

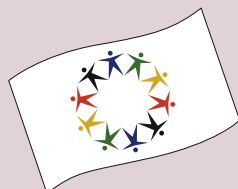


Coordinating with Communities

Part A: Background to Involving Communities



AfriCASO



ICASO
INTERNATIONAL COUNCIL OF
AIDS SERVICE ORGANIZATIONS

Guidelines on the Involvement
of the Community Sector in
the Coordination of National
AIDS Responses

Acknowledgements

These Guidelines were produced by the International Council of AIDS Service Organizations (ICASO), the African Council of AIDS Service Organizations (AfrICASO) and the International HIV/AIDS Alliance (the Alliance), with funding and support from the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We would like to express our sincere gratitude to the many individuals and organisations that made vital and significant contributions to the development of these guidelines. In particular, these include:

- The active members of the International Advisory Committee: Anandi Yuvaraj, Renate Koch, Phillipa Lawson, Tilly Sellers, and Ini Huijts
- The Global Network of People Living with HIV/AIDS (GNP+) and POLICY Project
- UNAIDS staff Ini Huijts, Steven L.B. Jensen, and Sally Smith
- Mary Ann Torres (ICASO), Innocent Liaison (AfrICASO), and David Garmaise
- Organisers and participants of the pilot workshop countries in Nigeria (JAAIDS), Ukraine (Alliance Ukraine), and Venezuela (ACCSI)

Project Manager/Editor:	Kieran Daly, Director of Policy & Communications, ICASO
Main Writer:	Sarah Middleton-Lee, AIDS & Community Development Consultant (www.middletonlee.com)
Lead Partner Managers:	Cheick Tidiane Tall, Executive Director, AfrICASO Paul McCarrick, Head of Team, Alliance

Copyright © 2007 by the International Council of AIDS Service Organizations, the African Council of AIDS Service Organizations, and the International HIV/AIDS Alliance.

Information contained within this publication may be freely reproduced, published or otherwise used for non-profit purposes. The above named organisations should be cited as the source of the information.

We are grateful for the financial support provided by UNAIDS. The views expressed within this publication do not necessarily represent the views of UNAIDS.



Copies of this document are available in English, French, Spanish and Russian.

Photos: © Gideon Mendel for the International HIV/AIDS Alliance, 2004.

Outline of Contents

Section 1: Introduction to guidelines	2
1.1 What are the aims of these guidelines?	2
1.2 Who are these guidelines for?	2
1.3 How are these guidelines linked to the broader response to HIV and AIDS?	3
1.4 How were these guidelines developed?	4
1.5 What do these guidelines contain and how can they be used?	5
Section 2: Introduction to the 'Three Ones'	6
Section 3: Introduction to the community sector and the "Three Ones"	9
3.1 How is the community sector linked to the 'Three Ones' principles?	9
3.2 Why should the community sector be involved?	11
3.3 What is meant by the active and meaningful involvement of the community sector?	12
3.4 What can all stakeholders do to support active and meaningful involvement of the community sector?	13
Annex 1: Timeline of key events in the development of the "Three Ones"	15
Annex 2: Key international commitments of relevance to the "Three Ones"	16
Annex 3: References and resources	18
Annex 4: Contacts	21

Abbreviations

Alliance	International HIV/AIDS Alliance
AfriCASO	African Council of AIDS Service Organizations
CCM	Country Coordinating Mechanism (of the Global Fund to Fight AIDS, Tuberculosis and Malaria)
DFID	Department for International Development, UK
IDU	Injecting drug user
ICASO	International Council of AIDS Service Organizations
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NGO	Non-governmental organisation
PCB	UNAIDS Programme Coordinating Board
PLHIV	People living with HIV
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on AIDS
UNGASS	United Nations General Assembly
USAID	United States Agency for International Development

Section 1: Introduction to guidelines

1.1 What are the aims of these guidelines?

These guidelines aim to increase and improve the active and meaningful involvement of the community sector in the development, implementation and monitoring of coordinated national AIDS responses. This includes involvement in the ‘Three Ones’ principles¹: One agreed HIV/AIDS Action Framework, One National AIDS Coordinating Authority, and One agreed country-level Monitoring and Evaluation System.

These guidelines aim to provide practical options – including standards, structures, processes and methods – from which stakeholders can select those options that are most appropriate and useful to their own contexts.

They promote a set of universal principles, such as human rights and gender equality, that are relevant to all countries and contexts. In particular, these guidelines are underpinned by the recognition that the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) will provide for more effective national responses to HIV/AIDS.

They also aim to support the idea that a greater degree of shared ownership of the response (among the community, private, and public sectors) is necessary to attain universal access to prevention, treatment, care and support.

