organizations in efforts to respond to these diseases.

The main principles guiding the Global Fund are as follows\textsuperscript{20}:

- To operate as a financial instrument, not as an implementing entity.
- To make available and leverage additional financial resources.
- To support programmes that evolve from national plans and priorities.
- To operate in a balanced manner in terms of different regions, diseases and interventions.
- To pursue an integrated and balanced approach to prevention and treatment.
- To evaluate proposals through independent review processes.
- To operate with transparency and accountability.

The GFATM provides funding support to country responses to AIDS through the following channels:

- Annual rounds (up to two per year depending on resources) – The application deadline for each round per year is set as close to similar time frames and dates per year as feasible. These disease response grants are open to all low- and middle-income countries and civil society organizations. The application should normally be sent by a country through its Country Coordination Mechanism (CCM). The grant rounds also cover health system strengthening.

- The rolling continuation channel (RCC) – This channel is by invitation only. Only those countries currently receiving GFATM grants for a particular disease or diseases with good performance scores and continuing to fulfil GFATM eligibility criteria are invited by the GFATM Secretariat to apply.

- In addition, there were two new funding channels piloted by the GFATM Secretariat in 2009: (a) county coordination mechanism (CCM) funding and (b) national strategy application (NSA). These will be discussed further in subsequent sections.

The architecture of the Global Fund is shown in figure 3, whereas the Global Fund grant application process is outlined in figure 4. GFATM is a performance-based funding mechanism. Therefore subsequent funding requires good performance – demonstrated results against defined performance targets. The core structures of the process are discussed in the following sections.

\textsuperscript{19} See: http://www.theglobalfund.org/en/about/?lang=en
\textsuperscript{20} See: http://www.theglobalfund.org/en/how/?lang=en
Figure 3. Reporting relationships for grant implementation in the Global Fund – in-country architecture

(Source: Aidspan, 2009)

Figure 4. GFATM grant application process

The solid lines indicate a direct reporting relationship. The dotted lines signify that there is an informal relationship between the entities (that does not involve one entity formally reporting to the other).

This flow chart was prepared by L-N Hsu, based on information from GFATM.
(A) **Country coordination mechanism (CCM):**

The main responsibilities of CCMs are to:

- Coordinate a participatory and transparent process to prepare and submit country proposals.
- Nominate one or more principal recipients (PRs) in a country that will be responsible for grant implementation if the proposal is approved.
- Ensure an open process in selection of sub-recipients (SRs) for grant implementation. This process must be clearly articulated in the grant proposal stage.
- Provide oversight for GFATM grant implementation in a country.
- Approve major changes in grant implementation as proposed by the PR and submit the requests to GFATM for approval.

In order to advocate to CCM for the inclusion of agriculture responses to AIDS, FAO and national ministries of agriculture should:

- Make sure that addressing farming communities and rural populations’ needs is part of national disease strategies.
- Identify and develop a good working relationship with relevant CCM members and ensure they are familiar with the impact of HIV on agriculture communities (including farming, fishing, forestry, as well as migrant farmers) and the contribution of the sector towards sustainable responses.
- Lobby for Ministry of Agriculture representation in the CCM in countries where there is clear evidence of HIV impacts on agriculture.
- Advocate to country CCM members for the inclusion of agriculture issues.
- Utilize the knowledge-based created to develop and disseminate concise briefing notes or factsheets to CCM members and request that agriculture sector-related HIV issues are put on CCM meeting agenda, particularly when it relates to national strategy application (NSA) and disease-specific round proposals.
- Advocate to key donors and board members of the Global Fund on the importance of food security, nutrition and rural poverty reduction in AIDS responses.

For regional funding, the same mechanism applies, however, the regional proposal would need to identify a regional entity to be the PR.

