



HIV/AIDS

Resources and Funding

An ICEM Guide



HIV/AIDS – Resources and Funding

Contents

	Page
A. Introduction	3
B. General Overview	4
C. Fact Sheets	6
• ILOAIDS – The ILO Programme on HIV/AIDS and the World of Work	6
• UNAIDS – Joint United Nations Programme on HIV/AIDS	8
• The Global Fund to Fight AIDS, Tuberculosis and Malaria	10
• WHO – World Health Organisation	12
• World Bank – Multi-country HIV/AIDS Programme (MAP)	13
• The President’s Emergency Plan for AIDS Relief – PEPFAR	15
• Bill and Melinda Gates Foundation	17
• GTZ – German Technical Cooperation	18
D. Further Listings	19
• GBC – Global Business Coalition on HIV/AIDS	
• World Economic Forum (WEF) – Global Health Initiative	
• The Global Compact	
• Global Reporting Initiative	
• World AIDS Campaign	
• Aidspan	
• William J. Clinton Foundation	
• IAS – International AIDS Society	
• International HIV/AIDS Alliance	
• PharmAccess Foundation	
• CDC - Center for Disease Control	
• AED – Academy for Educational Development and SMARTWork	
• Bilateral government agencies	
Annex	24

A. Introduction

This paper attempts to give an overview of resources and possible funding for HIV/AIDS workplace projects¹. The document is neither complete², nor is the present division between more detailed fact sheets and “further listings” final. In the latter category only, countless more organisations could be added.

The paper is initially meant to be part of a toolkit for an ICEM Regional Workshop for national HIV/AIDS coordinators from sub-Saharan Africa. The other part is a guide on proposal writing³. The objective of the paper is to make ICEM project coordinators and affiliates aware of funding possibilities and other resources to be used to implement the ICEM and their own HIV/AIDS strategy. If the increased awareness of the existence of such resources and the mechanisms to get access to them lead to projects to implement such a strategy the objective has been met. It is also expected that feedback from the workshop will improve the practical use of this guide.

The paper takes note to the fact that there has been a shift of funding to the country level and thus more decentralisation. This has been further developed in the general overview.

Financial resources are essential in a resource-challenged setting but access to and use of other resources such as materials is equally important. Brief fact sheets on resources have been prepared on the basis of information available on the websites of the organisations. Brevity goes with uniformity and the subheadings for each organisation dealt with in more detail are:

- contact/website
- objectives
- priorities
- resources
- activities
- access
- *conclusions/action*

Website research cannot give a full picture of an organisation nor can we make a selection on the most appropriate or most promising funding options. These also vary from country to country depending on which organisations are active, which projects are being implemented or which grants have been approved.

Not included in this survey are “traditional” trade union funding organisations. We do, of course, not dismiss them for project-related funding but the procedures for applications and the scope for funding are well known and need not be included here.

¹ In October 2005 ILOAIDS published Technical Cooperation Paper 2 “Workplace action on HIV/AIDS – How to access funds at country level”. This internal paper is in no way competing with a more thoroughly researched document.

² A notable omission is the European Commission.

³ The ILOAIDS publication is also to be complemented by a guidance note on proposal writing.

B. General Overview

Before dealing with individual organisations it is worth having a general overview. This focuses on the work of national AIDS commissions and cooperation with employers.

The overriding principle is sustainability. In a resource-poor setting sustainability from union income for HIV/AIDS activities is difficult to perceive. Funding from traditional donors can also not be expected to continue for a prolonged period of time. It is therefore imperative to develop access to new funding sources. The problem is that most unions do not have the capacity and the tools for this process. They lack the information and if they have the information they lack the project writing skills and other necessary requirements to make successful applications for funds. This does not only apply to the rather demanding process for applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria but also to less elaborate projects, which can receive funding from small-scale grants from the national AIDS commission or other organisations.

National AIDS Commissions

Fighting HIV/AIDS is a national policy matter. Most countries have a National AIDS Commission which coordinates the efforts of all stakeholders. National AIDS programmes, civil society, the private sector and key donors have endorsed the UNAIDS Three Ones principles⁴. It is therefore important that trade union activities fit into this general framework.

It is also essential that unions are represented on these bodies.

Example Ghana: The Ghana AIDS Commission (GAC) is a 48-member supra-ministerial and multi-sectoral body established under chairmanship of the President of the Republic of Ghana. Its mandate is to provide leadership in the management and coordination of the national response to the HIV/AIDS epidemic. The Ghana TUC is a member of the GAC. Since 2002 the GAC has implemented the Ghana AIDS Response Fund (GARFUND) established by the Government with the assistance of the World Bank. In 2005 alone small grants were given to no less than 3,000 projects. The GAC makes calls for proposals on a regular basis.

Example Namibia: A wide scope exists in cooperation with different organisations such as the Namibia Business Coalition on AIDS (NABCOA), the Chamber of Mines, the UN Theme Group on HIV/AIDS and organisations of PLWHA. For this to happen, unions must take a more proactive role to be represented in such organisations and cooperate with them. A Partnership Forum was set up to share information, engage government in policy issues and bridge gaps with a small grants fund. This is administered by the UN Theme Group. Calls for proposals are made by the small grants fund and these are assessed by an independent Review Panel. Under MTP3⁵ NABCOA is the lead agency for the private sector. The private sector comprises business and unions. But unions are not represented.

Employers

An effective HIV/AIDS policy cannot be implemented without the participation of employers. Companies are partners in the fight against the epidemic. HIV/AIDS workplace policies and collective agreements should also draw on the resources of companies for awareness and

⁴ One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners.

One national AIDS coordinating authority with a broad based multi-sector mandate.

One agreed AIDS country-level monitoring and evaluation system.

⁵ The Third Medium Term Plan of the National Strategic Plan on HIV/AIDS (2004-2009)

prevention campaigns and for the availability of voluntary counselling and testing (VCT) and provision antiretroviral treatment (ART). Unions must convince employers that it makes business sense to invest in the fight against HIV/AIDS. Cost-benefit analyses have shown that expenditure for HIV/AIDS services, including VCT and ART, results in reduced costs for medical schemes, higher productivity, and reduced expenditure for training. In countries with high prevalence rates the very survival of a company can depend on it.