1.2 Who are these guidelines for?

These guidelines are focused on the community sector: non-governmental individuals or groups working with community members who are living with or highly affected by HIV and AIDS. They will be particularly useful for supporting the community sector itself, especially its networks and coordinating groups. However, they are also designed to be used by all stakeholders with a role to play in increasing the community sector’s involvement in coordinated national responses to HIV and AIDS. [See Box 1]

In addition, these guidelines will be useful for other non-governmental sectors or broader civil society, such as labour, business, and academia. While not explicitly written for them, many of the steps and principles would be applicable in supporting their involvement.

Diversity of the Community Sector. The term ‘community sector’ covers a wide range and diversity of people, groups and institutions. The sector is not a single entity. Rather, it is a collection of different interests, opinions, capacities, resources and priorities involved in a variety of activities ranging from advocacy to service provision.

Box 1: Stakeholders

Stakeholders are people, groups and institutions with a role to play in national responses to HIV/AIDS, such as:

- Community sector
- Government
- Multilateral and bilateral donors
- United Nations agencies
- Unions
- Media
- Corporate sector
- Private foundations
- Academic institutions

¹ See Section 2.1 for more details on the ‘Three Ones’.

In each country, this 'sector' needs to be defined according to the characteristics related to the epidemic and the conditions that make certain communities more affected by HIV and AIDS².

In these guidelines, the community sector refers in particular to:

- People living with HIV, their groups and networks
- Community networks and community-based organisations, including those that involve or support key populations [See Box 2]
- Local, national and international non-governmental organisations
- AIDS service organisations
- Faith-based organisations
- NGO networks
- NGO support organisations

Box 2: Key populations

Here, 'key populations' refers to groups of people who are key to the dynamics of, and response to, HIV/AIDS. These populations include:

- People living with HIV/AIDS
- Orphans and vulnerable children
- Women and girls
- Youth
- Sex workers
- Injecting drug users
- Men who have sex with men
- Transgenders
- Migrants
- Refugees
- Prisoners

1.3 How are these guidelines linked to the broader response to HIV and AIDS?

The 'Three Ones' principles were developed in the context of a growing recognition of two particular issues: HIV and AIDS is a world-wide emergency, and responses need to be better coordinated to be more effective.

In many parts of the world, HIV epidemics are increasing dramatically, with an estimated 2.9 million AIDS deaths, 4.3 million new HIV infections and 39.5 million people living with HIV/AIDS in 2006 (UNAIDS, December 2006). Consequently, the commitments in the *Declaration of Commitment on HIV/AIDS*, made by governments in 2001, have been extended in 2006 by new commitments to scale up responses to achieve universal access to prevention, treatment, care and support by 2010³.

Meanwhile, the global response to the epidemic has benefited from greatly improved, if still insufficient, access to financial resources, owing to new or expanded funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, bilateral donors, and private-sector foundations.

However, experience has shown that action on HIV/AIDS needs more than increased money and commitment. It also requires greater coordination among partners to ensure that resources are not wasted and actions are not duplicated. Such recognition draws on broader initiatives to achieve greater harmonisation in international development.

² See Action Card ①

³ See Annex 2

These initiatives include commitments by bilateral and multilateral agencies in 2003 and 2005, through the OECD/DAC Rome Declaration and the Paris Declaration, respectively, to follow principles of aid effectiveness with promises to simplify, harmonize and align their support to country-driven development strategies. For HIV/AIDS in particular, a set of recommendations was developed in 2005 by the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, all within the framework of the 'Three Ones'.

These *Coordinating with Communities* guidelines seek to support efforts to ensure that such harmonisation and alignment processes and principles, and the 'Three Ones' principles in particular, are implemented with the active and meaningful involvement of the community sector.



“...the effective implementation of the ‘Three Ones’ principles can be achieved only if the community sector is fully involved.”

Participants at a community mobilization workshop, South Sudan. © 2006 IHAA

1.4 How were these guidelines developed?

These guidelines were developed in response to requests from groups of people living with HIV/AIDS, community organisations, and groups and individuals from other sectors. These stakeholders recognised that the effective implementation of the 'Three Ones' principles can be achieved only if the community sector is fully involved. This realisation prompted the need to offer guidance on how to go about fully involving the community sector.

Partners. These guidelines were developed by the International Council of AIDS Service Organizations (ICASO), the African Council of AIDS Service Organizations (AfriCASO) and the International HIV/AIDS Alliance (the Alliance), with funding and support from the Joint United Nations Programme on AIDS (UNAIDS). They are based on the practical experiences of, and lessons learned by, these organisations, their partners, and many other members of the community sector throughout the world.

Sources. These guidelines have been informed by a number of national, regional and international meetings and consultations held with the community sector on the 'Three Ones'⁴.

