



Funding HIV Advocacy: The critical role of private philanthropy in supporting strategies that work

Executive Summary

22nd – 23rd October 2015

Funders Concerned About AIDS publication *Philanthropic Support to Address HIV/AIDS in 2014* reports that roughly 2% of global resources for HIV were contributed by philanthropy in 2014. Of that 2% (\$618M), only 11% was dedicated to the support of advocacy efforts. Recognizing that advocacy is the engine that has driven the HIV response from the earliest days of the epidemic, and understanding that private philanthropy is the primary source of advocacy funding, FCAA recently convened the world's top public and private HIV funders for a two-day meeting in London to address the inadequacy of resources dedicated to this vital component of the response.

Goals and structure of convening

The first day of the meeting, at the British Medical Association included interactive panels with private funders, donor governments, and civil society advocates presenting a series of case studies of how modest amounts of funding for advocacy have yielded concrete success (including leveraging funding and changing laws and policies) in the HIV response.

The second day of the meeting, at the offices of Comic Relief, was a closed forum for private funders to discuss what is needed to make the case, internally or to a broader constituency, for funding or increasing funds for advocacy, including a discussion of possible collaborative work.

Stated goals for the two days were:

1. To make the case to private donors that funding advocacy yields tangible results in the HIV response in areas of financing, policy change and service delivery. We will focus on the particular role of private donors in funding civil society to pressure governments, multilaterals and UN on funding and policies.
2. Private Donors leave meeting equipped with examples and strategies that they can use internally to make the case for funding for advocacy and ideas for collaborative work with other private funders
3. Donor Governments and multilateral agencies leave meeting with strong sense of civil society priorities in relation to current HIV policies and opportunities to collaborate with private donors

DAY ONE KEY TAKEAWAYS:

Facts and figures:

Global philanthropic funding for HIV totalled \$618M in 2104; this represents 2% of overall global resources for HIV.

Philanthropy provides the bulk of resources for advocacy, yet only 11% of philanthropic resources were invested in advocacy.

While 2014 was a high water mark for philanthropic funding of the US domestic epidemic, funding for the international response has continued to drop over each of the last three years.

UNAIDS estimates that a 76% increase, to \$32B is needed by 2020 to bend the curve of the epidemic toward an end. If this is not achieved, the cost will increase to \$64B.

Items identified for follow up action:

We must change the mind set around funding advocacy. We must work on demonstrating the impact of advocacy clearly. We must accept gray areas around attribution and impact. Donors must be prepared to take the risk that their work with grantees might aggravate people and could lead to a falling out with governments.

We must understand that as governments are not eager to fund their critics, philanthropy is the main source of advocacy support; therefore, 11% does not represent an adequate allotment of resources to this activity. Philanthropy, representing only 2% of overall resources, can maximize its impact through funding advocacy.

Increase philanthropic investment in advocacy in order to drive public resources toward the \$32B goal by 2020.

Identify and foster political leadership in support of this goal, especially in Europe.

Monitor transitions in Middle Income Countries (MIC) to ensure country responsiveness to HIV overall, to the needs of most impacted populations, and to the use of evidence-based interventions. Ensure that services set up by donors as parallel systems become integrated into countries' healthcare delivery systems to ensure sustainability. Models of responsible transition should be developed and replicated.

We must urge governments to leverage the social capital that has been developed by ASOs and NGOs, and to adopt community-based health care delivery systems that align with the WHO guidelines.

We must address the lack of mechanisms in Eastern Europe and Central Asia for governments to contract with NGOs.

Rebuild our movement. Our infrastructure is 30 years old and needs to be updated. There is a lack of grassroots mobilization which weakens our response and jeopardizes our movement. Key strategies to address this are to recognize the essential link between advocacy and service provision and enlist service providers as allies to mobilize most impacted communities to demand the change they need. Additionally, efforts should be made to break out of our silos – while holding our ground - and build, join and strengthen broad-based social justice movements which can lend strength to our issues. Donors should leverage their ability to convene in service of this work.

We need enhanced capacity to mobilize around large challenges, such as the withdrawal of development assistance for health from MICs and Global Fund replenishment.

As the largest gathering of AIDS researchers and activists, the international AIDS Conference in Durban will provide a key moment for mobilization. We must leverage the opportunities for visibility to drive key messages and make connections to other movements.

Develop common messaging about our goals. Messages must be balanced to reflect both tremendous progress, yet significant work yet to do. We must increase public awareness, particularly in donor countries and MIC about the need for resources. We must find the correct context for our messaging, for example, should we focus on unfinished work of MDGs, work to link HIV to other SDGs, or consider a new frame that does not trap us in the development donor's paradigm? Regardless of frame, we must ensure that high level discussions are relevant to what is happening on the ground.

We must develop statistics on key populations and policy/legal barriers that prevent equal access and to document the need for enabling environments.

We must increasingly focus on children and adolescents. There are 40% more adolescents alive now than ever before and they have inadequate access to care. Additionally, increased population means increasing numbers of people living with HIV, even if infection rates remain unchanged.

We must use data available to drive progress in regions, countries and among populations where we're failing. We must address the role of stigma, discrimination and criminalization in hindering our work.

We must leverage and invest in key mechanisms that channel funds to advocacy activities, such as the Red Umbrella Fund and the Robert Carr Network Fund. Additionally, we must find mechanisms to move support to non-network groups, such as members of the networks supported by RCNF.

Key resources identified:

PEPFAR data, available online <http://www.pepfar.gov/funding/c63793.htm>

International HIV/AIDS Alliance, *Advocacy in Action*
http://www.aidsalliance.org/assets/000/000/790/adv0602_Advocacy_toolkit_eng_original.pdf?1407150117

and ReACT Human Rights Monitoring Tool
http://www.aidsalliance.org/assets/000/001/310/REAct_User_Guide_original.pdf?1424259862

Dutch Foreign Ministry, Dialogue and Dissent, downloadable at
<https://www.government.nl/documents/regulations/2014/05/13/policy-framework-dialogue-and-dissent>

DFID Disability Framework: Leaving No One Behind
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf

DAY TWO KEY TAKEAWAYS:

Monitoring and Evaluation Advocacy:

By promoting a learning environment, acknowledging the long term nature of the work and the challenges in quantifying and attributing success, we can progress from being paralyzed by the complexities of advocacy, to valuing its essential nature as an integral component of our core work. Advocacy work must be built on a Theory of Change that includes strategies and assumptions that underpin the work. “Advocacy is the software that makes the hardware of services run”. When advocacy fails, outcomes are determined by bureaucrats, rather than activists, which often limits the vision of success.

Making the Case for Funding Advocacy:

Socialize advocacy with decision makers, get people formally involved, persuade them in advance of board meetings. Use small examples they can feel proud of, this enables bigger, riskier decisions.

Adapt systems (e.g. application forms, indicators).

Create “workarounds” for advocacy as needed. Move authority for smaller grants to staff for quicker decisions in urgent situations.

Show people, don’t tell them; because advocacy is most powerful when experienced. Avoid talking about tactics and steps; start with outcomes and change. Bring emotion into it. Show results and talk about the injustice you want to change. Focus on product over process.

Recognize that avoiding harm and further decline is progress.

Next Steps/Conclusions:

Participants concluded that a greater investment in advocacy is needed from philanthropy in order to drive the response to the epidemic to ensure adequate financing, enabling environments, access to quality services, and ultimately, an end to the epidemic. This increase in investment can only be achieved by changing the way we think and talk about advocacy. We must recognize advocacy as the most essential ingredient to the success of our efforts, and the most effective means of leveraging the 2% of global resources for HIV contributed by philanthropy. We must address and overcome barriers within our own institutions to funding this work by fostering learning environments that embrace the challenges of funding and monitoring advocacy, and accept new thinking about attribution of success.

We must be willing to blur boundaries in our giving -- coming out of our silos while at the same time, not losing sight of HIV specific need -- to address where HIV thrives, at the intersections of social justice and human rights issues. We must erase imaginary lines between advocacy and service provision, and even advocacy and research, and understand that there is an advocacy role for everyone engaged in HIV work, and that all HIV funding should explicitly convey an expectation that the grantee understand and fulfil those roles.

Private philanthropy will be most successful in an environment in which funders hold each other accountable and challenge each other to participate in coordinated approaches, which represent a continuum from information sharing to pooled funding. At one end of the continuum, funders can coordinate their own funding to complement the efforts of others or respond to gaps. Those who choose to explore pooled funding opportunities can share in larger impact, share the burden of larger challenges, and share the risks often associated with advocacy efforts. Funds that use community-based review panels empower those most impacted by ensuring their participation in decision making (e.g. Red Umbrella Fund).

This last sentence is not very clear. I understand that it's about empowering those that HIV impacts, by ensuring their participation in decision making, but this probably needs to be stated more clearly.

Attendees felt participation in this gathering was an important first step toward addressing concerns listed above, and challenged FCAA to carry this message forward through its programming, such as the AIDS Philanthropy Summit, webinars, the funder working groups, and to consider it through its current strategic review efforts. Data collected by FCAA resource tracking should be leveraged to drive messaging around this work, and FCAA was encouraged to consider issue-specific convenings on a host of topics further documented in the meeting notes.



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Meeting Notes

Welcome: *John Barnes Executive Director, Funders Concerned About AIDS, Louise van Deth, STOP AIDS NOW! and FCAA board member*

John Barnes welcomed attendees to the meeting with an introduction to Funders Concerned About AIDS. FCAA is a global network of private donors, which merged with the European HIV/AIDS group, and which is now attempting to reach beyond the US and Europe to identify funders in middle-income countries with whom to partner. They produce and publish resource tracking data, hold the annual AIDS Philanthropy Summit (Washington DC, December 2015), and run several working groups which look at key points of strategy to reach beyond HIV and AIDS, for example the intersection of human rights and HIV, or the elimination of mother to child transmission.

Louise Van Deth, a board member for FCAA, and representative from STOP AIDS NOW! set the scene for the conference. She explained that FCAA wanted to be able to plot out how advocacy and lobbying could change everything, and help bring about the end of AIDS by 2030. If the movement wants to reach those goals, then by 2020 there needs to be \$32 billion available to spend on AIDS – we need lobbying and advocacy in order to generate those funds.

It was also highlighted that by 2020 70% of people living with HIV will be living in middle-income countries; those countries will need to spend on health, and a lot of work needs to be done through advocacy to encourage that spending.

Another important aim is to ensure that no countries criminalise same sex relationships, and attendees were asked how the movement could get there?

Louise highlighted the need for capacity building in the civil society sector, and hoped that by the end of the conference people would conclude that investing in advocacy can help change everything.