The ICEM has signed 12 Global Agreements (GA) which give affiliates organising in these companies leverage to hold them responsible for adhering to the contents of GAs. So far only three GAs include an HIV/AIDS clause. The ICEM has to revise existing GAs and conclude new agreements with major MNCs which must all include a clause on HIV/AIDS, preferably referring to the ILO Code of Practice on HIV/AIDS and the world of work. With such a clause the company recognises the ten principles of the Code⁶. It lays the foundation to a social dialogue on HIV/AIDS and to bargaining by affiliates at national level at all operations of the company concerned. For this to be happen, affiliates organising in GA companies have to be given guidance how they can use such a clause for their own HIV/AIDS work.

In the above and also in subsequent sections, the assumption is made that unions are part of the private sector. The private sector is business AND unions. Unions are also part of civil society with its countless single-issue NGOs which play an important role in fighting the epidemic. Not classifying unions as part of civil society focuses on their special contribution they can make at the workplace in cooperation with employers. But we continue advocating alliances with NGOs and organisations of people living with HIV/AIDS (PLWHA) because much can be learnt from them and assistance can be sought. We must also be aware that in a fund-raising context, unions often compete with NGOs.

⁶ These ten principles are: Recognition of HIV/AIDS as a workplace issue, Non-discrimination, Gender equality, Healthy work environment, Social dialogue, No screening for employment, Confidentiality, Continuation of employment, Prevention, Care and support.

C. Fact Sheets

ILO Programme on HIV/AIDS and the World of Work – ILOAIDS

Website and Contact

www.ilo.org or direct www.ilo.org/aids

Geneva, +41 22 7996111 (ILO)

Objectives

The key objectives of the ILO Programme on HIV/AIDS and the world of work are:

- to raise awareness of the economic and social impact of AIDS in the world of work;
- to help governments, employers and workers support national efforts to prevent the spread and reduce the impact of HIV/AIDS;
- to fight discrimination, victimisation and stigma related to HIV status.

Priorities

The ILO considers AIDS a workplace issue not only because it affects labour and productivity, but also because the workplace has a vital role to play in the wider struggle to limit the spread and effects of the epidemic.

The epidemic affects the world of work in many ways:

- Discrimination against people with HIV threatens fundamental principles and rights at work and undermines efforts for prevention and care.
- The disease cuts the supply of labour and reduces income for many workers.
- Valuable skills and experience are lost.
- Productivity falls in enterprises and in agriculture and labour cost rise.
- Investment is undermined and tax revenue cut affecting public services.
- The double burden on women gets heavier as they have to earn a livelihood and provide care to sick family members and neighbours.

The ILO includes AIDS-related activities in the work of all departments and field offices. It became a cosponsoring agency of UNAIDS in October 2001 and signed a joint letter of understanding with the Global Fund in April 2003.

Resources

The ILO Code of Practice on HIV/AIDS and the world of work was adopted by its Governing Body in June 2001. The Code exists in some more than 30 languages. It can be used to introduce social dialogue on HIV/AIDS and as a basis for negotiations; it includes a checklist for planning and implementing workplace action. For training purposes, the publication "Implementing the ILO Code of Practice on HIV/AIDS: an education and training manual" was developed. It is available in English, French and Spanish and also exists on CD-Rom. The ten key principles of the Code are published in the annex of various reports and in the two-page flyer "A workplace policy on HIV/AIDS: putting it into practice". An eight-page leaflet "Guidelines for Workers' Organisations" helps in the use of the Code and the Manual. Posters and tool kits are useful campaigning and education materials. Further guidelines exist for certain sectors, notably the joint ILO/WHO guidelines on health services and HIV/AIDS.

Information on the impact of HIV/AIDS and detailed statistics are contained in the annual publication "HIV/AIDS and work: global estimates, impact and response". "Action against AIDS

in the workplace” are short leaflets developed for the different geographical regions. The brochure “The workplace: gateway to universal access” gives an overview of the role of the ILO in reducing discrimination and increasing access to HIV/AIDS prevention and treatment.

The ILOAIDS website was redesigned in 2005 and features include a step-by-step guide to workplace action, a registration facility for an email service on events and new materials, a 24-hour news service and country profiles on HIV/AIDS and the world of work.

Activities

The programme supports the efforts of its tripartite constituents in the following ways:

- research, policy analysis and advocacy on HIV/AIDS issues in the world of work;
- advisory services for governments, employers’ and workers’ organisations on integrating workplace issues in national AIDS plans, on revising labour laws to address HIV/AIDS and on the development of workplace policies and programmes;
- technical meetings at global, regional and national level to raise awareness, present the Code of Practice and mobilise the constituents;
- development of education and training programmes to support the implementation of the Code of Practice, exchange experience and strengthen the capacity of its constituents to respond to HIV/AIDS;
- development of information resources and publications on examples of good practice, national laws, collective agreements, training manuals and others.

Access

ILOAIDS can help to identify resources and give technical assistance from its head office in Geneva or in the field.

Global Union Federations are partners of the ILO. Funding for individual activities on HIV/AIDS, especially at regional or sub-regional level, is possible through Sector (with cooperation from Actrav) or through ILOAIDS in its technical cooperation programme.

The publication “Technical Cooperation – a means to implement the ILO Code of Practice” describes technical cooperation and projects with the main partners, the US Department of Labor, the Swedish SIDA and the German GTZ. The website includes a summary of projects. All ILO field offices include technical specialists or focal points on HIV/AIDS. Full-time focal points are located in ten field offices.

“Saving lives, protecting jobs” is an interim report of the International HIV/AIDS Workplace Education Programme, also known as Strategic HIV/AIDS Responses by Enterprises (SHARE) and financed by the US Department of Labor. The programme operates in 16 countries.⁷

Conclusions

Advocate the use of the ILO Code of Practice on HIV/AIDS and the world of work.

Use ILOAIDS publications and other materials for your HIV/AIDS work.

Contact staff in ILO field offices; get to know focal points on HIV/AIDS.

Check whether the ILO-US Department of Labor programme is working in your country and find out whether activities can be sponsored.