⁴ See Annex 1 for a timeline of these events.

Community sector organisations and individuals have attempted for decades to achieve meaningful involvement. Therefore these guidelines rely on their documented experiences and good practice. They are also based on an extensive literature review, which included reports, tools and frameworks for community sector involvement in national, multi-sectoral initiatives.

As such, they build on, and make reference to, a number of key resources. In particular, these include *Guidelines for Improving CCMs Through Greater PLHIV Involvement and Challenging, Changing and Mobilising: A Guide to PLHIV Involvement in Country Coordinating Mechanisms* – invaluable materials developed by the Global Network of People Living with HIV/AIDS (GNP+) and the POLICY Project to support work in relation to the Global Fund to Fight AIDS, Tuberculosis and Malaria⁵.

Review Process. Drafts of these guidelines were reviewed and enhanced by an international advisory committee, including representatives of people living with HIV, non-governmental organisations and UNAIDS⁶. The guidelines also underwent a country-level field-testing process. This involved national community organisations facilitating work-shops in Nigeria (JAAIDS), Ukraine (Alliance Ukraine), and Venezuela (ACCSI) to create action plans on effective community involvement in national frameworks, bodies, and M&E. They also reviewed the guidelines for appropriateness and applicability to country situations.

1.5 What do these guidelines contain and how can they be used?

The contents of these guidelines are outlined at the beginning of this document. Exactly how they are used will depend on the country in question. For example, their use will be affected by factors such as the current capacity of the community sector's organisations and networks, and the relationship between community groups and other stakeholders. However, in any country, these guidelines can be used as:

- **A tool to assess** the current strengths and weaknesses of community sector involvement in all national AIDS coordinating bodies and processes.
- **A tool to develop a multi-sectoral action plan** to increase and improve community sector involvement in all national AIDS coordinating bodies and processes.
- **A tool for advocating** to improve and fund both community sector involvement in national AIDS coordinating bodies and processes and also community sector networking and coordination.
- **A basis for developing local or district-level guidelines** on community sector involvement in AIDS coordinating bodies and processes.

The guidelines can be used by any stakeholder wishing to gain a deeper personal understanding of the issues. They can also be used as reference material to support meetings or workshops designed to review community involvement. Specific sections can be used to guide facilitators or organisations developing action plans. The various sections and cards can be used separately to help identify the steps and actions that might need to be taken to improve community sector involvement.

⁵ See Annex 3 for a full list of resources.

⁶ See Acknowledgements.

Section 2: Introduction to the 'Three Ones'

"[The] increase in resources and a corresponding increase in the number of actors at country level often overwhelm national efforts to coordinate an inclusive and multisectoral response based on national priorities. The result is vertical and piecemeal actions against AIDS that are often duplicative and rarely sustainable.⁷"



Beneficiaries of Projet Orange, Burkina Faso

Following consultations in 2003 with African governments, multilateral and bilateral agencies, and a number of other stakeholders, a set of three key principles – the '**Three Ones**' – were developed. These principles apply to all stakeholders with the aim of strengthening coordination of national responses to HIV/AIDS. They encourage each country to have:

1. **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
2. **One** National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate.
3. **One** agreed country-level Monitoring and Evaluation System.

In April 2004, at the High-Level Meeting 'Consultation on Harmonisation of International AIDS Funding' in Washington DC, USA, bilateral and multilateral agencies, meeting with national leaders, agreed to apply the 'Three Ones' principles at the country level and tasked UNAIDS to act as coordinator and watchdog.

Approaches for implementing the 'Three Ones' principles have subsequently been developed through a series of national, regional and international consultations. These have included multi-sectoral consultations and information-gathering exercises coordinated by UNAIDS⁸.

⁷ UNAIDS, The 'Three Ones' Key Principles, 2004.

⁸ See Annex 1 for a timeline of key events.

“The myriad of epidemiological, political, economic and social situations in countries rules out the production of a standardized blueprint or prescription for adherence to the ‘Three Ones’. Nonetheless, each of these three pillars is built by a set of principles for national authorities and their partners to follow. These principles are offered to countries as a basis for optimizing roles and relationships in the fight against HIV/AIDS.”

The ‘Three Ones’ key principles include:

I. One agreed AIDS action framework that forms the basis for coordinating the work of all partners

An agreed, common AIDS action framework is a basic element for coordination across partnerships and funding mechanisms, and for the effective functioning of a national AIDS coordinating authority. Such a framework requires:

- **Clear priorities** for resource allocation and accountability, making it possible to link priorities, resource flows and outcomes/results.
- **Milestones and targets** for reaching universal access to prevention, treatment, care and support.
- **Regular joint reviews** and consultations on progress that include all partners.
- **Encouragement to the community sector, the private sector and other civil society partners** to take on larger roles in service delivery.
- **Commitment by external support agencies** to coordinate within the AIDS action framework in a way that is consistent with their own mandates.
- **Links with poverty-reduction and development frameworks**, as well as associated partnership arrangements.