Opening Keynote address: Ambassador Deborah Birx, U.S. Global AIDS Coordinator & U.S. Special Representative for Global Health Diplomacy – *‘The State of the global response: How advocacy got us here and can help us get to where we need to go’*

Ambassador Birx said that this was the most important meeting she would be attending this year. She highlighted the ‘tragedy’ that was going on concerning funding for advocacy, and questioned why an alert hasn’t gone out over this emergency. The Ambassador stated that the movement has the tools it has always wanted, in terms of test and start options from WHO, but it doesn’t have the regional and national advocacy networks that it needs.

The Ambassador gave attendees a little background concerning the situation before the advent of PEPFAR and the Global Response. In 2001, 10,000 people were becoming infected every day. At the peak of the pandemic the world responded with investment. She asked those present how they could rekindle this same energy.

Concerning stigma and discrimination, the Ambassador suggested that sometimes we pat ourselves on the back too much, and highlighted what’s happened in the last 4 years, especially in Sub-Saharan Africa. The stigma is still there, in LGBTI legal and cultural frameworks, and we need to be pushing this.

She pointed out the dramatic reductions in HIV incidence rates, but added that these can be misleading; rates have dropped by over 50%, but some people forget to take into account population growth. There are 40% more adolescents than we have ever had on this planet, and programming for HIV/AIDS is not available to them.

The Ambassador suggested that this was a historic opportunity, with an alignment of science, activism, UNAIDS, and resources. She suggested that we have everything we need to decrease new incidence by 90%, but asked where the call to action is to move this forward?

Ambassador Birx then looked at incidence rates by region, and asked what the movement can do when countries refuse to act – who will hold countries accountable when they are not recognising suffering? There needs to be advocacy for funding and for individuals.

PEPFAR is trying to make their data visual, and therefore actionable, and has created infographics mapping the burden of disease, which is the key cost driver. 92% of PEPFAR funds are spent in Sub-Saharan Africa, as South Africa and Nigeria alone account for about 40% of global burden of disease and new infections. The Ambassador underlined the importance of delving deeper into data though, as doing so shows that although overall rates of new incidence are falling in some regions, in some countries and among some key populations, we are failing. She also highlighted that unless we decrease incidence, the \$32billion

needed in 2020 will fast become \$64billion. If incidence does not decrease, then social unrest will follow.

The Ambassador described how grateful PEPFAR is to President Obama for highlighting the epidemic, and talking about these issues in the framework of the new SDGs, aiming for the “first AIDS-free generation”, with a 40% reduction in new incidence among young women. She underlined that the road map to success, must include creating fiscal space so that those infected can be treated.

Ambassador Birx described several projects where PEPFAR has tried to ‘pivot’ within failing countries, such as Uganda and Haiti, pointing out that by reviewing activities and mapping services and needs to create a better understanding of the context, you can pinpoint who is being left behind, and align need, prevention and treatment. This is part of why advocacy is so important; analysis allows us to see where the underserved areas are, and figure out where patients are and how to reach them.

The Ambassador also talked about the life cycle of HIV at a community level; older men are infecting younger women, who then infect their more similarly aged life partners. So, if we can impact young women, then we impact young men too; we can impact new infections in a dramatic way if we figure out how to protect young women. This is the aim of the DREAMS Partnership, which is a half a billion dollar partnership focused on creating ‘Determined, Resilient, AIDS-free, Mentored and Safe young women’.

She went on to highlight the importance of civil society, describing the altruism of actors, and emphasising that this must be applauded and sustained. She suggested that the demands of advocates in the US have translated beyond health issues and driven other movements forwards, for example human rights or equally marriage. Every day that we lose an organisation because of financing, that is a voice that is silenced, a voice that we need.

The Ambassador underlined that the US and PEPFAR cannot be the sole bail out group for the world, and that they need bi-laterals and other governments to step up. If governments are at the table though, advocates must be there too, as they are key to the response.

When advocates have access to the data (all PEPFAR data is online), they are more effective. They can use it to go to their governments and say, “this is not being done correctly”. They need data in order to provide feedback and in so doing provide transparency.

The Ambassador described the translation of voices into drugs, into global fund planning, into PEPFAR, and urged those who are able to invest to do so. She pointed out that there were donors in the room who could invest in ways that PEPFAR can’t (for example outside of the US they are bound by the prostitution pledge). Investing in advocacy requires partnership and multiple actors.

The state of funding for AIDS advocacy –

John Barnes, Funders Concerned About AIDS

John talked attendees through a summary of FCAA's most recent resource tracking report. This is the 13th annual resource tracking publication that FCAA has produced, and it looks at private funding for HIV grant-making in 2014. The report covers over 200 organisations in the US, Europe and other countries. It relies on grant lists submitted by grant-making organisations. FCAA has coded over 6000 grants using grant descriptions, but has also conducted a 'deeper dive' into the data prompted by its working groups who wanted more granular information on what is being funded.

The report will be released at the AIDS Philanthropy Summit in December. Key points include:

- Private philanthropy for HIV in 2014 totalled \$620million, which is an 8% increase over 2013, driven by the Gates Foundation and Gilead. However funding has remained fairly flat for the last 8 years. The increase in funding is solely directed to the US domestic epidemic. Funding to low/middle-income countries has remained flat or declined. Furthermore there is a severe concentration of funding among the biggest funders.
- The 2014 total was an 8% increase over 2013's total, but an 8% *decrease* over 2007's total. Global and international funding has decreased each of the last 3 years.
- Philanthropic resources represent only 2% of total resources directed towards HIV/AIDS, and so it is obvious that we need to leverage that 2%.
- Out of all philanthropic resources for HIV, 11% is focused on advocacy. This is not enough, and that's the meeting was taking place.
- Philanthropic funds are the primary source for advocacy funding; there are billions of dollars out there, but the primary source for advocacy is only a very small fraction of the total available.
- Of the 11% available for advocacy, 76% is coming from the US, 14% from the UK, 4% from France, and 3% from the Netherlands.
- Most advocacy funding goes to global groups, which can create problems in providing resources where they're needed in middle-income countries
- The report looks at advocacy funding by income level of country.
- It also looks at the intersection of human rights and HIV; FCAA is trying to determine the amount of HIV funding focused on human rights. (In the background materials for the meeting attendees could access a UNAID report, which is the first attempt to calculate the total of human rights and HIV funding globally).
- The report sets out the top 20 private funders for HIV overall, and for HIV advocacy, which helps to demonstrate how smaller funders can have impact and be leaders in this area.

Group Discussion - Moderator, Mohamed Osman, Elton John AIDS Foundation

Some of the comments and questions raised by attendees during this first group discussion included:

- The resource tracking data revealed the tiny proportion we contribute as private funders, and that only very small part of that goes on advocacy; this is a huge take-home message. Funding for advocacy is very small but so important.
- One funder mentioned a tool kit, '[Advocacy in Action](#)', from the International HIV Alliance which looks at advocacy in action, and which is worth knowing about.
- The point was raised that one of the challenges to talking about the need to fund HIV advocacy, is that it's hard to get data on how much is already being spent in support of it. We need data from a broader range, not just from FCAA, and country specific examples would be helpful. We need to show the huge impact that advocacy can have, but how can we visually demonstrate that? Where can we get country data from or examples?
- One funder asked John, in putting numbers together, how did you define advocacy in the resource tracking exercise? John explained that they used the descriptions in the grant descriptions provided; if it said 'advocacy' then they would count that, but they also tried to read between the lines, and so if something indicated advocacy, it was included. If they had scant grant descriptions, they would look up the recipients to find out what they do.
- Attendees underlined the need to balance the urgency that the Ambassador had put on the table about what we have to do, with the recognition that the reason the AIDS movement has been so successful, is that it has been grounded in social justice and human rights, and it is very hard to quantify advocacy impact for these concepts. How then can we bring the brilliance and innovation of advocacy to other movements and bring those movements into our area? It is a changing landscape, and so we must on one hand break out of our silo but on the other, stay put. We shouldn't confine ourselves to a limited discussion on past activities and successes.
- One funder shared information on the Dialogue and Dissent Programme, by which the Netherlands government has diverted part of its funding for NGOs to support lobbying and advocacy specifically. They have formed strategic partnerships with 25 different organisations, that will do capacity building in-country for lobbying and advocacy. The funding has been diverted from programmatic funding/service delivery.
- Attendees pointed out the US leadership on the issue and asked where the similar levels of leadership were in Europe. It was suggested that the issue is disappearing from the agenda. There is no political leadership on this in Europe and it is unfair that the US is carrying such a huge burden

on their shoulders. We have tools and opportunities, but successes can unravel very quickly, and if this happens, a high level of unrest will follow. We need to advocate European political leaders on these points.

- Several attendees emphasised the need to fund the Robert Carr Fund. They explained that local partners are underfunded. Funders have been wary of funding advocacy, sometimes because of politics, but also because of a fear of lack of accountability/capacity of groups – funders need to think differently about that. It is easier to show the positive influence and impact of local networks, but global networks that support local networks are also critical. It's hard to show their impact with metrics used to track success, but we need to think outside of the box on this.
- A specific advocacy challenge was raised – that of balancing messaging around progress made in the HIV response whilst clearly demonstrating how much there is still to do. We need increased public awareness, especially in donor countries, and we need increased activism, not about HIV on its own, but HIV linked to the other SDGs. Advocates must talk about how ending AIDS will deliver on other SDGs and targets.
- Donors are starting to withdraw and retreat from upper-income countries, but we need to ensure sustainability of response. We need to track and discuss this together.
- Several attendees claimed that the division between services and advocacy was an artificial one. It takes advocacy to start a service or scale it up, maintain and sustain it. There is an interesting dynamic between different types of donors; some prefer services, some advocacy. But unless someone was initially daring enough to advocate for vital services, projects wouldn't exist to be scaled up. There is an intermittent marriage of service and advocacy, and we need to think about donor coordination, and how the funding priorities of some complement the priorities of others.
- Some funders highlighted the problem with the methodology for classifying countries as low/middle/high-income. They claimed it is not enough to use income alone to classify countries. So advocacy around knowledge and classification framework must be a part of our strategy.
- The importance of funder alignment and coordination was underlined. The sector can get a lot done in funding civil society and advocacy without there needing to be too much money. It is not an insurmountable amount that has to be raised in order to make big difference, but funders must be better aligned with each other. What is the body that can help funders become more aligned? What conversations need to be had? What human resources are needed to better coordinate us in the US and globally?
- A member of a civil society group emphasised the importance of funding advocacy, because if we pull back from it, the people who define responses are no longer the activists, they're bureaucrats, who have restrictions. The more we withdraw from advocacy, the more we allow others to define how we respond, which then affects our goals and targets. We can only go as far as the parameters set by those who define the epidemic and the response.
- Service providers often don't feel the need to engage with advocacy, despite often having the most contact with those who need to be mobilised. Perhaps it should be made implicit in grant-making that part of

service provision is helping to mobilise the population whose needs must be met.