⁷ The countries are: Barbados, Belize, Benin, Botswana, Cambodia, Ethiopia, Ghana, Guyana, India, Jamaica, Lesotho, Nepal, Russia, South Africa, Swaziland and Togo. It should be noted, however, that at the time of writing final evaluations were taking place in some countries where the programme would eventually be discontinued.

UNAIDS – Joint United Nations Programme on HIV/AIDS

Website and Contact

www.unaids.org

Geneva, +41 22 7913666

Objectives

UNAIDS was launched in January 1996. It is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS and alleviating the impact of the epidemic.

UNAIDS brings together the efforts and resources of ten UN system organisations (cosponsors): UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank. It is supported by voluntary contributions from governments, foundations, corporations, private groups and individuals. It is guided by a Programme Coordinating Board with representatives from 22 governments, the cosponsors and five representatives of NGOs, including associations of PLWHA.

Priorities

- Leadership and advocacy for effective action on the epidemic
- Strategic information to guide efforts against AIDS worldwide
- Tracking monitoring and evaluation of the epidemic and responses to it
- Civil society responses and partnership development
- Mobilisation of resources to support an effective response.

Resources

UNAIDS publishes an extensive range of materials on HIV/AIDS. For global, regional and country statistics and estimates the annual Report on the Global AIDS Epidemic and the regular AIDS Epidemic Updates (jointly with the WHO) are the reference works. On the occasion of its 10th anniversary and on the eve of the UN High Level Meeting on AIDS in June 2006, UNAIDS published the 2006 Report on the global AIDS epidemic. It contains the most in-depth data from countries to date, based on progress reports from 126 countries.

HIV and AIDS estimates for countries can be accessed on the website.

Activities

In its activities UNAIDS calls for complementation of government efforts by the full and active participation of civil society, the business community and the private sector. This includes local and national HIV/AIDS organisations and those of people living with HIV/AIDS. Activities also address the issue of stigma and discrimination.

The “Three Ones” principle endorsed in April 2004 is aimed at achieving the most effective and efficient use of resources and ensuring rapid action and results-based management.

- **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
- **One** National AIDS Coordinating Authority with a broad-based multi-sectoral mandate.
- **One** agreed country-level monitoring and evaluation system.

UNAIDS moderates an e-forum on the Three Ones and Civil Society Engagement <http://threeones.unaids.org>.

Access

UNAIDS is not a funding organisation. The organisation has a large network of country offices as well as regional offices. The names of the UNAIDS country coordinators as well as the UN Theme Group are available on the website.

Conclusions

Meet the UNAIDS representative in your country and through him/her members of the UN Theme Group.

Familiarise yourself with the status of the epidemic in your country through UNAIDS statistics.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Website and Contact

www.theglobalfund.org (Website in Arabic, Chinese, English, French, Russian and Spanish)
Geneva, +41 22 7911700

(Please also refer to the annex for more detailed information)

Objectives

The objective of the Global Fund is to dramatically increase resources to fight three of the world's most devastating diseases and to direct those resources to areas of greatest need. The Fund sees itself as a partnership between governments, civil society, the private sector and affected communities. It represents an innovative approach to international health financing.

The Global Fund operates on the following principles:

- Operate as a financial instrument, not an implementing entity.
- Make available and leverage additional financial resources.
- Base work on programmes that reflect national ownership.
- Operate in a balanced manner in terms of different regions, diseases and interventions.
- Pursue an integrated and balanced approach to prevention and treatment.
- Evaluate proposals through independent review processes.
- Establish a simplified, rapid and innovative grant-making process and operate transparently, with accountability.

In a memorandum of agreement with the ILO, signed in April 2003, the potential contribution of workplace initiatives with the involvement of workers' and employers' organisations is stressed.

Priorities

Projects of the Global Fund include interventions in prevention, treatment and care. The list of the priority areas of funding is long. It does include the creation, development and expansion of government/private/NGO partnerships, the elimination of stigmatisation and discrimination of people infected as well as the strengthening of health systems. Guidelines containing specific criteria for a particular funding round are published on the website.

Resources

Following a call by UN Secretary General Kofi Annan to create a global health fund, donors pledged initial capital in 2001. The Fund was constituted as an independent Swiss foundation in January 2002. Total pledges to the Fund reached USD 8.5 billion by end 2005.

Funds are awarded in funding rounds, the timing of which depends on the availability of funds. A call for the Sixth Round was made in May 2006. The website provides progress details on Global Fund grants. Close to 400 programmes have been approved valued at nearly USD 5 billion in 131 countries⁸. USD 2 billion had been disbursed by the end of 2005.

⁸ Country eligibility is determined by a country's level of development according to the World Bank income classification (Group A low income are fully eligible, Group B lower middle-income are eligible but have to meet additional requirements such as co-financing). Upper middle-income countries eligible because of the high level of the occurrence of these diseases only include Botswana (for all three diseases) and Gabon (for malaria).

The majority of Principal Recipients of grants are ministries and other government agencies. There are programmes where the Principal Recipient is categorised as “civil society/private sector”. The 2005 Report states that civil society organisations are strong implementers as compared to government agencies, with 30 percent of their grants over-performing and the remaining 70 percent showing satisfactory performance. There are strong indications that countries can drastically increase their national absorptive capacity by channelling more of its health spending through non-governmental and faith-based organisations and the private sector in co-investment projects.

Activities

As the Global Fund’s purpose is to attract, manage and disburse resources, it does not implement programmes directly. It relies on the knowledge of local experts. The Global Fund only has an office in Geneva; it does not operate field offices.

Access

The Global Fund is a funding organisation that defers to local ownership and capacity for the design and implementation of programmes. Proposals are submitted by public and private partners through a national Country Coordinating Mechanism (CCM). The Guidelines for CCMs state that they should include representatives of government agencies, non-governmental organisations, academic institutions, religious/faith-based organisations, the private sector and people living with the diseases.⁹ Very few CCMs include unionists. The CCMs full memberships per country can be downloaded from the website.

For each grant the CCM nominates one or more Principal Recipient. Sub-recipients can be nominated for parts of the grant implementation. Local fund agents, usually international audit firms, supervise grant implementation.