Some of the ways to find out who members of CCM are in a country include:

- Visit the GFATM website at http://www.theglobalfund.org/en/ and select the country of choice under the ‘grant portfolio’ tab. On each country profile page there is a list of CCM members under ‘contacts’.
- Find the most recently approved proposals for each country and particular diseases under the ‘country grant portfolio’ tab.
- Contact the Ministry of Health and National AIDS commissions and programmes who will have information regarding CCM members.

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(B) Local fund agency (LFA):

The Global Fund is operated by a Secretariat based in Geneva and they have no in-country presence. They therefore have a Local Fund Agency (LFA) that serves as the “eyes and ears” for the Secretariat in ensuring financial accountability of country grant recipients. The LFA is often an accounting firm (e.g. Price Waterhouse Coopers or Lybrant) but at times they may be the Swiss Tropical Institute or other technical entities. The list of LFAs is available on the GFATM website. The LFA is responsible for assessing the viability and soundness of operations of a potential Principal Recipient before a grant agreement is finalized.

(C) Principal recipient (PR):

Grants are disbursed directly by GFATM to one or more Principal Recipients (PRs) who then use these funds to implement prevention, care and treatment programmes. They are selected by the Country Coordination Mechanism (CCM), and are responsible for ensuring timely implementation of grants. A Phase I grant typically includes the first two years of any approved grant. Phase II funding will allow a country to complete the full five-year grant period. Timely implementation and demonstrated progress towards the intended results during Phase I (typically for up to two years of any approved grant) will ensure that the country is eligible to request for a Phase II continuation of the same grant.

In 2008, the GFATM established dual-track financing, which is the inclusion of both governmental and non-governmental PRs in proposals for GFATM financing. Country PRs tend to be Ministries of Health, International NGOs (e.g. PSI, World Vision International, International AIDS Alliance, etc.), local NGOs, UNDP and UNICEF.

(D) Sub-recipient (SR):

The Principal Recipient, through an open and transparent process, announces a call for proposals to implement components of a grant. CCMs can also make a public announcement to solicit proposals during the proposal formulation stage. All entities (Government Ministries, NGOs or the private sector) who are interested in implementing activities can respond to the call and submit a proposal. The CCM usually forms a technical working group with international and local consultants to develop a composite country submission incorporating proposals considered acceptable in terms of both quality and theme. A successful recipient of the call is known as a Sub-recipient (SR). There are usually several SRs for one grant, under one PR. FAO, the Ministry of Agriculture, as well as community agriculture organizations are eligible to be SRs.

(E) Technical review panel (TRP):

Disease-specific proposals from countries are reviewed by an independent external technical review panel (TRP). The Board of the GFATM then decides on the grants for each round based on recommendations from the TRP.

(F) National strategy application (NSA):

The National Strategy Application (NSA) is a new GFATM funding stream, in which about 22 countries were invited to participate in the first learning wave in 2009. It is through this
mechanism that the agriculture sector has the most promising opportunities to secure resources. Participation in the NSA process can enhance potential for getting support from bilateral donors as more and more donors prefer to support national strategies. Therefore, responses that are reflected in a country’s national strategy have a greater chance of gaining attention and support from both bilateral and multilateral resources. As already indicated in the CCM roles and responsibilities, GFATM supports proposals that are based on specific national diseases strategies. Proposed responses by a country therefore need to be harmonized with its national strategies.

The Policy and Strategy Committee of the GFATM Board emphasized the importance of multi-stakeholder involvement. Where there are two or more PRs for a country’s disease programme, a single stream of funding is be maintained for each PR and each disease.

National strategy applications are validated based on the following criteria:

a) Harmonization and soundness of the policies and strategies.

b) Transparent, participatory, multisectoral and multistakeholder process.

c) Proper financial and budget planning.

d) Clear governance and management arrangements.

e) Monitoring and evaluation.

The flow chart in Annex 1 shows the potential for agriculture sector participation in the national strategy application.