- One attendee pointed to the revised guidelines from WHO which will soon be released. These will recommend standards of care, incorporation of community based responses, with evidence based examples of community service delivery, and guidelines on testing, prevention, links to care, and sustained treatment. This represents a sea change in WHO policy and recommendations, and provides whole new work streams to think about, and great opportunities for advocacy to get governments to adopt a radical approach to health care delivery. In terms of the ability to incorporate advocacy work into service provision, this represents an enormous opportunity. Donors have a unique role in deciding how to capture this social capital and link it with broader social justice issues.
- The threat of putting control over response in the hands of governments was also mentioned. With fewer foundations involved in the advocacy game, we are limiting the ability of those on the ground to amplify messages, and this restricts opportunities.
- Funders started to think about actions that could come out of the meeting. Investment is needed in advocacy to get to the \$32 billion needed in funds. Private philanthropy can instigate that investment, by getting advocates to act, and getting bigger donors to re-engage. Private philanthropy can leverage the greater investment that is needed in the next few years.
- One actor pointed out that the UK government is more willing to focus on governance and accountability, than on advocacy. There is a perception that the former is inclusive of all stakeholders, whilst the latter is external and confrontational. Is this a trend elsewhere? Its worrying, because it means funds are focused on mechanisms and process, which is critical, but it doesn't look at what the change is that you want to see.

Advocacy with impact - *Examples of successful advocacy with tangible impact in terms of HIV financing, policy change, and/or service delivery. Moderator, Julia Greenberg, Open Society Foundations*

- The Contributions by STOP AIDS to the £1 billion UK Global Fund pledge – Diarmaid McDonald
- Advocacy for and by at-risk adolescents – Nicholas Niwagaba, Uganda Network of Young People Living with HIV
- Equal access to Services for key populations – Serge Votyagov, Eurasian Harm Reduction Network
- Advocacy for an Enabling environment for vulnerable populations in the Caribbean – Carolyn Gomes, Caribbean Vulnerable Communities Coalition

Nicholas Niwagaba from the Uganda Network of Young People Living with HIV talked about a policy change win in Uganda, where the age of consent for HIV testing was reduced, which had a great impact in increasing access to tests. The major entry point for treatment is going for a test, and through lobbying the Minister of Health for Young People, the network was able to contribute to the policy change. Nicholas emphasised that young people are a key population, particularly those who sell sex, and their needs were not being met. The network helped in the development of a Youth Charter, and through this they were able to influence Global Fund involvement in Uganda, and key population programming. There is now a national AIDS development plan that uses the language of key populations from the Youth Charter, which informed the government of young people's needs. Through continual advocacy, this specific language was picked up and included in the Global Fund concept for Uganda, and is in the national strategy plan. The response now seeks to meet the needs of vulnerable groups, such as sex workers, despite the practices of these people being outlawed.

Diarmaid McDonald spoke of the tangible impact that STOP AIDS had had by leading the UK coordination effort to increase the contribution of DFID to the Global Fund. They defined the target of £1 billion for the UK. The UK sold their contribution as saving a life every 3 minutes. The amount that came from other funders, which paid for the advocacy that helped bring about the increase, would have saved 270 lives had it been spent on direct response or services. The impact it had by being spent on advocacy however, saved an extra 300,000 lives, by securing more funds for the Global Fund. This reveals the impact that can be produced by leveraging private funds through advocacy, through a synergistic multiplier effect.

Serge Votyagov from the Eurasian Harm Reduction Network talked about Eastern Europe and Central Asia, a region where the epidemic is growing, yet where there are no low-income countries. Governments do have resources, but they lack political will. This is a region where democratic values are not there, and programmes not accepted as appropriate interventions. Community based organisations and civil society are not recognised as key providers. Despite that context, within 18 months of implementing the Global Fund programme, they managed to get Ministers of Health and Finance to collaborate with civil society groups in looking at how much is being spent on certain programmes, identifying gaps, and then committing to working collaboratively to fill those gaps. The very fact that governments disclosed their financial data and committed to working with civil society is a critical win for this region.

Carolyn Gomes from the Caribbean Vulnerable Communities Coalition talked about building on the Robert Carr Foundation. This organisation started with a single, sociologist, and \$10,000 to bring together activists to talk. It then grew to be a subversive penetration of the international community, culminating in Carr's 'bullshit speech'. The Robert Carr Network Fund started with \$5 million, and is the only fund that funds core work. It now has a commitment of \$27m, but needs more. It demonstrates what can come from a single commitment, with multiple-stranded strategy and different engagements by one person.

She also talked about a Caribbean sex worker coalition led by Miriam Edwards. They leveraged funding for a regional coalition of sex workers, and elected a board of brothel and street based sex workers, including men, youths, Spanish-speaking people, trans-gender people etc. that now raises its own funding and does its own work. This empowers sex workers who can take the response to the powers that be and demand help to stop the epidemic.

What do you say to a donor who asks about the impact of advocacy work on HIV?

Carolyn explained that if you're talking in numbers, then advocacy is not a straight-line business; rather, it is sometimes best described as bowl of cooked spaghetti, with different strands intertwining. It is possible to talk in numbers though, for example, HIV incidence rates were at 12% among sex workers in Jamaica, but are now down to 4%. A lot less workers are infected as a result of advocacy work.

What are the differences in funding, and how can funding be mutually reinforcing?

Serge explained that his organisation has a diverse donor base, which allows them the freedom to be critical of the Global Fund whilst also implementing a key project funded by them. He suggested that advocacy is like the software that is needed for the hardware of services. The Global Fund was prioritising primarily services, and the scale of funding allowed countries to scale up essential services. It is only in the last few years though that the Global Fund has re-evaluated (with a push from civil society) and concluded that advocacy is just as important. There has been a breakthrough of regional grants committed to strengthening capacity, that brings advocacy to the next level, and empowers networks and partnerships. His organisation continues to be a partner for OSF, and this dynamic allows them to be effective in doing work that the Global Fund is aligned on. They do need governments to invest in their own programmes though. They feel lucky to be implementing a regional grant, but are privileged to have private foundations supporting their work, as this allows them the freedom to be an activist, keeping donors accountable to what their priorities are, and to how they're setting the rules.

What are the challenges of approaching donors concerning controversial work? Is this an insurmountable problem, and are there problems getting funding for your work?

Nicholas shared that making a case to donors was still very, as how do you measure advocacy impact? It is very evident that many donors want to focus on numbers, and it is hard to convince donors that you can only have measurable sustainable services as a result of advocacy. They need continuing lobbying. His network has been collecting evidence, for example from the project funded by the Dutch Minister for Foreign Affairs, called 'The Link Up', which provides support for different consortia, documenting cases of human rights violence. They are then able to present these cases to donors. It is challenging to convince the government that there are key populations of same-sex adolescents/sex workers etc., in order to secure programmes targeting these people. They need statistics for donors that show the policy/legal barriers that frustrate access for these key populations, and they need an enabling environment so that everyone

can access treatment. It is therefore vital to invest in bringing about good political will, if they are to achieve their goals.

Do you have an example of a time when a donor was not yet comfortable with funding advocacy for HIV? How did you convince them? What were they worried about?

Diarmaid expressed his gratitude to the Elton John Foundation. STOP AIDS realised that this foundation was a very important funder, as they were very active, and had similarly aligned interests. But the amount that they directed to UK advocacy work was pretty minimal, and so STOP AIDS started a long conversation with them. STOP AIDS is a network with 80 member organisations, and they started pulling EJF into conversations with members, briefing them on conversations with the government, linking the foundation to their priorities. They were patient and engaged, keeping going an in depth conversation over a number of years, which built up EJF's confidence, and showcased evidence of impact. EJF did their homework on the network (perceptions of others), and with that, they built up a good relationship before any funding was secured. Before any formal grant-making took place, STOP AIDS were able to use EJF's contacts in government, and make use of interventions by Elton John. They used their informal relationship to good effect before agreeing on a formal funding relationship. EJF staff also worked hard to convince senior leadership of the value of advocacy. Board members are used to seeing numbers, and so transitioning to analysing evidence of advocacy is a difficult shift. They therefore wrote an M&E line in their first funding application to the foundation. They commissioned an independent evaluator, and this consultant drew up 'causal stories', demonstrating potential rational reasons for impact. This was really qualitative, but enough people fed in to the process corroborate it and make it credible, for example quotes from civil servants and others were included on the network's role. Diarmaid suggested that we need to get more accepting of the greyness around attribution and impact of investments in advocacy. Also, with the right approach, and patience, and willingness to learn, you can build the confidence of donors.

What do you want donors to understand about your work? What do you need donors to really understand about the core of what makes your work successful? And what are you scared of? What's fragile? Where is advocacy most needed?

Carolyn underlined that the fact that you can never be entirely sure what is going to be strong and have an impact. She mentioned Guyana Trans United, which advocates against the criminalisation of same sex relationships, cross-dressing and general discrimination. The group got funding from the US State Department DRL, rented a room for meetings, support, skills training etc., and then established a clinic for transgender people. It doesn't take a lot of money to keep supporting those efforts, yet they have a huge impact on the community.

Serge highlighted that in the case of Russia, given the context, the fact that things are not getting worse is itself a success. They are overcoming the resistance of oppressive government agencies, and this needs advocacy. Governments are getting stronger, but this doesn't mean that they are then democratic or inclusive, and they are not engaging in a constructive and collaborative way with

civil society. Civil society needs further strengthening and support, including investment in core costs, because advocacy is basically the work of individuals. It doesn't come from a budget that goes into procuring needles for needle exchange programmes, but needs core funding. He also claimed that regional work is needed too, because of the Russian influence on neighbouring countries, and the concern that disinvestment in one country could impact neighbours.

Nicholas stated that organisations must be able to trace their contribution to any impact. There are ongoing issues of legal barriers in realising the right to health, and the movement needs to invest in capacity building for networks to advocate and push agendas as rising generations. He emphasised that it is crucial to invest in young people.

Diarmaid underlined that advocacy is a long term endeavour. The effort to increase the UK's commitment to the Global Fund started 5 years before the decision made. Building contacts, credibility and access takes time, and so short time lines in advocacy funding are not helpful – either funders don't see results, or they do, and then have perverse perceptions of timelines moving forward. The long term nature and unseen work behind the scenes is important. Furthermore, donors must be willing to aggravate people, by funding those who fall out with governments, multi and bi-laterals. He recommended funding advocates to say the things that you can't, as that's what will change the dynamic. Don't just fund what's safe.