Public/private partnerships in co-investment projects are promoted by the Global Fund. The principle that the private sector is business and unions is largely accepted. Private sector focal point at the Global Fund is the Global Business Coalition on HIV/AIDS (GBC).

Conclusions

See annex

⁹ The revised guidelines adopted in November 2004 actually state that the CCM comprise a minimum of 40% of such representatives. Unions or labour are not specifically mentioned.

World Health Organisation – WHO

Website and Contact

www.who.int

Geneva, +41 22 7912476

Objectives

WHO and its HIV/AIDS department work within the family of UNAIDS cosponsors to facilitate multi-sectoral efforts to respond to the HIV/AIDS epidemic. WHO specifically serves as the convening agency within the UN system for HIV/AIDS treatment, care and support as well as for preventing mother-to-child transmission of HIV.

Priorities

The WHO HIV/AIDS Department's primary roles are:

- support and advisory role with health ministries
- convening and coordinating partner efforts in scaling up treatment, care and prevention
- strategic information management and reporting
- global support for high-quality drugs and diagnostics
- operations research and learning through experience
- assisting countries in mobilising resources
- advocating for a comprehensive response to HIV/AIDS
- leveraging WHO's organisational capability
- identifying gaps and seeking solutions.

Resources

The WHO has a wide range of publications, a lot of them of medical nature. It also publishes useful guidelines on rapid HIV testing, efficient and simplified diagnosis and treatments and others. Tool kits on testing and counselling and on antiretroviral treatment have been made available. The WHO has a large number of country offices, most of them with HIV/AIDS specialists.

Activities

On World AIDS Day 2003 (1 December), WHO and UNAIDS launched the "3 by 5" Initiative. It was the global target to provide three million people living with HIV/AIDS in developing and middle income countries with live-prolonging antiretroviral treatment (ART) by the end of 2005. Although the target was not reached¹⁰, it was a step towards the goal of making universal access of HIV/AIDS prevention and treatment accessible for all who need them by 2010.

Access

The conclusions of a meeting between Global Unions and the WHO in October 2005 specifically state that unions have a unique comparative advantage to mobilise their constituencies in the fight against HIV/AIDS and calls on country representatives to support unions.

Conclusions

Building on the conclusions of this meeting, WHO country representatives should be approached to translate the commitment to support unions into action.

¹⁰ The figure at the end of 2005 was 1.3 million, up from 400,000 in December 2003.

World Bank – Multi-Country HIV/AIDS Programme (MAP)

Website

www.worldbank.org/hiv_aids/
Washington DC

Objectives

The World Bank is working to roll back the spread of the global epidemic. It sees HIV/AIDS not only as a health problem but also a development problem that threatens human welfare, socio-economic advances, productivity, social cohesion and even national security. Fighting HIV/AIDS and other communicable diseases is one of the eight Millennium Development Goals. The Bank is a co-founding member of UNAIDS, which was established in 1996.

Priorities

The World Bank Group is working with its partners to:

- Prevent the further spread of HIV/AIDS among vulnerable groups and in the general population;
- Promote countries' health policies and multi-sectoral approaches
- Expand basic care and treatment activities for those affected by HIV/AIDS and their families.

Civil society organisations and communities are expressively included in the effort.

Resources

The funding commitments of the World Bank are large – more than USD 1 billion in grants, loans and credits for 32 African countries under the Multi-Country HIV/AIDS Program for Africa (MAP); USD 155 million for seven Caribbean countries and a regional project in the area. Similar programmes exist in other regions, e.g. Eastern Europe and Central Asia (including a USD 60 million loan for TB and AIDS control in the Ukraine), in East Asia and the Pacific, in South Asia and in the Middle East and North Africa. For the poorest countries, support from the World Bank's no-interest concessional lending arm, the International Development Association (IDA), can be up to 100% grant financed.

The World Bank has published a number of tools and guidelines, including guidelines on preparing and implementing multi-sector HIV/AIDS programmes¹¹.

Activities

The Global HIV/AIDS Program was created in 2002 to support the World Bank's efforts to fight HIV/AIDS in a coordinated way.

In April 2004, the Bank entered into a partnership with the Global Fund, UNICEF and the Clinton Foundation to make it possible for developing countries to purchase high-quality AIDS medicines at low prices.

To encourage countries to use Bank funding for treatment, the USD 60 million Treatment Acceleration Project (TAP) was approved in June 2004¹². The TAP grants to Burkina Faso,

¹¹ Turning Bureaucrats into Warriors: Preparing and Implementing Multi-sector HIV/AIDS Programs in Africa.

¹² TAP ends at the end of 2006 although an extension into 2007 was considered for unspent funds.

Ghana and Mozambique are testing public/private sector partnerships and cooperation with civil society to scale up treatment. An additional grant of USD 15 million was approved to support the efforts of the Government of Mali to accelerate prevention, treatment and care.

To support the implementation of its HIV/AIDS strategy, the Bank has established a multisectoral AIDS Campaign Team for Africa – ACT.

The UNAIDS Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) is located at the World Bank.

Access

National AIDS Councils (NACs) are the organisations through which MAP funds are channelled. Such a high-level coordinating body should have broad representation of stakeholders from all sectors, including people living with HIV/AIDS. Governments are supposed to agree to use multiple implementation agencies, including NGOs and community-based organisations. While 50% of MAP funds are designated for the public sector, the other 50% are reserved for civil society. Of these 50%, approximately 10% should be earmarked for the private sector.

Access to funding is by making a proposal through an appropriate NAC. If a proposal covers a number of countries or a region in terms of unmet needs in capacity development, a proposal can also be made through the ILO (or another multilateral organisation). Guidelines on preparing and implementing programmes designed as a generic operations manual (GOM) are available (see footnote 11).

The GOM devotes a chapter to the importance of civil society organisations, which in the World Bank definition are actors outside government and the for-profit sector and include non-government organisations, faith-based organisations, professional associations, trade unions and community-based organisations. The World Bank sees the strength of trade unions in the size of their membership and that they usually have paid staff and some financial management capacity. According to the GOM “They represent a greatly underused and promising channel to reach thousands of employees and their families in all sectors and levels of employment”.