Villagers welcome a mobile testing team, Zambia

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

Convening all partners around one common action framework requires a national coordinating authority. The legitimacy and effectiveness of such an authority is dependent on the following principles:

- **Legal status and a formal mandate** that reflects national ownership, broad and inclusive membership and clear lines of authority and accountability.
- **A clearly defined role** to coordinate the development, implementation, monitoring and evaluation of the national AIDS action framework in an accountable and transparent manner. This includes coordinating requests for financing according to agreed national priorities to achieve universal access, while leaving financial management and implementation to other entities.
- **Democratic oversight** by legislative authorities, including regular information sharing and reporting.
- **Commitment to an inclusive national AIDS response** that welcomes the full participation of the community sector, especially people living with HIV, the private sector and other civil society organisations, and recognises the mandates and contributions of partnership and funding mechanisms.
- **Acceptance and respect by all stakeholders** for the national AIDS action framework and the leadership role of the national AIDS coordinating authority as the basis for cooperation that will enhance rather than constrain their efforts.
- **Establishment of a broad-based national partnership forum** that bridges the policy and umbrella functions of the national AIDS coordinating authority and the actual implementation of the AIDS action framework.

III. One agreed monitoring and evaluation system

The absence of an operational common monitoring and evaluation system in most countries has hampered efforts to maximise existing capacity for quality assurance, national oversight and informed policy adaptation. As a result, countries and their supporters may misjudge national priorities and not be able to properly review performance and achievements in moving towards universal access. Principles to forge stronger national monitoring and evaluation frameworks include:

- **Global-level alignment of monitoring and evaluation needs** around the indicators linked to the United Nations Declaration of Commitment on HIV/AIDS and additional core elements that emphasise performance and accountability.
- **Agreement among stakeholders for a core national monitoring and evaluation system** that provides high-quality data for analysing country performance on the national AIDS action framework.
- **National and external investment** in building essential human capacity and infrastructure to meet national monitoring and evaluation needs⁹.

⁹ UNAIDS, The 'Three Ones' Key Principles, 2004.

Section 3: Introduction to the community sector and the 'Three Ones'



The Theni District Positive Network meets for discussion, sharing, and support, India

3.1. How is the community sector linked to the 'Three Ones' principles?

Community sector involvement in the initial development of the 'Three Ones', including the design of the principles, was limited.

Over time, however, the community sector has gradually become more engaged, although experiences of the implementation of the 'Three Ones' have been mixed. In some contexts, the principles have encouraged action to ensure that the sector is increasingly involved and respected as a full partner. However, in many other contexts, the sector remains an 'outsider' or has been co-opted as an extension of government and excluded from decision making. In some countries this has resulted in an increased centralisation of funds and power within government, undermining the 'Three Ones' principles, which are designed to achieve greater coordination and partnership.

For many in the community sector, the 'Three Ones' principles have the potential to offer many opportunities to support decades of work on strengthening involvement, if implemented correctly. These include the chance to have greater influence on national action on HIV and AIDS and to strengthen systems that ensure more effective community sector representation.

For others, however, the principles are surrounded by much confusion. What do they mean exactly? How can they be put into practice? How can they improve the response to HIV and AIDS and the support to communities? Many in the sector have also experienced problems resulting from coordination approaches that are not in line with the key principles. [See Box 3]

Box 3: Opportunities and threats arising from the 'Three Ones' for the community sector

Opportunities if implemented in line with the principles	Threats if not implemented in line with the principles
<ul style="list-style-type: none"> • Highlighting the unique strengths of the community sector and its vital contribution to responses to HIV/AIDS. • Providing an advocacy tool for the full involvement of the community sector in managing national action on HIV/AIDS, and for more resources for the sector, particularly its coordination activities. • Promoting Action Frameworks that are based on real needs, particularly those of marginalised groups. • Encouraging governments to meet the targets of international agreements that are supported by the community sector. • Enabling the community sector to more quickly scale up its efforts (by influencing national plans and accessing global lessons and resources). • Giving the community sector added incentive to develop stronger and more democratic systems of representation. • Providing a forum to address blockages to effective community sector action on HIV/AIDS, such as funding bottlenecks. • Ensuring that capacity building for the community sector meets their needs and is provided more systematically. • Addressing the disconnect in Monitoring and Evaluation (with different national and community systems), increasing the acceptance of quantitative and qualitative community data and improving the consistency of communities' monitoring. 	<ul style="list-style-type: none"> • Limiting the independence of the community sector and its watchdog role. • Using the community sector's diversity as a means or excuse to limit its involvement. • Contributing to national HIV/AIDS responses being solely owned or dominated by the public sector. • 'Creating a monster', with one Coordinating Authority being too large to function and leaving the community sector voiceless and the government the main channel for funding. • Encouraging a work pace that denies the community sector time to consult its constituents. • Leading to token involvement, with community representatives only used for show. • Highlighting challenges about community sector representation, such as selection processes where donors and governments choose representatives. • Limiting monitoring and evaluation to 'official' quantitative data and neglecting communities' quantitative and qualitative results. Also, leading to community groups having to report on both standardised indicators and those of individual donor's systems. <p style="font-size: small; margin-top: 10px;">(Source: Adapted from Discussion Paper: Civil Society and the 'Three Ones', International Council of AIDS Service Organizations and the International HIV/AIDS Alliance.)</p>