Comments and questions from the group

- What do you need in order to make the case to fund advocacy?
- How can funders challenge colleagues to be responsive?
- What are the obstacles out there?
- What difference would you make if you got the money that you need?
- Some organisations have responded to declining funds for advocacy by broadening the scope of their advocacy beyond HIV. The theme of this meeting is HIV advocacy – what about the 'HIV' in there – do you see yourself shifting?
- Is it human capacity that you need? What would help?
- How can you become comfortable with funder allies? How have your strategies been enhanced by funder relationships?

Obstacles:

- When large scale donors start rationing budgets given to countries, it's the advocacy and technical support that gets left out. This means that programming for key populations is left behind. The obstacle is diminishing resources allocated to the HIV response in general, but primarily to advocacy support.
- This is linked to another obstacle, which is the repressive legal environment. A lot of services funded by donors have been running in parallel to the government system – they are not integrated with government services and are not recognised by authorities. We need to be more effective with our advocacy in order to ensure integration; otherwise, when donor support ends, services will collapse.

- Technical capacity was named as a main obstacle. Funders don't trust young people with their money, but then who will build their capacity? We must support youth-led organisations, as they respond to the unique needs of young people themselves.
- The way that funders define what they do is a little arbitrary. There should be more flexibility about how donors define what they do, and their overall ambitions etc. Donors need to be more relaxed about interventions they're willing to support.
- The role of middle-income classification; governments are not going to fund vulnerable populations, and classification will kill ground level work unless there's step up.
- How can you have capacity when you're illegal? Capacity is needed for marginalised, vulnerable populations who can have cross-cutting impacts on all of us.

If there was more money:

- We need to rebuild the movement; we are trying to continue work with a fraction of what we used to have.
- Donors could call civil society's bluff more frequently; we don't always have the capacity to respond in the way we wish we could.
- Human resources are vital; we need more staff for day to day tasks. There also needs to be more work done on grassroots capacity, and there is not enough to do that effectively at the moment.

Donor relationships:

- Some organisations had had strategic conversations about whether or not to shift their focus for funding, i.e. whether or not to expand their remit, in order to qualify for funding. The response of some has been to stay true to HIV, but to connect and cross it with other relevant issues.
- Conversations with funders can be very fruitful, as funders have influence and access at senior levels that civil society can learn from; donors can play the role of convener, bringing people together working on similar issues to come up with smarter strategies.
- Donors have access to power. Those in the towers can be friends of activists, and need to realise that activists can say what they can't. They must work together and understand each other's roles.

Final message:

Services imply self-reliance, whilst advocacy implies interdependence and collaboration. Partnerships are key in strengthening advocacy efforts and building new alliances. Rather than shift priorities, we need to build a broader base for supporting our cause, and bring efforts together on different issues and advocate collaboratively. We should be building networks to collaborate on key and shared causes. Partnerships are needed with those who are not like-minded, and so we must work with government agencies too, and this requires a different skill set.

The Role of advocacy: Perspectives from donor governments and global health financing institutions - Moderator: Peter van Rooijen, ICSS

Discussants:

- Marijke Wijnroks, Chief of Staff, The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Yvonne Stassen, Deputy Director, Social Development Department, Ministry of Foreign Affairs, Netherlands
- Cornelius Baker, U.S. Global AIDS, U.S. Department of State
- Jane Edmondson, Head of Human Development, UK Department of International Development

Questions put to discussants:

1) What is your experience in terms of funding advocacy? What has been your best experience? What is the excellent work you've been supporting? Why is it excellent, how has it been evaluated? Help us understand good advocacy.

2) When did you feel that advocacy was working, when you were the target? What made it successful/helpful and why?

Marijke Wijnroks explained that the Global Fund has only recently begun to focus on programmes with civil society that address key populations, and which are very much a combination of service and advocacy. She explained that in all of the national programmes that the Global Fund supports, there is a service delivery component, but also an element of strengthening capacity, identifying/removing legal barriers, or working with law enforcement. She claimed that it is difficult to quantify how much the Fund invests in advocacy. More recently it has explored more models for community based M&E, an important part of advocacy, an area that they would like to invest much more in. They have been reflecting on why advocacy is a much more natural part of programmes with key populations, and they now have an explicit mention of human rights in their strategy. She emphasised that regional programmes are important for accountability and advocacy, and for documenting government commitment. The Fund also funds advocacy at the global level, and through a special initiative, offers technical support to networks on the ground.

They now have more of a focus on gender based violence, and have been working with youth networks, to get young people more involved in national policy processes, and addressing needs of young people specifically. She mentioned the Blue Diamond Society in Nepal, who were key drivers in the government accepting other gender identities outside of binary models.

Cornelius Baker from the U.S. Department of State shared information on how they are supporting advocacy work, for example through a local capacity initiative which funds organisations in 12 countries, to develop capacity for advocacy, and to increase access to prevention, care and treatment. He talked

about a grantee in Mozambique, that scored and ranked the services being delivered. From their observations they were able to pinpoint what was missing, as well as oversights in the supply chain.

This meant that the community was informing where the advocacy priorities ought to be, which resulted in tangible changes, and reinforced for the community that advocacy will be taken seriously. The funder is now bringing all African country grantees together to learn from this good example – and this network strengthening is another form of capacity building. He suggested that the biggest challenge is in supporting local organisations to build capacity, to sustain work, and to become competitive and secure other funding.

He also shared that they had been advocated 'on' successfully, for example during the COPs process. He talked about civil society advocates in the Ukraine, and how they built up strong relationships prior to the COPs process, and were pushing for a higher level of PEPFAR investment. Ambassador Birx pushed back and said, "If you have more money, how are you going to do more, if you're not advocating for policy change?". The network reacted by getting a meeting with the relevant ministry, and convincing the government to agree to lower treatment guidelines, and so PEPFAR invested more money. In this scenario, everyone brought something to the table, and civil society held its own government accountable.

Cornelius also underlined the importance of diplomacy rather than resources. The Ambassador is the Special Representative for Global Health Diplomacy, and in this role, she got a call from an LGBTI group in Jamaica. This is a challenging context, but an important place to go, and any engagement had to be done correctly. The Ambassador agreed to go and make the most of this diplomatic moment. She leveraged her diplomatic role and worked with a local group to shape a presentation. In this way she was able to lead with different health sectors around issues of stigma, and created an open conversation, that filled the room, got good coverage etc. This then set the stage for the President's own commitment around LGBTI rights in Jamaica. This is about building partnerships towards a common goal, and about give and take on what can be done at both ends.

How does PEPFAR make decisions on advocacy – is there a policy about what will and won't be supported, or is it part of high level considerations?

Cornelius explained that the PEPFAR blue print lays out a strategy for achieving an AIDS free generation. The Ambassador has also created a structure that looks at various agendas, for example human rights. They have created an office, to get organised, and a framework for ongoing work for PEPFAR. So there is a structure now for making those decisions. They look at the pieces that already exist but which need to be brought in. This was the thinking behind the local capacity initiative, where the first challenge was to work with agencies to make sure commitments were put into place. Had resources. With ongoing work, the decision making process is built into the COPs guidelines. Coming up in November there is a civil society initiative, which will look at what are the ongoing activities that all countries should be supporting. They wanted a base line analysis of what's being done with stigma, the enabling environment etc. to see if any indices or legal assessments had been conducted, and if not could they

support these to take place? They are trying to build into COP 2016 the core activities on these issues, so that they can give a menu of options for countries to undertake. As broader policy issues emerge they will be vetted differently.

Jane Edmonson from the UK Department of International Development explained that as bi-lateral donors, they both support and carry out advocacy. Combining those two things effectively is where they get the best impact. They support the Global Fund, but also advocate to it. They also support the Robert Carr Foundation. They now have a big commitment, post-2015, with the 'leave no one behind' agenda, which plays across all of their business, and for which they are developing a 5 year plan. The people most left behind are the most expensive to reach, and they feel that the Robert Carr Fun compliments what the do through the Global Fund in terms of reaching those left behind who have most difficulty accessing support and services. It's a pooled mechanism and is therefore an effective way of providing support. The more others put in the more their funds are available as well, and she said they would unlock further funding if others support it too.

Their big challenge is how to measure effectiveness, and show value for money to the masses who scrutinise their activities. When producing effective results frameworks, and recognising the sensitivity of topics, it can be difficult to get data. What is achieved is not always tangible, and she said it would be good to hear from others on that point.

Jane explained that they also support advocacy in indirect ways, through wider funding to civil society for broader, for example support in countries around stigma, or advocacy in the international system. This is also really hard to measure, but they are learning about what is effective, and how best to give their own time.

Yvonne Stassen from Social Development Department, Ministry of Foreign Affairs, Netherlands, gave an insight into the Dutch debate on these issues. The government in the Netherlands has decided that a combination of service delivery and advocacy work is needed. The latter is the leverage you need to push recipient governments or local actors to move things forward. Ministers argues that in terms of global funds available, lobbying and advocacy are severely underfunded. They wanted to take this work up to the next level, and focus on advocacy. This has led to a programme called 'Dialogue and Dissent'. Through this the government wants to integrate its different tracks, and get diplomatic efforts and programming work to operate in a more synergetic manner. The focus is on community based approaches, because if the community does not believe in an approach, it will not be sustainable. They therefore need to build local capacity, and work with local and international NGOs on the ground. They are using embassy networks to push their agenda in countries, and are working side by side with NGOs. This is not always easy, especially when other ministries ask "what about trade agreements with x/y/z?", but the department has chosen to prioritise development and civil society. They are also looking at the role that the private sector has to play, and know that they need to be more inclusive in their approaches.

Their approach is rights based, taking into account social and inequality issues. Yvonne underlined that although some countries are becoming 'middle-income', that does not mean that the new wealth is equally shared. Inequality is growing,

and without being able to discuss that, making it a core issue, we will not be able to attain sustainable development results.

Give an example of something that has changed your way of working?

- Advocacy on improving processes
- Advocacy brought around the Global Fund
- Yvonne – a programme had reserved 50million Euros for innovation, but the sector fed back that they didn't want money for that, but wanted it to reach the most discriminated and hard to reach people in societies. The sector encouraged them to reallocate the money, and this led to a new programme – the 'Voice Programme', with the mantra 'nothing about us without us'.
- Advocacy is successful when it's easy to say yes; when advocates understand donors and what their constraints are, what they could do etc. There is work involved in finding out what the common ground is, but don't waste time on uncommon ground that won't change.
- Soft diplomacy is effective, for example DFID has been alerted by civil society to situations around human rights issues with HIV-affected populations. Civil society can be a useful break/link, for example when it would be counterproductive for certain ministers to get involved.