### 2.2 Bilateral donors

Donor funding is channelled through bilateral and multilateral channels (e.g. The Global Fund). Figure 5 shows the level and channel of international donor funding (from G8 and EC countries) for AIDS in 2009.

**Figure 5. International AIDS funding from G8 and EC countries (2009)**

(Source: UNAIDS and the Kaiser Family Foundation, 2010)
The United States is the largest donor for AIDS support, followed by the United Kingdom and the Netherlands. The United States provides bilateral funding to countries through the US President's Emergency Plan for AIDS Relief (PEPFAR), which was launched in 2003. It focuses on establishing and scaling up HIV prevention, care and treatment programmes through bilateral and multilateral channels. In its first phase, PEPFAR covered 15 countries: twelve in Africa (Botswana, Cote D'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia), two in the Caribbean (Guyana, Haiti) and one in Asia (Viet Nam). Overall, the allocation has been 55 percent on treatment, 20 percent on prevention, 15 percent on palliative care and 10 percent on orphaned and vulnerable children.

Table 1 highlights G7 and European Commission departments or organizations that manage funding for AIDS. See Annex 2 for a matrix of major donor government structures and mechanisms for financing the AIDS response in low and middle income countries.

### Table 1. G7 & EC departments/agencies for HIV/AIDS assistance

<table>
<thead>
<tr>
<th>Government</th>
<th>Departments/agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>Canadian International Development Agency (CIDA); Department of Finance; Department of Foreign Affairs and International Trade; Health Canada; International Development Research Center (IDRC)</td>
</tr>
<tr>
<td>France</td>
<td>International Interministerial Cooperation and Development Committee; Ministry of Foreign Affairs; Ministry of Economic Affairs, Finance and Industry; Priority Solidarity Fund; French Development Agency</td>
</tr>
<tr>
<td>Germany</td>
<td>Federal Ministry for Economic Cooperation and Development (BMZ); German Bank for Reconstruction (KFW); Agency for Technical Cooperation (GTZ); Ministry of Health</td>
</tr>
<tr>
<td>Italy</td>
<td>Ministry of Foreign Affairs; Ministry of Economy and Finance</td>
</tr>
<tr>
<td>Japan</td>
<td>Japan International Cooperation Agency (JICA); Ministry of Foreign Affairs MOFA); Ministry of Health; Ministry of Finance; Japan Bank for International Cooperation (JBIC)</td>
</tr>
<tr>
<td>U.K.</td>
<td>Department for International Development (DFID); Foreign and Commonwealth Office; The Treasury</td>
</tr>
<tr>
<td>U.S.</td>
<td>State Department; U.S. Agency for International Development (USAID); Centers for Disease Control and Prevention (CDC); Department of Defense (DoD); Department of Labor (DoL); Department of Agriculture (USDA); Peace Corps; National Institutes of Health (NIH)</td>
</tr>
<tr>
<td>European Commission</td>
<td>EuropeAid; Tacis (Eastern Europe and Central Asia); CARDS (Balkans); European Development Fund (EDF) for Africa, the Caribbean, and Pacific; ALA for Asia and Latin America; MEDA for the Mediterranean and Middle East; ECHO (Humanitarian worldwide); PHARE (Pre-accession assistance); SAPARD (Pre-accession agricultural support)</td>
</tr>
</tbody>
</table>

(Source: Kaiser Family Foundation, 2005)

### 2.3 Private sector resources

The main source of private sector funding for the AIDS response has been through foundations, multi-national companies, some pharmaceutical companies (e.g. donation of medication) or business coalitions on AIDS. Some funding from private companies may also be in the form of drug price reduction or the donation of commodities. Multi-national companies often allocate resources for their employees as part of a workplace HIV
In order to ensure workplace support for agricultural workers, FAO should work in partnership with the International Labour Organization (ILO).