These guidelines aim to enable the community sector to manage the threats posed by implementation of coordination approaches that are not in line with the 'Three Ones' principles. They also aim to enable the community sector to make the most of the benefits that effective and proper implementation can bring, both to its own members and to a country's overall response to HIV and AIDS.

3.2 Why should the community sector be involved?

The community sector is closest to the action in responding to HIV and AIDS. All too often, its people and groups are the 'glue' that hold responses to local epidemics together – providing the day-to-day support that prevents HIV infections, cares for those living with AIDS, and mobilises individual responses.

As such, the community sector's involvement in the implementation of the 'Three Ones' principles is vital. Its contribution can help ensure that one agreed HIV/AIDS Action Framework, one National AIDS Coordinating Authority and one agreed country-level Monitoring and Evaluation System are developed and implemented more effectively and efficiently. [See Box 4]

Box 4: Benefits of community sector involvement for national responses to HIV/AIDS

Community sector involvement can help ensure that national responses are:

- **Based on real needs and strategically focused:** The community sector understands the needs of people most affected. Its hands-on work and technical knowledge are instrumental in identifying the services and support that will make a difference. In particular, the sector has strong links with, and includes, marginalised groups that are key to the dynamics of HIV and AIDS and that other sectors are often unable or unwilling to reach effectively.
- **Far-reaching, flexible and responsive to crises:** The community sector can often reach and engage a broad range of individuals, groups and communities, including those in remote areas and those that are not usually involved in HIV/AIDS work. As such, it can recognise and respond rapidly to changes in local environments and epidemics and can adapt its approaches and priorities accordingly. It is also often able to maintain action within extreme situations, such as war, where official government activities may not be possible.
- **Creative and effective:** The community sector has developed ground-breaking and risk-taking responses to HIV/AIDS, often in difficult environments and with few resources. Many of these have been carefully monitored and improved over the years and are now recognised as global good practice.
- **Non-stigmatising or discriminatory:** The community sector is best placed to mobilise action against stigmatising attitudes and behaviours by tackling the root causes within communities. It is also often willing to identify and challenge discriminatory practices and policies.
- **Rights-based:** The community sector has been at the forefront of promoting rights-based approaches to HIV/AIDS that, in particular, respect and protect people living with HIV/AIDS and other marginalised groups.

Box 4 continued...

- **Participatory:** The community sector has pioneered empowering approaches to HIV/AIDS that encourage the participation of a broad range of individuals, groups and institutions in all stages and levels of responses.
- **Accountable and transparent:** The community sector has increasing experience of using systems to ensure the ethics and accountability of its work and also of playing a watchdog role, holding other sectors to account for their actions.
- **Cost-efficient:** The community sector is accustomed to making the most of limited funding and developing cost-effective approaches that maximise and complement existing local resources.



Image 1: sex worker, India. © 2006 Shailaja Jathi, Image 2: HIV/AIDS educator demonstrates condom usage, Mozambique
Image 3: The ACER project engaging communities in roll-out of services, Zambia. © 2006 IHAA

3.3 What is meant by the active and meaningful involvement of the community sector?

The active and meaningful involvement of the community sector in national coordinating bodies and processes is characterized by a set of specific features. (More details are provided in Part B of these guidelines.) In summary, all sectors are required to:

- View participation as a right, which also entails responsibilities.
- Be able to participate safely and legally.
- Have enough representatives and influence at all levels and in all relevant bodies and processes.
- Have balanced, broad-based representation.
- Have effective and resourced coordination within their own sectors.
- Be able to access adequate information and technical support.
- Work professionally, fostering a culture of equity and transparency.
- Maintain their independence and perform a watchdog role over other sectors.
- Work according to their sector's 'good practice'.
- Work at an efficient, but realistic pace.
- Work towards international commitments on HIV/AIDS and development.
- Take shared ownership, responsibility and commitment.