What will you do to get other donors on board with advocacy? And moving forwards, how do you see your role?

Cornelius suggested that they have to establish both the mechanisms and resource allocation to support a core set of human rights related activities. This is challenging when they are trying to centre their focus on core activities, services and treatment etc., but there is a broader context that is going to be something that everyone's going to have to accelerate, which is the integration of advocacy, human rights, economic empowerment, and community based service provision. This is what will empower communities. Part of the challenge is to believe in the community in that it will respond, and not to infantilise people, but let them fight for themselves. It took 30 years for the US to be at a nascent state of equality, but we need to accelerate this elsewhere. San Francisco and Massachusetts are on the verge of zero new infections. We have enough evidence of what the mix is around human rights, but we need to begin to advance it much more dramatically than we are.

Yvonne mentioned the SIHR Youth Ambassador in the Netherlands, and underlined the importance of building youth capacity. She also mentioned Idaho day, the International Day Against Homophobia, during which all Dutch embassies are encouraged to pay attention to and work with LGBTI communities. They have worked with NGOs in countries where same-sex relations carry the death penalty, and have set up a safe environment, working with governments, human rights defenders and the health community, setting up meetings where issues could be discussed, and creating more understanding.

Jane explained that rights are at the heart of what they do. She also spoke about broadening the issue out and using it in other opportunities. The current Secretary of State is focusing on youth, who have huge needs and poor access to services. There is now a moment when investment can have huge dividends, and

young people can be powerful advocates. Giving them a platform to speak is a high priority.

Marijke explained that the Global Fund's current focus on human rights and gender is the result of advocacy, and has been introduced as a specific pillar and objective in the 2012-16 strategy. This shift was led by foundations and civil society advocates. Now board discussions focus much more on human rights; this is an effective example of advocacy. Building capacity and engaging communities should be at the heart of their work, as well as providing technical support to local organisations, and capacity for networks.

Comments and Questions

- One attendee highlighted the need for more advocacy focused specifically on children, as this is currently a large gap in the field
- Funders wanted to know how to ensure that key populations weren't left behind during transitions be country from low-income to middle-income status. What does it mean for communities who expect that stigmatization and discrimination will not just continue but that actually there's likely to be a reverse on all of the progress made? What does responsible transition look like?

Funding for HIV advocacy in a post-2015 world - Moderator: Jennifer Kates, Kaiser Family Foundation

Discussants:

- Jamila Headley, Health GAP (Global Access Project)
- Erika Arthun, Bill and Melinda Gates Foundation
- Serge Votyagov, Eurasian Harm Reduction Network

Jen asked discussants and attendees to take a step back, and think about where we are in the landscape of the HIV advocacy, and to talk about the post-2015 world. What should be goals, priorities, and strategies be?

What do we mean by advocacy? What are the big priorities for HIV advocacy now?

- Advocacy is about 'righteous change'. It was when people see an injustice that needs to be righted, and are certain about solutions that will help to transform the situation.
- Priorities for advocacy: places where righteous change is still needed, and therefore where bold advocacy is needed. We are experiencing a stagnating or declining funding outlook, and underneath that is a stepping back from the principles of global responsibility. We must link issues to structural and historical injustice and inequity of distribution of resources. We need to do work on global responsibility.
- We have new evidence about how to use tools to prevent infection, treatment to reduce mortalities, and evidence about what service delivery works, which is that a response that is driven by communities themselves, and that meets people where they're at, works. The challenge is that these

alternatives come up against another structural injustice – a biomedical, expert driven system that does not give power to patients. This problem needs to be fixed by advocacy.

- Access to medicines is an ongoing issue, as the pricing of medicines is still a cost, and we are yet to topple this major structural injustice. Funding for activists to stay in that space and claw back space take by pharma companies is urgent.
- Advocacy is the process of bringing about the removal of barriers, and creating the changes that need to happen in order to ensure an effective HIV response. It is informed by the civil society community, co-founded by donors, and legislated for and funded by governments. They are all key stakeholders.
- At some points an advocacy target becomes an ally, and so we need to be engaging with multiple stakeholders for advocacy to really work.
- In thinking about priorities, the situation in Eastern Europe and Central Asia is relevant for other regions too, where countries are graduating from development aid. There are creates certain factors that we must bear in mind to make sure that the response is sustained, and scaled up within the next decade. We need to bring about serious structural changes in countries, including policy change, domestic resource mobilisation, and proper governance of HIV/AIDS programmes to be in-country. It will require systematic advocacy work in order to bring about these changes.
- Civil society plays a key role in keeping governments accountable, and so their core funds must be supported so that they can be engaged in some of the key decision-making processes.
- If we want prevention programmes to be implemented by NGOs and funded by governments, then there needs to be a mechanism for governments to contract or grant to those organisations. At the moment in Eastern Europe and Central Asia very few governments have that mechanism. If international donor funding is abruptly withdrawn, there are no mechanisms to allow the continuing delivery of services.
- We must direct funding to small drug user groups in countries, as that's the stakeholder whose life is at stake. Facilitating a process where drug users, by starting to collaborate with public health experts or finance ministers, can evaluate government spending, brings about an amazing change in the way that a criminalised community with low self esteem can now engage in meaningful discussions with policy-makers. A key priority then is to invest in communities whose lives are at stake, and who will make sure that the response is sustained.
- Although the SDGs are promising, there is unfinished business from the MDGs, and we musn't let that agenda get lost.
- We must better facilitate collaboration across networks, donors and diseases.

Who are your targets for advocacy?

- There is an ongoing need to target US bureaucrats to ensure continuing commitment to global responsibility, as we don't who will be in the next administration. We also need to target the pharmaceutical industry, and US Trade, to provide flexibility for countries to afford accessible drugs.

Is HIV now part of a bigger global agenda, or has HIV been lost among other goals? There has been a change in thinking about development and aid, and a shift in relationships between donor and recipient – what does that mean for HIV?

- The SDGs give us the target of 2030. We have to make these tools useful. They are another tool in the toolbox, and are only as useful as we make them. It's the same with the UNAIDS targets and goals; we need to use them as levers. It should be the goal of activists to be creative about the tools they have at their disposal.
- It's really critical to be constantly making these high level discussions relevant to what's happening on the ground in specific contexts and how that's affecting lives, and make sure those affected are directly engaged with those discussions; only then can high level debate be meaningful.

Given the funding landscape, with funding flattening/reducing, what does that mean for HIV advocacy?

- There are things that some governments will not support, such as human rights advocacy, redress etc., and these things are very unlikely to be addressed by governments after the retreat of major/bi-lateral donors in certain countries. This is part of the basic denial of existence for key vulnerable populations. The funding landscape is such that most of those programmes targeting key populations have been funded almost entirely by international funders. If funding is abruptly withdrawn, without countries being ready to take over responsibility for the response, all of that will be gone. We are putting a lot of people in those environments at risk. It is key to help countries prepare for this very difficult transition. In order to be able to continue providing services, NGOs need to learn how to get government funding, and governments must learn how to allocate resources. Technical work is needed preparing fiscal space for governments to transition.
- How do donors prioritise? If one stops funding in a country, and others follow suit, what will happen? There needs to be negotiation and collaboration over this, and we need multi-stakeholder discussion. We must all collaborate and align.
- We didn't do very good job as an advocacy community around the SDGs. Looking ahead to the AIDS summit next year, there is an opportunity to become more specific about what that target means in practice. We talk about 'post-MDG', but we should challenge ourselves to talk 'post-ODA'. ODA was meant for 'the poor,' but now we have other communities e.g. refugees, at our doorsteps, and we don't have the right narrative. We need to develop a narrative on what sustainability really means. If donors are not worrying about protecting gains and investments, then what are the implications for civil society and our democratic fabric? There is no well developed advocacy message on this.
- We need to be realistic about what we need and what we can get, and to have precise messaging about milestones and goals. The sector needs to come together around common messaging – what are we trying to achieve in SDG environment?

Questions and Comments

- If we're going to step up, where's our infrastructure? We are still inhabiting an infrastructure developed 30 years ago. If donors are pulling away from middle-income countries, and we want to achieve certain targets, we don't have advocacy/capacity for that. If we need to replenish Global Fund reserves, where's the capacity to flood donors with messages? It's not there. Why haven't we developed that? Why are we not working together for a shared communications platform? How can we enter this new era, without coming out of our own silos towards common goals? We need to hear from advocates on this, otherwise we're stuck in the past.
- A communications platform requires people who get it, the grassroots, which is not there. Thinking about Durban next year, there is a concern that we're too weak as a community of activists, and that's unacceptable. We need to mobilise.
- Durban is a high level meeting, and a key advocacy opportunity in the next year that this group could focus on.
- Regarding the SDGs process, the movement didn't have the capacity/energy/peoplepower etc., there infrastructure wasn't there, and the movement is a little bit hollowed out. How do we re-energise ourselves? Is development the right frame? Are the SDGs the right frame for the next era of the AIDS movement? Or do they trap us in the paradigms of our donors. This is not about a paternalistic development agenda, it is about ending an epidemic. We need to be creative, do it differently, and bring new people in.
- We need open minds, to adapt the infrastructure, and to feel optimistic by thinking about who needs funding, and what it means to have an HIV movement in this era, and what does this mean for people on the ground?

Recap of the day from Gregorio Millett, American Foundation for AIDS Research:

- Heard statistics from John on the state of private funding. It's problematic that global funding is decreasing. Philanthropic resources account for 2% of total resources, and only 11% of that goes to advocacy. That in itself is a problem.
- Heard sobering statistics from the Ambassador, on the target to end the epidemic by 2030, but the funds needed by 2020 to sustain those efforts.
- Questioned how we get back to connecting to the same energy that we've had in the past.
- Analysed how to look at data critically, for example regionally, the picture is very different.
- Stigma and discrimination persist.
- Heard about metrics, and the wariness of funding advocacy because it is hard to track success, and budgets are stressed. We learned that funders must be comfortable with 'the grey', as we need funding for the soft work of advocacy.