Additional information

The Bank has published “HIV/AIDS Business Coalitions – Guidelines for Building Business Coalitions against HIV/AIDS” together with the WEF and UNAIDS.

The HIV/AIDS Guide for the Mining Sector is a resource for developing stakeholder competency and compliance in mining communities in Southern Africa. The Guide was published by the International Finance Corporation of the WB Group and is available at www.ifc.org/ifcagainstaids.

The World Bank publishes a weekly update on HIV/AIDS developments worldwide.

Conclusions

With a strong component in funding on treatment, the possibilities of access to ARV drugs for treatment in pilot projects have to be checked.

Unions have to get onto NACs.

The President's Emergency Plan for AIDS Relief – PEPFAR

Website

www.state.gov/s/qac/

Washington DC

Objectives

- Encourage bold leadership at every level to fight HIV/AIDS.
- Apply best practices within bilateral programs in concert with host governments' national HIV/AIDS strategies.
- Encourage all partners to coordinate, adhere to sound management practices and harmonize monitoring and evaluation efforts.

Emphasis is on rapid expansion of integrated prevention, treatment and care programs.

Priorities

In the 15 focus countries¹³ the Emergency Plan will:

- Support treatment of 2 million HIV-infected people.
- Prevent 7 million new infections.
- Provide care for 10 million people, including orphans and vulnerable children.

Prevention is the core feature of the program with emphasis on abstinence. Prevention of Mother-to-Child HIV Transmission is also a high priority.

Workplace programmes have been identified as an important aspect of public/private partnerships. Technical assistance includes support to business and unions to expand treatment programmes.

Resources

Bush has made fighting the international HIV/AIDS pandemic a US priority. The President's Emergency Plan for AIDS is a 5-year, USD 15 billion commitment to fighting the disease.

- USD 9 billion in new resources in 15 of the most afflicted countries,
- USD 5 billion to ongoing bilateral programmes in more than 100 countries,
- USD 1 billion over 5 years pledged to the Global Fund.

Access

The 6-page Executive Summary of the Five-Year Strategy for PEPFAR states under allocation of funding:

The President's Emergency Plan relies on a variety of funding allocation mechanisms in order to maximize flexibility and encourage innovation while responding to specific country needs:

- Funding levels by country will be allocated on the basis of the country's five-year strategic plan and funds will be released upon approval of annual country operational plans by the Global AIDS Coordinator.

¹³ These are: Botswana, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia in Africa, Guyana and Haiti in the Caribbean and Vietnam in Asia. Further funding is provided to some 100 countries where the US has existing bilateral, regional or voluntary programmes.

- Central funding mechanisms will fund regional initiatives serving more than one country. Funding decisions will be based upon performance in reaching annual prevention, treatment and care targets.

The US mission in a particular country receives applications and is responsible for coordination. The South Africa PEPFAR Task Force has a separate website [HTTP://pretoria.usembassy.gov/wwwh aids.html](http://pretoria.usembassy.gov/wwwh aids.html). The site includes instructions for grant applications with an 18-page document “How to Develop and Write a Grant Proposal”.

On the website of USAID www.usaid.gov/our_work/global_health/aids/Funding/grants.html information is posted on HIV/AIDS funding for small grants. It says, “In addition to its global HIV/AIDS program, USAID has two small grant programs that provide funding to organizations working on HIV/AIDS.” Both work on a Request for Application basis.

Through the CORE initiative (Communities Responding to the HIV/AIDS Epidemic) USAID provides strategic assistance – organizational development, direct grants and other support – to community and faith-based groups in developing countries. Priority is given to groups who commit their own resources and demonstrate the ability to meet needs for care and support (especially for orphans and vulnerable children) and to help confront the stigma and discrimination. Application forms are available at www.coreinitiative.org/index.php.

Community REACH (Rapid and Effective Action Combating HIV/AIDS) is a fund to facilitate the efficient flow of grant funds to organizations playing valuable roles in the fight against HIV/AIDS, including regional and local non-governmental organizations, universities and faith-based organizations. Grants made under this mechanism will typically range from USD 100,000 to 500,000 with award terms of one to three years. Competition for awards will be announced at periodic intervals. Awards will be made in three broad categories: primary prevention and education, voluntary counselling and testing and care for those living with HIV and AIDS. Community REACH has its own website www.pactworld.org/reach.

Under the direction of the Global AIDS Coordinator the Centre for Disease Control of the Department of Health and Human Services (National Centre for HIV, STD and TB Prevention) runs a Global AIDS Program – GAP (see below under Further Listings).

Conclusions

PEPFAR has identified workplace programs as an important aspect of fighting the pandemic. Workplace-based programs on prevention and education feature in the projects funded. Technical assistance is also provided to trade unions to support and expand treatment programs.

PEPFAR is strongly faith-based and Abstinence is spelt with a capital A. Condom use is not advocated.

The Futures Group has expressed interest to work with GUFs to get HIV/AIDS programmes with PEPFAR funding off the ground.

USAID offices outside the focus countries also include HIV/AIDS programmes in their cooperation.

Bill and Melinda Gates Foundation

Website and Contact

www.gatesfoundation.org/GlobalHealth/

Objectives

The foundation's Global Health Program is focused on reducing global health inequities by accelerating the development, deployment and sustainability of health interventions that will save lives and dramatically reduce the disease burden in developing countries.

Priorities

The Foundation favours preventive approaches and collaborative endeavours with governments, private sector and not-for-profit partners. Priority is given to projects that leverage additional support and serve as catalysts for long-term, systemic change.

The Global Health Program directs its resources to:

- promote research and development of health technologies
- support programmes that demonstrate effectiveness and feasibility of wide scale implementation of innovative health interventions
- encourage sustainable access by developing countries to existing and future health technologies
- increase visibility of effective public health approaches and strengthen support for public health leadership.

Resources

The Gates Foundation is the richest charity in the world with an endowment worth USD 28 billion.¹⁴

Access

There are two methods for requesting funding from the Global Health programme:

- Responding to a Request for Proposal (RFP), which comes from the Foundation.
- Submitting a Letter of Inquiry (LOI).