3.4 What can all stakeholders do to support the active and meaningful involvement of the community sector?

All stakeholders can play a role in supporting the active and meaningful involvement of the community sector. [See Box 5]

Box 5: Examples of support for community sector involvement in the 'Three Ones'

Government	Donors/UN	Community Sector
<ul style="list-style-type: none"> • Being committed to genuine, multi-sectoral collaboration that is based on sharing power and resources. • Building understanding among officials about the community sector's role, principles, diversity and ways of working. • Analysing and maximising the contributions that all stakeholders, including the community sector, can make to national, multi-sectoral groups. • Appreciating the unique, hands-on work of communities, such as qualitative monitoring and service delivery to marginalised groups. • Allowing the community sector to develop its networks legally and freely and to play the role of independent watchdog. • Supporting capacity building of the community sector by channelling funding and expertise. 	<ul style="list-style-type: none"> • Providing funding for community sector involvement that includes: <ul style="list-style-type: none"> - Building representatives' capacity. - Strengthening networks. - Carrying out consultation and communication activities. • Providing support to build consensus within the community sector, instead of engaging in 'fund and divide' practices. • Implementing activities accessible to the entire community sector by offering them in local languages and using participatory tools. • Being open to changing their own practices (e.g., by respecting the agreed M&E system and not asking groups to report on additional indicators). • Influencing the government to address blockages for the community sector, such as bottlenecks in funding mechanisms. 	<ul style="list-style-type: none"> • Being open to genuine, multi-sectoral collaboration, even if it involves compromises. • Being prepared to take a leadership role in national groups, rather than acting only as a participant. • Being honest about capacity gaps and being committed to mobilising resources to address those gaps. • 'Getting its own house in order', such as strengthening democratic systems to select representatives. • Being prepared to work transparently (e.g., by contributing monitoring information to a national database). • Being committed to consensus building, both within the community sector and with other sectors. • Balancing the complex dynamics of being part of national coordination processes and of playing an external watchdog role.



A drama group performs an HIV education play at a marketplace, Zambia

To make involvement a reality, each sector can take specific actions within national coordination processes and in relation to each of the 'Three Ones' principles. These actions are outlined in **Part B** of these guidelines.

The community sector and others can also take specific actions to create an enabling environment and build the capacity for involvement. It should be stressed that the degree to which these actions are possible and useful will vary from country to country. A number of critical actions are outlined in the **Action Cards**, included with these guidelines:

- Action Card ① Initiating action, defining the community sector, and building consensus
- Action Card ② Identifying roles, responsibilities and selection criteria for community sector representatives
- Action Card ③ Selecting community sector representatives
- Action Card ④ Assessing and building capacity to support community sector involvement
- Action Card ⑤ Being effective community sector representatives and providing support for their role
- Action Card ⑥ Raising funds for community sector involvement
- Action Card ⑦ Advocating for community sector involvement
- Action Card ⑧ Enhancing communication within the community sector
- Action Card ⑨ Improving consultation within the community sector
- Action Card ⑩ Working in partnership and building mutual understanding
- Action Card ⑪ Scrutinising progress and being an independent watchdog

Annex 1: Timeline of key events in the development of the 'Three Ones'