- Spoke about alignment, and the coordination of funders, and getting more done with very little money to have an accumulative impact.
- Advocates need to come out of silos and move towards common goals.
- Advocacy is perceived as agitating – funders must be willing to support this.
- Heard about key populations, and what happens if there is no adequate funding for civil society; systems are not there to support these people, and middle-income countries will leave them behind.
- Suggested that additional data needed. How much funding is going towards advocacy? We need additional statistics, in terms of what countries themselves are contributing towards advocacy.
- Advised to use 2016 Summit as a platform to move issues forward. We need a statement of actions to come together over.
- There is a lack of leadership from donor countries' we're not seeing leadership in Europe, and UK government participation is lacking. The US can't remain as the sole/main funder, so others must step up.
- A change in administration might mean that US investment will change.

Update from PEPFAR and CIFF on the Accelerating Children's HIV/AIDS Treatment (ACT) Initiative - US State Department, Office of The Global AIDS Coordinator

Ambassador Birx spoke on the Accelerating Children's HIV/AIDS Treatment Initiative, to give attendees an idea of how powerful public private partnerships are.

Nigeria counts for nearly a third of paediatric infections worldwide. They have invested almost \$5million into Nigeria, but it's not always about the money, and you can still fail with a lot of money. South Africa has aggressively implemented the programme though and that should be an example for the rest of Africa.

They are making slow progress in improving coverage among children. The gap between children and adult coverage is continuing to grow though. They are improving on adult coverage, but are slow in improvement of children coverage. This is partly because of stigma and discrimination; an adult can hide their pills, but it is hard to hide the fact that your child is on HIV medication.

They've struggled with early infant diagnosis, but are finally getting to over 50% in some countries. It's critical to find children and get them on treatment quickly.

It was part of their global plan to decrease infection among young women. They failed on this, and so now engaged in an aggressive catch-up (DREAMS).

The public-private partnership that came out of the crisis over children was with CIFF – the Children's Investment Fund Foundation. They partnered because they believed that PEPFAR would provide the necessary data to demonstrate impact. This is significant, because others have not partnered with PEPFAR in the past because of misgivings around transparency.

They picked the highest burden countries with the biggest gap, and invested ACT funds there. For example in Kenya, everything was mapped down to site level, so

they could then see where early infant diagnosis is occurring, and look at turn around, patient satisfaction etc.

In terms of advocacy, the main areas of focus have been

- Getting ambassadors to invest in key burgeoning and developing grassroots organisations
- Making sure these organisations can apply to local capacity initiatives
- Ensuring those organisations are then brought under the global umbrella

Take home message: this has been scaled up since 2010; the exciting thing about this, and the reason that partnerships are so important, is that ACT countries are rapidly accelerating their slope, but so are *non*-ACT countries, because we're talking about it, sharing tools and learning etc. Just as Global Plan was highly successful, this will be successful in accelerating access to treatment for children.

Partnerships are powerful when we all move in the same direction.

DAY 2

The second day of this conference, hosted by Comic Relief, focused on a more detailed discussion about the challenges that donors face. Attendees, who were exclusively grant-makers, spoke about:

- strategies
- actions
- M&E challenges
- internal challenges concerning funding advocacy
- ways to increase funding for HIV advocacy work
- and ways to work together, share information, and continue the conversation

Monitoring and evaluating advocacy - Moderator: Mirjam Musch, Hivos

- Mike Podmore, STOP AIDS!
- Shari Turitz, American Jewish World Service

What are the challenges? What can be measured, and what can't be? How can we know how advocacy has contributed?

Mike Podmore, Director of STOP AIDS! Presented on M&E for advocacy. He suggested that we should no longer question whether or not it is possible to monitor and evaluate advocacy. We have to, as it's a core part of our development work, and how we achieve long term goals. We have the technical and programmatic interventions that we need, but face the challenge of working on policy choice or where funds are allocated. That's where advocacy comes in, so we need to identify the tools for M&E.

Overview of key tools for planning M&E:

- 1) Establish your baseline: Planning M&E of advocacy has to be built in from the very beginning. There is a consensus that gaining a better understanding of the political/cultural/economic context of where we're working gives better outcomes, and so establish a clearer understanding of the key dimensions, i.e. where you are now. Create a political/economic/structural diagnosis, and then a prescription for what could be done. It is important to start this at the beginning, but it should also be ongoing and iterative.
- 2) Theories of Change: ToCs should be based on a political and economic analysis. They're tough to learn how to do, but are worth the effort and time. ToCs are not just a diagram or visual representation, but they are the advocacy strategy that underpins it. The most important thing is the logic and assumptions that underpins it. They're only useful if they're kept alive (daily/weekly use), and must be flexible because they should be growing and changing with the work.
- 3) Results (M&E) Framework: You must identify core long term outcome indicators, and then identify secondary indicators that will measure interim short and medium term outcomes and activities. Decide what evidence you will record and the tools you will use to collect it, and clearly indicate who will collect what evidence, and at what intervals. If you have multiple ToCs, the core indicators from the main one should be integrated into the nested ToCs.
- 4) Everyday advocacy monitoring tools: It is through these that you gather in evidence to do reporting:
 - advocacy logs (excel spreadsheets charting what meetings have taken place, who with, what was said, follow on actions etc.);
 - memory boxes (folders where you store letters or emails from key stakeholders, as evidence for impact);
 - stakeholder and system/power mapping (especially when there's been a shift);
 - checking in with key informants to see how you're being perceived;
 - network capacity assessment and partnership analysis tools (you should look at the health of these throughout the work);
 - human rights monitoring tools, for example 'REAct', which is good for collecting evidence of human rights abuses, and allows you to report on these, and do advocacy based on that.
- 5) Data collection and analysis: Use Excel sheets or more complex systems (e.g. CYREX – open source software for capturing quantitative and qualitative data). You should carry out 3/6 monthly reviews to look at the progress made, challenge assumptions and alter your ToC if necessary. This captures and reports your success and challenges, using the advocacy impact scale and template. You should also carry out mid and end-term external evaluations, in order to garner outside perspective.
- 6) Attribution or contribution: It can be hard to separate yourself out from others and find out your impact. You can use an advocacy impact scale. Sole attribution for policy change is often touted as the ideal, but this is

neither the reality nor the ideal. The most one could ever say is that you have played a critical/leadership role. But you should always want to be involving others.

You can show evidence that you made a submission, evidence that the input got an active or positive engagement or response, evidence that the work contributed to an intended or verifiable policy change, and finally, evidence that policy analysis/civil society partnerships/engagement with government/amplifying voice of the marginalised played a critical role in achieving a verifiable policy change/commitment – this last one is the ideal.

- 7) Advocacy success evaluation template – which ToC success related to, significance (what did we do, why important?), impact? What challenges remain, what learning to inform future activity/change ToC, and what follow up activity?

Shari Turitz, from AJWS, talked about how her organisation had reviewed and restructured its evaluation of advocacy work.

Learning for Change – How AJWS evaluates advocacy

Shari wanted attendees to:

- 1) Move beyond the idea that M&E is difficult
- 2) Be convinced that it's still a worthwhile exercise
- 3) Learn from the case study of AJWS' journey between 2013 and today, on how they have integrated a rigorous M&E system for a foundation that is exclusively doing human rights and advocacy grant-making

Shari quoted Aryeh Neier, former President of OSF, who when discussing M&E said "I'm not sure the pearl is worth the dive". She wanted to convince attendees that it is worthwhile.

Why is M&E so hard for advocacy programmes?

- It is a long term-process, and not a linear one
- Advocacy work is random, unpredictable, opportunistic, and it is not easy to create a nice neat plan and follow it
- It is hard to quantify the changes that we are looking for
- How important is the attribution/contribution issue, and how important is our contribution?
- There is a lot of bad and inaccurate data out there, and there isn't a lot of good advocacy reporting and sharing that helps donors believe this is worthwhile.
- Foundations are putting very onerous processes onto grantees, which is not a fair or good use of their time

Why is M&E worthwhile? Shari suggested that if a foundation is carrying out good learning work, than it is forcing teams to stick to a strategy, to reflect on practices, and to think more strategically and critically, and as a result their actions will be more accountable. Grantmakers are accountable to grantees and to the field and issues that they are trying to push forward. They have an obligation to give the best grants that they can give to the best organisations. Grantmakers are accountable on

the issues they are working on and to the populations they are serving. AJWS is also accountable to its donors, and needs good data to demonstrate the difference it is making to maintain its donor pool.

Through learning exercises foundations should want to learn about what they are not achieving or what's not going well, so that they can dig into challenges and mistakes. It is also about analysing the context and shifts, and seeing how learning emerges. What is a grantmaker's niche? What are they doing? How are they doing it? What role are they playing over time?

AJWS undertook a collaborative base line creation process, involving external evaluators, whereby in 2011 they mapped their activities. They knew about their grantees, volunteers and spend, but didn't know much else, and had something of a '1000 flowers bloom' approach. Lots of foundations work this way, and can have an amazing impact, but they are not as strategic as they could be.

In 2012 AJWS created a strategic plan, which involved finding evidence based practice to inform programme decisions, and articulating a clear and compelling case on their impact. They altered their focus from 34 to 19 countries, and went from 5 down to 3 core themes (natural resource rights, civil and political rights, and sexual health rights). They also created a new division on strategic learning, research and evaluation. What were their principles for working? They needed usable data, with a gender lens, and it needed to be participatory.

They carried out monitoring at the strategy level (internal, self reporting), evaluation at the project level, and research at the programme level.

"If you don't know where you're going, any path will take you there"

AJWS created an overarching theory of change for the organisation, which created embedded narrative theories of change at country level. They needed to know how to get there, what was realistic, and what annual benchmarks they should hold themselves and grantees to in order to show impact. They therefore created strategies, outcomes and benchmarks, and a virtuous cycle of planning monitoring and evaluation, that everyone had to participate in.

At the time they used site visit reports, grantee reports, and annual grantee assessments, but with very little compliance, and so they created one form – the outcome monitoring form. This was designed to show progress against benchmarks, with quarterly deadlines. From that form, AJWS realised in 2014 that 82% of its benchmarks were met; people understood what they were doing and what was possible. In terms of advocacy, they documented 87 unduplicated 'wins'. These were evaluated by the AJWS evaluation unit, which is not part of the programmes evaluation unit. They went through every outcome form, and coded it as to whether they thought they could rightfully call it a win. For example an LGBT grantee trained 200 police officers on LGBT sensitivity in Monrovia, and all police stations there now have a middle or upper police representative present with that knowledge.

The second phase of this process was analysing grantee data, and AJWS carried out an analysis of their active grants, creating a dashboard of value added, and contribution/attribution. In reading these forms, they realised that staff on the

ground are providing technical assistance and strategy development, and 79% of grantees are building social movements. As a manager, this provides Shari with so much more information with which to make decisions, and means she is able to report to donors on their impact. They also mapped reach, age of organisations (in order to see long-term impact versus short-term).