The LOI form is available on the website. A 3-page narrative document must be attached to the form. For this narrative guidelines are available. The document should include the project goals, objectives, background and rationale, implementation plan, evaluation plan and budget. LOIs must be submitted in English. The LOI and narrative document are submitted online. The Foundation does not want any additional attachments or information on the requesting organisation. Global Health programme LOIs are reviewed on a continuous basis throughout the year. A decision is communicated within six to eight weeks.

Conclusions

¹⁴ Before Warren Buffet put in a similar amount which brings the total to around USD 60bn.

GTZ – German Technical Cooperation

Website

www.gtz.de

Eschborn, near Frankfurt, Germany

Objectives

GTZ is Germany's international development agency. The Section on Health Systems and Health Promotion within the Division of Health, Education and Social Protection considers access to health a human right. Five of the eight UN Millennium Goals are related to health.

Priorities

The Section addresses, among others, health system development and socially sound health reform, social equity and poverty orientation within health services, human resources management and promotion and the reduction of infectious diseases, particularly HIV/AIDS, tuberculosis and malaria.

Resources

88% of the total funds for the division of around Euro 550 million come from the Federal Ministry of Economic Cooperation. GTZ operates in 131 countries.

Activities and Access

GTZ has a staff member seconded to ILOAIDS (Dr. Sabine Beckmann). They are organising a number of programmes on Implementing HIV/AIDS Workplace Policies and provide technical assistance.

The BACKUP Initiative (Building Alliances – Creating Knowledge – Updating Partners) provides needs oriented support to make global financing work in the fight against HIV/AIDS, TB and malaria. It aims to contribute to improved coordination, access and implementation of interventions financed through global financing mechanism such as the Global Fund and the World Bank's MAP (Multi-country Aids Program). Approximately 40 countries benefit from the BACKUP Initiative.

Within the GTZ the regional project ACCA (AIDS Control in Companies in Africa) is responsible for advising business associations and companies on HIV/AIDS workplace interventions. Registration is required to access the ACCA toolbox, a collection of information materials and implementation tools designed for workplace interventions against HIV/AIDS – www.acca-toolbox.org.

GTZ and the Global Business Coalition on AIDS (GBC), have published "Making Co-investment a Reality – Strategies and Experiences". The publication explains how co-investment can strengthen HIV/AIDS workplace programmes and extend them into the community. It gives examples and lessons learned on public/private partnerships and co-investment. The publication can be accessed at

<http://www.ilo.org/public/english/protection/trav/aids/publ/gtzgbcinvest.pdf>.

Conclusions

GTZ can give substantial technical assistance.

Contact the GTZ office in your country.

D. Further listings

Global Business Coalition on HIV/AIDS – GBC

www.businessfightsaids.org

Headquarters in New York, offices in Paris, Geneva, Johannesburg and Beijing

The Global Business Coalition on HIV/AIDS is the pre-eminent organisation leading the business fight against HIV/AIDS. It is the private sector focal point at the GFATM. Chairman is Sir Mark Moody-Stuart, Chairman of Anglo-American; one of the Vice-Chairman is Cyril Ramaphosa, South Africa and President and CEO is Ambassador Richard Holbrooke.

The rapidly-expanding alliance of over 200 international companies is dedicated to combating the AIDS epidemic through the business sector's unique skills and expertise. Its mission is to harness the power of the global business community to end the HIV/AIDS pandemic. GBC has published numerous case studies.

World Economic Forum (WEF) –Global Health Initiative

www.weforum.org

Geneva

The Global Health Initiative's mission is to increase the breadth and depth of business activities tackling HIV/AIDS, malaria and tuberculosis. The GHI develops case studies and guidelines for businesses to use in their ongoing activities towards establishing and improving education, prevention and treatment efforts.

The GHI was launched in 2001. It is based at and operationally managed by the WEF. The GHI is not a funding organisation. All its publications are accessible free of charge on the web.

Guidelines were published on how to build coalitions against HIV/AIDS with examples of best practices and lessons learned. A four-page document entitled "Doing it Together: Managing HIV and TB in the Workplace" gives a useful matrix on possible action on awareness and prevention, counselling and diagnosis as well as care, support and treatment. The results of the survey "Business and HIV/AIDS: Commitment and Action?" show that too few companies are responding proactively to the social and business threats of HIV/AIDS. A large number of useful case studies of companies and supporting documents are accessible.

The Global Compact

www.unglobalcompact.org

The Global Compact brings together companies with UN agencies, labour and civil society to support ten principles in the areas of human rights, labour, the environment and anti-corruption.

In 2003 it published a policy paper on "HIV/AIDS in the Workplace". The publication "HIV/AIDS: Everybody's Business" gives information to companies on the work of UNAIDS, the ILO, the Global Business Coalition on HIV/AIDS and the Global Fund. It includes case studies on DaimlerChrysler in South Africa, Pechiney-Alucam and Volkswagen.

Global Reporting Initiative

www.globalreporting.org

The GRI is mentioned here because membership carries certain obligations, which could be used in negotiating with companies. The GRI has developed globally applicable guidelines on

sustainability reporting¹⁵ for voluntary use by companies and organisations. Labour organisations are among the stakeholders. Of the ICEM Global Agreement companies only AngloGold Ashanti is a member.

World AIDS Campaign

www.worldaidscampaign.org

Amsterdam

Its core commitment is to making sure that HIV/AIDS remains an international priority. In its own words the organisation is on a transition, as it moves from an organisation dedicated to raising awareness to one mobilising action. WAC and the Global Unions have signed a memorandum of understanding.

The WAC Report, entitled “Promises, Promises” reveals the growing gap between what governments say they will do about HIV and AIDS and that is actually achieved. It argues that the most significant promises were made during the special session of the UN General Assembly in June 2001 when the Declaration of Commitment was solemnly adopted by all member states of the UN. A review of the progress on the Declaration will be made at a special session in June 2006 (see e-bulletin no. 5, February 2006). For the full WAC report go to www.worldaidscampaign.org.

Aidspan

www.aidspan.org

New York

Aidspan is a non-profit organisation that promotes increased support for and effectiveness of the Global Fund. Aidspan and the Global Fund have no formal connection and Aidspan does not accept grants or fees from the Global Fund. Aidspan publishes an electronic newsletter, the Global Fund Observer, www.aidspan.org/gfo as an independent source of news, analysis and commentary about the Global Fund.