The Bill and Melinda Gates Foundation is one of the largest private funders of the AIDS response. The foundation principally funds U.S. 501(c) (3) organizations and other tax-exempt organizations who then work with partners and beneficiaries in the field. They have funding for both the health and development sectors and in its support for the development sector there is an explicit category for farming or the agriculture sector. Health sector funding focuses largely on vaccine development and roll-out, as well as on pharmaceutical research and advancement. In order to apply for funding, organizations must first prepare a letter of intent, which is reviewed by the foundation and if found to be of interest and fits with the funding criteria, the organization is requested to start the formal application process. If the agriculture sector can assert its leadership and show how agriculture and AIDS are linked, it will be better positioned to apply for funding to support programmes in response to the epidemic.

2.4 Domestic resources

It is important to have the agriculture sector reflected in a country’s national development strategic plan and poverty reduction strategy (as discussed in section 1.3 of this module). Each country government should also make allocations in its annual budget for HIV, TB and malaria (usually in the health sector). While some governments may not typically respond favourably to requests from the Ministry of Agriculture for funding for AIDS responses, in some high HIV prevalence countries, all relevant ministries may be requested to develop sectoral AIDS response strategies. Ministries of Agriculture must aim to include AIDS responses in their regular programme budget and must advocate for domestic resource allocation to agriculture sector responses to AIDS.

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24 See: Module 8, Annex 1 for further information on a HIV workplace policy – guidelines from the “ILO code of practice on HIV/AIDS and the world of work”.

25 Organizations with tax-exempt status (determined by the IRS).

26 See: http://www.gatesfoundation.org/grantseeker/Pages/overview.aspx
LEARNING REINFORCEMENT ACTIVITIES

Activity 1: The agriculture sector’s leadership capacity

Examine the agriculture sector in your country of service:

1. Where is the agriculture sector in terms of its approaches and leadership style
2. How could it strategically change its focus, goals and operational structure to address the AIDS epidemic?
3. Determine gaps in the agriculture sector’s response to AIDS and identify possible opportunities for improving or scaling up the response.
4. In light of the AIDS epidemic, is the agriculture sector able to execute its functions and its organizational capability to maintain maximum levels of service provision and productivity?

Write down your answers on paper. If in a group, prepare a flip-chart page to present your observations to the group.

Activity 2: Accessing potential resources and partnerships for the AIDS response

1. Identify and explore potential resources (e.g. human resources, support networks, technical tools, information and financial resources) that are available both in and outside your country of service.

2. Identify potential partners that the agriculture sector could collaborate with in responding to the epidemic.
   
a) What organizations are involved in mainstreaming?
b) Who has relevant information, experience, expertise and lessons learned? Is there a need to start from the ground up when experience and resources already exist?
c) What is the nature and value of existing partnerships or collaborations with other sectors and/or organizations in response to AIDS within the internal domain?
SUMMARY REMARKS AND LESSONS LEARNED

The agriculture sector at international, national and local levels needs to devise a strategic approach for the sector’s leadership in responding to AIDS, based on a sound knowledge base to inform policy and programmatic actions. In order to effectively mobilize resources it is important for the sector to be recognized as leaders in sustainable responses to HIV, TB and malaria. To be recognized as a leader in the response, the sector needs to develop and implement a clear, multi-pronged strategy that includes policy-oriented knowledge generation, information dissemination, and strategic communication.

It is critical that the leadership and decision makers in the agriculture sector understand the political context at country and international levels in order to properly and timely position advocacy efforts. This includes advocacy for specific policies, as well as ensuring timely participation in order to integrate agriculture sector responses in national strategic plans for HIV, and in some instances for TB and malaria. Most important, it is essential that the sector to stay focused and maintain momentum.

Lessons learned

1. Effective agriculture sector leadership, based on the agriculture sector’s comparative advantage and unique expertise in contributing to AIDS responses, can influence the sector’s ability to mobilize resources to respond to AIDS.