The last level involved an external evaluation on the ground in their focus countries.

Shari advised attendees to never ask for information from grantees that they were not going to then use; grantees shouldn't be wasting time gathering unnecessary information. She also underlined that the method is as important as the outcome; through a process of being more rigorous, our grant-making gets better. There are also incremental wins that can be demonstrated, including empowerment, decreases in prevalence of issues, and we need to find those benchmarks and measure them, and show how they connect to the bigger picture. Shari concluded that a culture of learning is possible and important, and that it creates a safe space for discussing grantmaking successes and failures.

What works in funding advocacy? Donor examples - Moderator: Mirjam Musch, Hivos

- Louise van Deth, STOP AIDS NOW!
- Brook Kelly-Green, Ford Foundation

Louise explained that STOP AIDS NOW! is involved in a lot of lobbying and advocacy efforts, but in particular, she wanted to talk about a programme in Swaziland, on 'Changing the age of consent for testing'.

In 2011, 1 in 4 people were living with HIV in Swaziland, amongst pregnant women, the figure was 1 in 2. 53% of the population was below the age of 25. The programme they supported aimed to put treatment as prevention into practice. We all know people need to be treated immediately, but how do you do it?

The first phase of the programme involved bringing services closer to people and vice versa. There were more clinics doing testing, providing medication, more nurses being trained, new equipment, etc., and they also conducted outreach to communities, communicating the importance of testing. They explored why men were not going to clinics, looked at the cultural reasons, and then found places where men gathered and took the services there for testing and information. The challenge for reaching young people, was the age of consent for testing. This was by law lowered to 12, after lobbying efforts, but health providers were still reluctant to test young people – they didn't know how to talk to them or what to do.

Their target was to test 250,000 people per year, with 90% of those in need accessing ART. They have achieved these in phase 1. Phase 2 is now underway, with treatment as prevention being put into practice.

The age of consent is a problem in many countries, and is linked to the age of marriage. Louise warned that we have to be careful of our goals, as we don't want the age of consent for marriage to also be lowered as an unwanted by-product of advocacy work.

Empowering young people is a pressing issue. The group facilitated a technical working group on adolescence at the ministry of health, enabling them to speak to young people about sexuality. They got decision makers talking about this, and developed a cabinet paper on these issues, highlighting the age of consent as a key barrier. People from outside the country attended a subsequent conference, and national testing guidelines included recommendations for the age of consent to be lowered and implemented in clinics.

This advocacy was needed as software to make the 'hardware' run. You can have guidelines and laws, but implementing them is another matter. This is a central role for civil society which we can help to facilitate.

Brook gave some background to the Ford Foundation and its focus on advocacy, and then went on to explain their US HIV/AIDS strategy. In the US, those most affected by HIV/AIDS are people living in the south, and people of colour. Black people are those most affected, as a result of other inequalities that this community faces.

Ford looked at an environment of risk and opportunity produced by Human Rights Watch, which shows how multiple factors have a severe impact on minorities, and this gave them an idea of where to centre their resources.

Some examples of Ford grants in this area include:

- Women with a Vision - after Hurricane Katrina New Orleans was rebuilt, but with a crime and punishment approach. The Governor enacted a Napoleonic Code law, called 'Crimes against nature', which criminalised those suspected of oral/anal sex. Those most criminalised were street based sex workers, who were mainly black women, black trans women, or black gay men. They were charged with felonies, and then labelled as sex offenders. This had a huge impact on their ability to engage with society, and a lot of them were living with HIV. A grassroots group emerged, and kept the legal process grounded in stories of women. Eventually they won a case that overturned the law and got the names of those affected taken off the sex offender list. This was a human rights win.
- Human Rights Watch produced a video on condom carrying practices in US cities. Police were using the possession of multiple condoms as evidence in order to prosecute sex workers, which in turn discouraged them from carrying and using condoms. Human Rights Watch partnered with sex worker organisations and individuals to create a major win. Cards were developed and distributed letting people know their rights, which led to a huge shift in the relationship between the police and the public; they also served as an educational tool for the police, so that they could learn what is expected of them.

Their US Foreign Policy Advocacy has focused on PEPFAR, and has involved deep coalition work for policy wins, requiring multi-year funding with allowance for freedom and flexibility.

Making the case for funding advocacy: what tools do we need to convince our Boards, constituencies and leadership? - Moderator: Kate Harrison, Children's Investment Fund Foundation

- Mohamed Osman, Elton John AIDS Foundation
- Erika Arthun, Bill and Melinda Gates Foundation
- David Sampson, Baring Foundation

What challenges have you experienced internally concerning advocacy?

David explained that the Baring Foundation spends two thirds of its funding on arts and social justice in the UK, and a third on a Sub-Saharan Africa development fund (which is where the overlap with HIV work occurs). The Foundation underwent a strategic review in 2014. The review wasn't itself challenging; they were moving into a general international development programme, which didn't allow them to draw links between small grants, and so advocacy became the natural thing to support, because of the lack of funding there, but also because strategies can be translated from context to context. It seemed a natural transition. It's striking though that from firming up their strategic principles, the operationalisation of that has been challenging, for example when framing their risk appetite, and conducting assessment and engagement with grantees etc.

Mohamed explained that the Elton John AIDS Foundation had conducted a review of its grantmaking 2 years ago, looking at what to do next. 'Invest in advocacy' was the message from the sector, because 'if not you who else'? The strategy approved 10% of funds for advocacy work, and so the board approved to supporting advocacy in principle, but not one grant was approved for advocacy that year. The board only wanted to give grants on what it was familiar with. They were used to diagnosis, treatment, quality of services etc., and advocacy proposals weren't meeting the indicators they were used to using. When up for board approval, advocacy grants were competing with other grants focused on children/care, and the board felt they couldn't justify those grants.

Erika explained that teaching researchers, scientists and doctors what advocacy is, is challenging. She explained that Bill and Linda Gates have been along for the journey from grants on HIV to grants on HIV advocacy, and so it's easy to explain the importance of advocacy work to them, but there are all sorts of others at the senior level who need convincing, and they don't understand what advocacy is. On the other hand, she has some colleagues who get it, and they recognise that advocacy can't be cut. There is therefore a continual process of defining advocacy, which has to address a difference of language and perspective, which is challenging.

How did you overcome these challenges?

The Baring Foundation was already in a favourable place, and David suggested that it was useful that he came from being a lawyer, and from working in the human rights sector. Advocacy was a natural thing to be doing for him. That recruitment, in terms of his background with advocacy and understanding of it, helped bridge the gap in understanding, and was really helpful. When they were going through the transition process, staff members attended the FCAA meeting in Geneva, and those spaces were really important. Learning from other foundations in terms of what work they've done is very helpful, in terms of informing other staff of approaches, and forming discussions for the board and their engagement. It made them feel part of a community.

Mohamed explained that they renamed their advocacy programme. They split it into a higher level, which involves what the board can do on their own, including appearances and interventions by Elton and others, which is what they were doing already all the time, but wasn't named that way. They framed this existing work as advocacy, therefore making the idea of advocacy more tangible. There was also then a lower level, with smaller investments; this included grants that can be approved below the full board threshold, making it easier to get approval for advocacy grants, so that those grants could show results, and give them something to shout about to the rest of the board. This shows impact and allows them to connect to advocacy work that has already been successfully carried out. This allowed them to then make their first big grant for advocacy.

Erika suggested that the first time people see how they themselves have been advocates, and they see how things have changed, they can then conceive of how they would fund others for it. She also talked about system perspective; the Gates Foundation systems are set up to make grants at tens of millions of dollars for complex programmatic things. This is not the best system for advocacy grants. With advocacy investments, you need to be able to make something quick and small, otherwise the opportunity is lost. They have therefore partnered with others who are quicker and better at seizing those opportunities, and are funding systems that work better than theirs. Erika also explained the issue of who the approvers of advocacy grants are. The first approver has to be programme person whose money is funding something. This might be the HIV Director, who is a scientist by training, and who has been won over on the value of advocacy. But then you must push the final decisions over to someone who is an 'advocacy approver', who can look at the investment. You just need buy-in at the first level, not critical analysis, and that's been really hard to figure out. The person making the final decision has to be someone who gets what advocacy is.

In summary:

- Socialise advocacy with decision-makers; get people informally involved, persuading them in advance of board meetings, getting people bought in to aims. Use small examples that they can feel proud of, demonstrating that it is useful, and this then enables bigger riskier decisions.
- Systems need to be adapted. Funders tend to have one size fits all system to deliver the majority of funding – but sometimes for advocacy you need 'work-arounds'. Introduce systems with a small pot under executive authority rather than board authority, or a threshold for quick decisions. These might not be too difficult to introduce, but could bring in really positive examples.

What are the processes/approaches/structures that you've had to adapt?

Mohamed explained how they changed their application forms, as the originals were designed for service delivery, and put advocates at a disadvantage. They now have an advocacy application form. Normally they used critical path indicators, but they had to adapt that on their database for advocacy work; they're still struggling to capture data and judgements, but they are adapting.

David posed the question of 'what does advocacy mean'? There is an underlying assumption that civil society has a transformative role to play, and core funding for advocacy organisations is a fundamental part of their ability to do it. Baring has funded activists in the long run to with small-scale grantmaking, and this will be complemented by front-line grantmaking for advocacy, rather than project based grants. But there is a challenge around what questions you're going to ask grantees in advance, if you are giving core support. There is a challenge not to still ask about all their project work. It's about being able to do things at a small level, to have engagement, and to do work on an ongoing basis.

What advice would you offer to others, for example practical tips, points to consider, or how to go back to an institution and advocate for advocacy?

Erika: show people don't tell them, because advocacy is most powerful when experienced. Too often, because we're excited about tactics and steps, we talk about that, but to bring people along, we need to talk about what we get and how to get there. Start with outcomes and change!

David: socialising. We have a tendency to present programmes, assuming that boards remember everything from previous meetings, but this is not the case. Take board members on visits, to conferences, and take them along with you. They come back inspired and with new ideas. Concrete steps: doing it is the most important thing; people recognise an outcome from advocacy, so create practical outcomes.

Mohammad: The issue of measurement will not go away, but don't be afraid. Bring emotion into it, show people results and an end goal. Talk about the injustice you want to change. Stay with the product, and don't get too involved in the process!

In summary:

- Show don't tell
- Learn by doing
- Don't be afraid of measurement.
- Help constituencies understand that there are ways to understand and track the progress made through advocacy – let's not let challenges hold us back.