William J. Clinton Foundation

www.clintonpresidentialcenter.org

Little Rock, Arizona (HIV/AIDS activities are based in Boston)

The Clinton HIV/AIDS Initiative is working in more than 20 countries in Africa, Asia and the Caribbean to support governments’ efforts to combat the AIDS epidemic. Many of these countries have purchased antiretroviral drugs and diagnostic tests at drastically reduced prices negotiated by the Initiative.

The Initiative is not a funding organisation and does not provide any grants or financial support to organisations or individuals. In October 2004 the WHO signed a partnership agreement with the Clinton HIV/AIDS Initiative aimed at providing technical assistance on scaling up national HIV/AIDS care and treatment programmes. A similar agreement was announced in April 2004 between the Global Fund, the World Bank, UNICEF and the Clinton Foundation.

International AIDS Society – IAS

www.iasociety.org

Geneva

IAS represents the world’s professional society of scientists, health care and public health workers and others engaged in HIV/AIDS prevention, control and care.

¹⁵ The GRI Matrix includes under LA8 a description of policies or programmes (for the workplace and beyond) on HIV/AIDS.

International HIV/AIDS Alliance

www.aidsalliance.org

The International Secretariat is based in Brighton.

The International HIV/AIDS Alliance is the European Union's largest HIV/AIDS-focused development organisation. Established in 1993 by the governments of France, Sweden, the US and the UK, the EU and the Rockefeller Foundation, its work focuses on mobilising and strengthening communities so that they can respond to HIV/AIDS themselves. The Alliance is a network linking national and local organisations. It has offices in China, Madagascar, Mozambique, Ukraine and Zambia.

In its first 10 years it has supported over 2,500 projects with more than USD 100 million. The Alliance's expenditure in 2004 was approximately USD 35 million. Its donor support base includes 17 major trusts and foundations, 13 governments, as well as IGOs.

The Alliance is a UNAIDS collaborating centre.

PharmAccess Foundation

www.pharmaccess.org

Amsterdam

PharmAccess aims to remove barriers to AIDS treatment. It stands for a pragmatic approach that makes optimal use of local potential. Its goal is to deliver antiretroviral therapy in the simplest way possible, without compromising quality, efficacy, safety and tolerability. It also supports health insurance schemes.

In June 2004 it signed a contract with the Dutch Volunteers Organisation for a workplace programme in 16 countries in Africa. PharmAccess has contracts with a number of companies to provide access to HAART (highly active antiretroviral therapy) for employees and dependents: Diageo/Guinness in Cameroon, Nigeria, Ghana and Namibia; Celtel International in 5 countries in Africa; Coca Cola in up to 50 countries in Africa; Heineken in 9 African countries (22 breweries, population at risk up to 60,000).

PharmAccess is also supported by Stop AIDS Now!, a Dutch foundation – www.stopaidsnow.nl

CDC - Center for Disease Control and Prevention of the US Department of Health and Human Services

www.cdc.gov/nchstp/od/gap

Under the direction of the US Global AIDS Coordinator the CDC runs a Global AIDS Program – GAP. The website provides information on regional and country programs. Among others, GAP in South Africa established five union-based voluntary counselling and testing sites through the national HIV/AIDS program of SACTWU. It also provided to the Industrial Health Research Group (IHRG) for a total of 90 members of 3 major unions and developed a methodology to involve men in the fight against HIV/AIDS and preventing violence against women in education programs targeting the 3 trade union federations in South Africa.

CDC also has a special website on Business Responds to AIDS – Labor Responds to AIDS – www.brta-lrta.org. It includes a Labor Leader's Toolkit, which provides basic facts about HIV/AIDS and sample contract, resolution and policy language on HIV/AIDS.

AED – Academy for Educational Development and SMARTWork

www.aed.org

AED works on a multisectoral approach including governments, employers, unions and communities. It operates programmes in 25 countries that reduce stigma and discrimination and promote prevention through workplace education.

AED created **SMARTWork** (Strategically Managing AIDS Responses Together in the Workplace) – www.smartwork.org, which is funded by the US Department of Labor and the Center for Disease Control and Prevention. SMARTWork believes that there is no better place to reach those who are affected by HIV/AIDS than the work environment. Workplace interventions are most successful when tripartite collaboration – an equal partnership of business, labor representatives and government – work together to address the disease. For those countries where the organisation works, country-specific resources are accessible on the website. The website also contains links to a large number of international resources.

SMARTWork has published a Workplace Guide for Managers and Labor Leaders (243 pages with appendices), which also exists in Spanish. An editable Model Comprehensive Workplace Policy on HIV/AIDS can be downloaded. Also useful is a needs assessment guide to develop workplace policies and programmes.

Bilateral Government Agencies

A number of countries are particularly active in the fight against HIV/AIDS¹⁶. In some of these countries funds from agencies mentioned below are usually accessed through trade union cooperation or solidarity organisations (“traditional” donors”). It is, however, possible to approach the embassies of these countries directly.

The Swedish International Development Cooperation Agency (SIDA – www.sida.se) has bilateral partnership agreements with 17 sub-Saharan countries. The regional HIV/AIDS team is based in Lusaka. Country level initiatives involve the Swedish Embassy for an approach to the regional team. Swedish development initiatives often integrate workplace programmes. The SIDA website includes two useful documents– International Response to HIV/AIDS and Strategy Document on HIV/AIDS.

The Norwegian Agency for Development Cooperation (NORAD – www.norad.no and www.norfund.no) in 2004 was active in seven main partner countries and cooperated with another 18 countries.

Finland has focused on the gender dimension of HIV/AIDS. The Development Cooperation Department in the Ministry of Foreign Affairs has projects in eleven core countries based on the national Poverty Reduction Strategies.

The Canadian International Development Agency (CIDA – www.acdi-cida.gc.ca) programmes tackle the root causes of the HIV/AIDS pandemic, i.e. poverty and inequality. The bulk of Canadian assistance is channelled through multilateral institutions.