2003	
SEPTEMBER	Partners' Meeting, International Conference on AIDS and STIs in Africa, Kenya , mobilised by UNAIDS and the UK Department for International Development. Involves officials from African nations, multi-lateral and bilateral agencies, NGOs and private sector. Consensus on three key principles to apply to all stakeholders in national responses to HIV/AIDS. UNAIDS proceeds by engaging with major donors to build greater awareness and commitment to the 'Three Ones'.
2004	
APRIL	Consultation on Harmonisation of International AIDS Funding, Washington DC , co-hosted by UNAIDS, the UK Department for International Development and the United States. High-level meeting agrees on the basis of the 'Three Ones'. Commitment paper lays out steps for bilateral and multilateral agencies to apply the principles at the country level and tasks UNAIDS as coordinator and watchdog.
JUNE	UNAIDS Programme Coordinating Board, Geneva , endorses the 'Three Ones'. UNAIDS takes the initiative forward by mapping the status of harmonisation at the national level and identifying successful models; strengthening country ownership of the harmonisation agenda; providing support to coordinating mechanisms; and strengthening monitoring and reporting mechanisms.
2005	
MARCH	'Making the Money Work' meeting, London , co-hosted by UNAIDS and the governments of France, the United Kingdom and the United States. High-level meeting sets targets for the 'Three Ones' and establishes Global Task Team to improve coordination among multilateral agencies and donors.
MAY	Electronic consultation within the global community sector on the 'Three Ones' , facilitated by the International Council of AIDS Service Organizations and the International HIV/AIDS Alliance. Discussion paper produced, highlighting opportunities, threats and actions related to the community sector. E-forum for the global community sector on the 'Three Ones' , facilitated by UNAIDS. Involves input from 300 community sector stakeholders. Summary report produced, highlighting concerns for the community sector.
JUNE	Community sector focus group on the 'Three Ones', Geneva , facilitated by UNAIDS. Involves selection of international community stakeholders. Discusses how to put the principles into practice and ensure community involvement.
AUGUST	Regional capacity building workshop on the 'Three Ones', Bamako , facilitated by the African Council of AIDS Service Organizations. Involves the community sector, national HIV/AIDS coordinating bodies and UNAIDS. Highlights policy and technical areas needing investment. Makes recommendations to UNAIDS.
SEPTEMBER	Community/public sector meeting on the 'Three Ones', Brazil , facilitated by UNAIDS and the International Centre for Technical Cooperation on HIV/AIDS. Involves joint government and community sector delegations, with participants from 14 countries in Africa, Asia and Latin America and the Caribbean. Identifies next steps for implementing the 'Three Ones' at the national level.
2006	
FEBRUARY	Regional workshop on the role of people living with HIV/AIDS and affected communities in the 'Three Ones', Moldova , facilitated by UNAIDS and the All-Ukrainian Network of People Living with HIV/AIDS. Involves people living with HIV/AIDS and coordinating bodies from 14 Eastern European and Central Asian countries. Identifies action steps to put the 'Three Ones' into practice.
NOVEMBER	Pilot country workshops, facilitated by national community organisations in Nigeria (JAAIDS), Ukraine (Alliance Ukraine), and Venezuela (ACCSI) . National community organisations, with the participation of the UN and government representatives, come together and use the draft of the guidelines as a reference to create action plans on effective community involvement in national frameworks, bodies, and M&E. They also review the guidelines for appropriateness and applicability to country situations.

Annex 2: Key international commitments of relevance to the 'Three Ones'

Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) Principle

The Paris Declaration, also known as the Declaration on the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA), was signed in Paris, France, on December 1, 1994. It involved 42 countries declaring that people living with HIV/AIDS are central to ethical and effective responses to the epidemic. It also involved commitments to strengthening the capacity and coordination of community organisations and networks of people living with HIV/AIDS and ensuring their full involvement in action at national, regional and global levels in order to stimulate the creation of supportive political, legal and social environments, among other actions.

Full text available from: The European Coalition of Positive People

E-mail: office@ecpp.co.uk

Website: www.ecpp.co.uk

Declaration of Commitment from the United Nations General Assembly Special Session on AIDS

The Declaration of Commitment was developed by heads of state and government representatives at the June 2001 United Nations General Assembly Special Session dedicated to HIV/AIDS. It recognises that the AIDS epidemic is a global crisis and provides a powerful tool to help guide and secure action, commitment, support and resources for the response. It contains 103 commitments in relation to leadership; prevention; care, support and treatment; HIV/AIDS and human rights; reducing vulnerability; children orphaned and made vulnerable by HIV/AIDS; alleviating social and economic impacts; research and development; HIV/AIDS in conflict regions and disaster-affected regions; resources; and follow-up.

Latest report available from: UNAIDS

E-mail: unaids@unaids.org

Website: www.unaids.org

Rome Declaration on Harmonization

The Rome Declaration on Harmonization resulted from a meeting of heads of multilateral and bilateral development and financial institutions, and partner countries who gathered in Rome, Italy, in February 2003. This represented an international effort to harmonize the operational policies, procedures, and practices of these institutions with those of partner country systems to improve the effectiveness of development assistance, and thereby contribute to meeting the Millennium Development Goals (MDGs).

Final report available from: OECD

Website: www.oecd.org

Paris Declaration on Aid Effectiveness

The Paris Declaration on Aid Effectiveness resulted from a meeting of Ministers of developed and developing countries responsible for promoting development and heads of multilateral and bilateral development institutions, in Paris in March 2005. They agreed to take far-reaching and monitorable actions to reform the way they deliver and manage aid. This included committing to and setting out indicators of progress towards 2010 targets on national ownership, donor harmonisation, managing resources, and mutual accountability.

Final report available from: OECD

Website: www.oecd.org

Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors (GTT)

The GTT was facilitated by UNAIDS and aimed to improve coordination among multilateral agencies and international donors responding to HIV/AIDS. It involved two rounds of meetings during May–June 2005, culminating in a set of recommendations designed to support the streamlining, simplification and further harmonisation of procedures and practices to improve the effectiveness of country-led responses. The recommendations outline the accountable institutions and timelines and cover four main areas: 1. Empowering inclusive national leadership and ownership. 2. Alignment and harmonisation. 3. Reform for a more effective multilateral response. 4. Accountability and oversight.