Group Discussion

- Advocacy doesn't always have an annual win that you can sell to your board or talk about, sometimes it takes 5 years or longer. Some work needs to be done. It's good to focus on wins, so that investment continues, but we also need to understand better how we're getting there, because most often we're investing in the process of how to get 'there'. So we do need to educate at least staff (maybe not trustees up front) about what it takes to make those changes happen. Proposals will be talking about those processes, so we need to know what to look for.
- It was suggested that for French organisations, dividing what is service provision and what is advocacy, is artificial. French organisations try to do both together, and act as actors of change, especially organisations with few resources. Their whole goal is to mobilise and then advocate.
- Is it sometimes a question of service provision vs. advocacy? How can these be combined? It could be dangerous if service providers want to do advocacy too, as it could put their funds and access at risk, because some governments don't welcome it. It is important to acknowledge this. Sometimes advocacy has to come from service providers, but there are different stakes.
- Grassroots organisations have very few resources, and sometimes the best advocates are the worst accountants and organisers. Our role as private donors is to adapt to this; how can we help to increase their expertise? We need to change our requirements. All funders have their own monitoring procedures, and this is very complicated for grantees; they need time to actually do the work. Global Funds reporting for example is time consuming, and interrupts work. How (idealistically) can we work together so that we can ease the work of partners in the field?
- Where is the resistance in different organisations to support advocacy? We should analyse where the resistance is, at what level, and then come up with a strategy about how to work on that particular group.
- Some funders were struck by the mention of French organisations, in particular Médecins Sans Frontières, which has a model that is both service provision and advocacy. Some work that is not seen as advocacy work *is*. Advocacy is about key populations, and the HIV epidemic is *with* key populations in certain places. Can we think creatively about how we talk about advocacy so it's not 'us vs. them'? How can we play a role as funders who understand that the software is so important for the hardware, and think about it more expansively?
- A current development buzz word is 'sustainability', and advocacy and sustainability can go hand in hand. For example, when withdrawing funding from a particular place, can we grant for the transition period? This period would require the inclusion of advocacy, for embedding ideas, systems, policies and operating procedures. It's about what changes need

to happen in the health system to make change happen. In order to withdraw, we have to leave permanently changed systems.

- Some funders underlined that sometimes there won't be wins to champion. With theories of change, there is a tendency to have rational people understand goals are limited, but then with advocacy, people have lofty ambitious goals, and we need to reign that back in. Advocacy work needs to be framed around organisational capacity.
We also need to reframe risk appetite; funders should state their appetite for risk with advocacy and accept that there might not be positive outcomes.
- One challenge of showing impact, is that a lot of efforts are about *preventing* harms, for example preventing laws from being enacted, or making sure bad things don't happen. Success is prevention, but it's hard to represent that. This needs thinking about.
- Boards are often afraid of being steered off their core mission, and so we need to help them see that advocacy is a part of that core. When first identifying a social issue, identify the advocacy needed to make change happen. There are ways to do it without it having to feel like a big sea change.
- One attendee described that part of their work was bringing in new funds; they work with a large range of major donors, including individual and family philanthropists. They are talking about increasing funds for advocacy among their existing funders, but perhaps they have some other clients (thinking about returns on social investment) who would want to be involved.
- Lots of decisions are made implicitly, with implicit theories of change, and we need to help our grantees and ourselves to make those decisions and theories explicit, as then it helps show how to demonstrate progress.
- We can get boards excited about incremental wins, but we need to do more work in pulling this data out. What are the building blocks, and what wins are associated with those, which can help staff communicate to boards that to get to our end goals, we need to invest in building blocks?
- Can we document a body of evidence for a cost benefit analysis of advocacy? The return on investment of this kind of work is amazing.
- It's really helpful to think about service delivery and advocacy being closely linked. But the more challenging advocacy is advocacy manifesting change within the complex steps of lives of people on the ground. When it is connected to service provision, it is easier to understand progress. How can we make connections from commitments/activities to impact? It is important to understand key steps along the way, to claim them as successes.
- There is a real element of trust required; we need to know and trust our grantees, and sometimes protect them from our institutions.

Collaboration and next steps-facilitated discussion

What can FCAA do? And what does FCAA want to come out of the meeting?

- More investment in advocacy

- A change in the way we think and talk about advocacy; funding services to some degree addresses symptoms, funding advocacy addresses root causes
- More work to take place at the intersections of HIV and other issues – the sector is ‘hollowed out’, therefore it’s important to work at the intersections to recruit other activists and energy
- Looking at the results of the resource tracking, there should be no service provision without advocacy; serving people with HIV comes with a responsibility to advocate, and people need to help those they’re serving to self-actualise
- Our there ways to increase funding and focus without significantly changing the way we do our grantmaking
- Service providers have the ability to mobilise those they’re serving, and that’s where the numbers need to come from for turning out the response
- There needs to be coordination and collaboration of efforts; these meetings are so important, and FCAA was excited by the new people at the table – they hoped that new people would stay engaged
- FCAA is trying to extend membership and engagement to European peers, and they want to continue to communicate and work together as a sector – the 2% figure is too small to divide by region, and so funders were encouraged to become members of FCAA
- The critical importance of general operating support was highlighted, grantmakers were urged to fund the core, as this is an important way to support advocacy

Funders were asked what they wanted to see happen, and about what role FCAA can play?

- Concerning internal advocacy, to what extent is positive reinforcement from outside helpful?
- The advantages and disadvantages of pooled funding mechanisms were discussed; one of the advantages being leverage, as small funders can make a bigger impact and larger funders get to share the burden. They also allow for agility, as pooled funds can make quick, small grants that have a big impact. It means a sharing of risks, such as reputational risks, which are more easily absorbed through a collaborative. Finally using a pooled funding mechanism enables you to share power e.g. the Red Umbrella Fund, which sees sex workers make decisions about grant-making. Is there a suitable similar model for this issue? Collaborative funding doesn’t work for some, but might for others, could a take away from the meeting be pursuing that
- Some attendees pointed out that if there are collaborative models in this space already, it would be good to look at those first, as it would be counterproductive to create new ones unnecessarily.
- Some attendees expressed caution; it’s an emergency moment around funding for advocacy, and is not necessarily the time to set up something new. It would be great to challenge one another to contribute, whether it’s just saying ‘up your funding’ or ‘do this’. People have created in-country transition plans for example, and there’s no money for those right now; the Global Fund could be pushed if private donors went in on projects/plans. Advocacy and children is also an underfunded area.

- Funders should be using FCAA to spark these dialogues. Pick issues to discuss and work on, rather than setting up a pooled advocacy fund.
- Attendees suggested that there was a need to map out the geography of current funding, to identify gaps, before discussing any sort of pooled fund. FCAA representatives pointed out that the resource tracking will provide that information; AIDS funding is mapped out, and it is possible to see private funding by country, and a list of funders comprising that. FCAA now needs to drill down further to see what activities are being funded.
 - Attendees wanted to know about how grants were defined as advocacy, or as covering a particular region, for example, the funds that go to the Robert Carr Fund, are they listed as global?
 - Some funders pointed out that it is not a case of a pooled fund or nothing, as there are different levels of collaboration available. Funders were collaborating by being present at the meeting. There are ways to collaborate that won't test individual systems too heavily, such as information sharing, aligning, raising awareness and so on. If people are engaging on particular issues, they should look at who else is there and engaged, as this creates richer involvement.
 - Some funders were compelled by the idea of thinking about particular issues we could all push against, or identifying geographies with particular need; what about non-network members, national or regional advocacy organisations? They play a vital role in pushing for policy change, and don't have natural resources of funding. Should we expand the mandate of the Robert Carr Fund? Or create something else? The Red Umbrella Fund is always looking for money, and is a great pooled fund.
 - Funders suggested collaborating more on the Dialogue and Dissent programme, as there is mapping information from that which could be shared concerning strategic partnerships and who is working on what issues.

Finally, attendees were asked what their take-aways would be?

- Willing and interested in thinking about the investment picture. What are the data sources for looking at where advocacy is being funded, are there things we're not seeing?
- There is a part of this process where positive external reinforcement can contribute – Durban next July. What needs to be showcased at that meeting from your programmes? We need to take advantage of that platform.
- We should keep talks going in advocacy to PEPFAR and the Global Fund; there is so much going on next year, so don't let advocacy be lost in all this.
- Having all the people in the room at the meeting is incredibly valuable; shared learning is necessary, and we should take the opportunity to continue that.
- There are opportunities to leverage AIS membership beyond conferences, to fill the hollowed out sector. We should mobilise that constituency between conferences.
- Attendees had used the meeting to have private conversations finding out the priorities of others present, and discovered that a lot of their

priorities align. Advocacy is not just about funding, we ourselves are advocates, and attendees were looking forward to following up with newly discovered allies.

- Conclusions about what collaboratives already exist are useful. The Red Umbrella Fund always needs replenishing, and these collaboratives are great tools. The more that we engage in these advocacy and policy spaces, the better equipped we are to fund in these spaces, so we need to keep a finger on the pulse of what is happening.
- Attendees found the M&E conversations really useful, as they gave insights about how funders themselves act as advocates.
- Attendees took away key messages around generosity and curiosity. Everyone had been generous in sharing knowledge and information, and they hoped that this would extend beyond the meeting. There was also a hope that we will be curious about each other's work, and not try to set things up which others are already doing. It was suggested that FCAA should start a working group on advocacy to follow up on what happened at the meeting.
- Attendees were interested in a longer term broader discussion on new funders who might get engaged.
- It was emphasised that collaboration must go outside of formal mechanisms, and funders must have an understanding of where they sit within the funding landscape. Be smarter about funding, and connect with others
- The importance of work at the intersection with other topics such as human rights was underlined, and attendees asked how to engage human rights funders
- Attendees wanted there to be more useful discussions between funders and grantees, so that the sector could think together.
- Attendees were committed to prioritising work with key populations.
- Attendees were grateful for the open and safe space to share information.
- Some funders wanted to figure out the role of private funders in thinking strategically about the middle-income country issue, pushing the Global Fund and looking outside of it.
- Most meetings are usually focused on the deficit of funds in the field, but attendees felt positive after this meeting, given the bounty of resources in the room. The thought leadership on show gave attendees hope that they didn't have before the conference. Durban in 2016 would be a huge moment to showcase work, so how can funders facilitate some really great work in grantee support at AIDS 2016?
- Indigenous grantmaking was mentioned, and attendees wanted to know how to facilitate and strengthen grantmakers in areas where the work needs to happen. They exist, and need to be strengthened, so what's our role?

John Barnes concluded the conference with an FCAA 'to do list', which included:

- Naming topics that people are interested in convening discussions around
- Children
- Middle income countries
- Non-network members
- Leveraging 2016
- Being mindful of geography