The Australian Agency for International Development (AusAID – www.ausaid.gov.au) manages the Federal Government funded programme to reduce poverty in developing

¹⁶ This does, of course, apply even more so to countries which do their work through government-financed agencies such as Germany with the GTZ and the US with PEPFAR – both included in fact sheets

countries. Australia is the largest bilateral donor working on HIV/AIDS programmes in the Pacific and South-East Asia.

Development assistance from **The Royal Danish Ministry of Foreign Affairs – Danish Development Cooperation** (www.um.dk) has been decentralised to the embassies in the programme countries. HIV/AIDS prevention, care and support are part of the overall objectives of Denmark's development cooperation.

HIV/AIDS, reproductive and sexual health and primary health care are priority themes for **The Dutch Directorate for International Cooperation** (www.minbuza.nl). Strengthening UNAIDS at country level and promoting civil society involvement are among the action points of the programme. An HIV/AIDS workplace policy has been developed for Dutch embassies.

The United Kingdom Department for International Development (DFID – www.dfid.gov.uk) adopted a new multi-sectoral strategy on HIV and AIDS in 2004, reinforcing its support for the Millennium Development Goals and the “Three Ones” principle. DFID country offices have the lead role in determining how funds are allocated.

Annex

The purpose of this Annex is to explain the Global Fund to Fight AIDS, Tuberculosis and Malaria and its core structures in more detail. Although this guidance note was written for Round 6 proposals it can equally be used for proposals to be included in an existing grant. This is not an uncommon procedure. The joint GTZ/GBC publication "Making Co-investment a Reality" (see GTZ factsheet) states that "The Global Fund emphasises that opportunities for co-investment are not limited to the proposal phase but exist at every stage of the Global Fund funding cycle." It gives details of these stages and entry points.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria issued its Sixth Call for Proposals and so far last call in May 2006. The application form and support documentation is available in six languages at www.theglobalfund.org/en/apply/call6. Proposals had to reach the Global Fund by 3 August 2006.

All proposals submitted by the closing date of 3 August 2006 were reviewed by the Secretariat to ensure that they met the eligibility criteria. Eligible proposals were then forwarded to the Technical Review Panel (TRP) for consideration. The TRP made recommendations to the Global Fund Board, which made its decisions at its 1-3 November board meeting.

How does the Global Fund work?

The Global Fund, itself a public/private partnership, is a funding mechanism. Since it was registered in January 2002 and up to March 2006 funds contributed and pledged to the Global Fund totalled USD 8.5 billion of which nearly USD 5 billion had actually been received. For Rounds 1 to 5, grants of nearly USD 5 billion have been approved and more than USD 2 billion have been disbursed to principal recipients.

The Global Fund is based in Geneva. It does not have any country representation. The proposal process and the implementation of grants are devolved to the national level. The Global Fund gives the policy framework and issues guidelines on various aspects of its operations. It raises money, spends it and proves it – the Global Fund is performance based.

All proposals have to go through the Country Coordinating Mechanisms (CCM). The composition of the CCMs is supposed to be representative of all stakeholders in the fight against HIV/AIDS, including civil society, the private sector and organisations of people living with HIV/AIDS (PLWHA). In reality most CCMs are dominated by the public sector.

How can unions get involved?

The role of the workplace in the fight against HIV/AIDS is recognised. No workplace activities can be efficiently implemented without unions. The role of national unions and their international bodies, the Global Unions Federations, is acknowledged by international organisations such as the ILO, the WHO and UNAIDS.

The Global Fund is keen to build public/private partnerships and to implement co-investment projects. Without the involvement of the private sector universal access to voluntary counselling and testing (VCT) and to anti-retroviral treatment (ART) is not possible or will be further delayed. The private sector is business and trade unions as the workers' representatives. The

ICEM has worked with the Global Fund to establish this principle in public/private co-investment projects.

The manpower capacities of unions are limited. They have to attend to other day-to-day business. Unions are not single-issue NGOs. They have to look for partners and build alliances with companies and NGOs.

Very few CCMs include unionists. While we continue to call for union representation on CCMs, in the short term it is vital that unions work through members of the CCMs who are sympathetic to their cause. It is important that unions find cooperating partners who can develop their project ideas into proposals for the CCM.

The German Organisation for Technical Cooperation (GTZ) operates the BACKUP Initiative (Building Alliances – Creating Knowledge – Updating Partners), which provides support. GTZ is represented in more than 130 countries. A lot of USAID offices have HIV/AIDS Coordinators and certain embassies, notably of Nordic countries, the Netherlands, the UK and the European Union may be able to give assistance. Global Unions and the WHO have agreed to use the potential of unions in up-scaling and accelerating access to VCT and ART. The ILO and its workplace programme ILOAIDS has focal points on HIV/AIDS in a number of offices.

Grants are allocated to a Principal Recipient in a country – in the majority of cases to a ministry. For a more efficient implementation sub-recipients may be nominated and it is here where specific workplace programmes can receive funding.

What are your next steps?

- Put down your ideas about a workplace programme on one page and prepare a draft budget.
- Get to know the members of your country's CCM and lobby those potentially sympathetic to union causes for the inclusion of workplace programmes in Round 6 proposals. Country-specific information is accessible at www.theglobalfund.org.
- Contact GTZ, USAID, the ILO, UNAIDS and WHO offices.
- Build alliances with companies; remind them of their social responsibility.
- Cooperate with NGOs and organisations of PLWHA.
- Access the website www.aidspace.org/guides on which a guide to Round 6 applications is available.

How can the ICEM help?

The ICEM Global Coordinator has good working relations with all the organisations mentioned. He can help you with contacts and links to materials. Send your ideas about a workplace programme and inquiries to hiv.aids@icem.org. The ICEM has Global Agreements with a dozen multinational companies which should be engaged in the fight against the pandemic.

Above all

- **Start today if you want to do something.**
- **Remember that the private sector includes business and the unions as the workers representatives.**
- **Remember that you have allies who can be mobilized and who can give assistance.**
- **Write to the ICEM Global HIV/AIDS Coordinator at hiv.aids@icem.org for further information and help.**

Copyright ICEM
October 2006

Hans J Schwass
ICEM Global HIV/AIDS Coordinator