2. It is important that leaders understand the political determinants that guide AIDS policies, resource allocation decisions and influence programmes in order to effectively lead advocacy efforts for evidence-informed policy and programme actions.
ACRONYMS AND ABBREVIATIONS

ADB  Asian Development Bank
AfDB  African Development Bank
AIDS  Acquired immunodeficiency syndrome
CBO  Community-based organization
CCM  Country coordination mechanism
DoF  Department of Fisheries
EU  European Commission
FAO  Food and Agriculture Organization of the United Nations
GFTAM  Global Fund to Fight AIDS, Tuberculosis and Malaria
G7  Group of seven (France, Germany, Italy, Japan, United Kingdom, United States and Canada)
G8  Group of eight (France, Germany, Italy, Japan, United Kingdom, United States, Canada and Russia)
HIV  Human immunodeficiency virus
ILO  International Labour Organization
LFA  Local fund agency
NGO  Non-governmental organization
NSA  National strategy application
PAF  Programme acceleration fund
PEPFAR  U.S. President’s Emergency Plan for AIDS Relief
PR  Principal recipient
PRS  Poverty reduction strategy
RCC  Rolling continuation channel
SR  Sub-recipient
SWAP  Sector wide action plan
TB  Tuberculosis
TRP  Technical review panel
UBW  Unified budget and workplan (UNAIDS)
UN  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNDAF  United Nations Development Assistance Framework
UNDP  United Nations Development Programme
UNESCO  United Nations Educational, Scientific and Cultural Organization
UNFPA | United Nations Population Fund  
UNHCR | United Nations High Commissioner for Refugees  
UNICEF | United Nations Children’s Fund  
UNJP | United Nations Joint Programme  
UNODC | United Nations Office on Drugs and Crime  
WFP | World Food Programme  
WHO | World Health Organization
REFERENCES AND FURTHER READING

Leadership

Dickinson, C. and Buse, K. 2008. Understanding the politics of national HIV policies: the roles of institutions, interests and ideas. HLSP Institute. (http://www.hivpolicy.org/Library/HPP001555.pdf)


Resource mobilization


Building Capacity for the Agriculture Sector’s Response to AIDS
Module 10: Leadership and Resource Mobilization


ANNEX 1 – The Global Fund national strategy application

Diagram prepared by L-N Hsu.

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###ANNEX 2 – Matrix of major donor government structures and mechanisms for financing the AIDS response in low and middle income countries

<table>
<thead>
<tr>
<th>KEY DIMENSIONS</th>
<th>Canada</th>
<th>France</th>
<th>Germany</th>
<th>Italy</th>
<th>Japan</th>
<th>United Kingdom</th>
<th>United States</th>
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<td>Calendar Year</td>
<td>Calendar Year</td>
<td>Calendar Year</td>
<td>April 1-March 31</td>
<td>April 1-March 31</td>
<td>October 1-Sept 30</td>
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<td>ODA, Department of Finance, Department of Foreign Affairs and International Trade, Health Canada; DRO</td>
<td>ODA, AFD, Ministry of Foreign Affairs, Ministry of Economy, Finance, and Industry; PDF</td>
<td>JICA, MITI, Ministry of Health</td>
<td>JICA, MOPA, JOCVNO, JIDC</td>
<td>JICA, MOFA</td>
<td>DHO, Foreign and Commonwealth Office, The Treasury</td>
<td>USAID, DOD, USAID</td>
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<td>Proposed budget to National Assembly (September)</td>
<td>Proposed budget to Members (September)</td>
<td>Proposed budget to Parliament (September)</td>
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<td>Francophone Africa, Asia</td>
<td>Horn of Africa, Asia</td>
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<td>Assistance programs in 27 countries.</td>
<td>Assistance programs in 142 countries.</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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### Module 10: Leadership and Resource Mobilization

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<tr>
<th>KEY DIMENSIONS</th>
<th><strong>OTHER DONOR GOVERNMENTS &amp; THE EUROPEAN COMMISSION</strong></th>
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<td>- governments</td>
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