Final report available from: UNAIDS

E-mail: unaids@unaids.org

Website: www.unaids.org

UN General Assembly Political Declaration on HIV/AIDS

The Political Declaration on HIV/AIDS was adopted at the 87th Plenary Meeting of the General Assembly in June 2006. It was the outcome of a review of the progress in implementing the targets set out in the Declaration of Commitment on HIV/AIDS, and of a High-Level Meeting. Member governments made a series of commitments to respond to HIV/AIDS more effectively, and to scale up to achieve universal access to comprehensive prevention programmes, treatment, care and support by 2010.

Full text available from: UNAIDS

E-mail: unaids@unaids.org

Website: www.unaids.org

The Universal Declaration of Human Rights

The Declaration was adopted and proclaimed by the General Assembly of the United Nations on December 10, 1948. It focuses on 30 Articles committed to promoting and protecting the full range of human rights that belong equally to every person, such as the right to freedom from discrimination; life and liberty; equality before the law; freedom of opinion and information; and participation in cultural life and community.

Full text available from: Office of the United Nations High Commissioner for Human Rights

E-mail: publications@ohchr.org

Website: www.ohchr.org

Millennium Development Goals (MDGs)

The Goals were agreed on by world leaders in September 2000 at the United Nations Millennium Summit and offer time-bound and measurable agreements, from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015. The eight Goals form a blueprint for action by countries and leading development institutions: 1. Eradicate extreme hunger and poverty. 2. Achieve universal primary education. 3. Promote gender equality and empower women. 4. Reduce child mortality. 5. Improve maternal health. 6. Combat HIV/AIDS, malaria and other diseases. 7. Ensure environmental sustainability. 8. Develop a global partnership for development.

Latest report available from: United Nations

Website: www.un.org

Code of Good Practice for NGOs Responding to HIV/AIDS

The Code was published in 2004 as a joint initiative by ActionAid International; CARE USA; Global Health Council; Global Network of People Living with HIV; Grupo Pela Vidda; Hong Kong AIDS Foundation; International Council of AIDS Service Organisations; International Federation of Red Cross and Red Crescent Societies; International Harm Reduction Association; International HIV/AIDS Alliance; and the World Council of Churches. The Code provides guidelines for organisational planning; programme development, implementation, and evaluation; advocacy efforts; and resource allocation. It focuses on key principles and practices that underscore high quality, cohesive and accountable NGO responses to HIV/AIDS and renews the voice of NGOs by encouraging commitment to a shared vision of good practice.

Full text available from: Oxfam Publishing

Website: <http://www.ifrc.org>

Annex 3: References and resources

The following **key references** informed the development of these guidelines:

'Three Ones' Key Principles, UNAIDS, April 2004

Description: Summary report of what is meant by the 'Three Ones' and some of the key characteristics of each principle.

Languages: English, French, Russian, Spanish

E-mail: unaids@unaids.org

Website: www.unaids.org

Discussion Paper: Civil Society and the 'Three Ones', International HIV/AIDS Alliance and International Council of AIDS Service Organizations, May 2005

Description: Discussion paper on issues and questions arising about the 'Three Ones', based on practical experiences and strategic discussion within the community sector.

Languages: English, French, Spanish, Russian

E-mail: icaso@icaso.org

Website: www.icaso.org

The 'Three Ones': Can they Work for HIV Positive Women?, International Community of Women Living with HIV, 2005

Description: Paper on the advantages and challenges of the 'Three Ones' for women living with HIV/AIDS

Language: English

E-mail: info@icw.org

Website: <http://www.icw.org>

Challenging, Changing and Mobilising: A Guide to PLHIV Involvement in Country Coordinating Mechanisms and Guidelines for Improving CCMs Through Greater PLHIV Involvement, Global Network of People Living with HIV/AIDS and POLICY Project, 2005

Description: Handbook to increase the involvement of people living with HIV/AIDS in Country Coordinating Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria, including policies and processes for all stakeholders. Also guidelines on involvement, highlighting issues raised in the handbook and for use in advocacy work with HIV/AIDS bodies, donors and partners.

Language: English

E-mail: infognp@gnpplus.net

Website: www.gnpplus.net

Renewing Our Voice: Code of Good Practice for NGOs Responding to HIV/AIDS, The NGO HIV/AIDS Code of Good Practice Project, Oxfam Publishing, December 2004

Description: Code resulting from a joint initiative of 11 national and international NGOs, focusing on key principles and practices that underscore high-quality, cohesive and accountable NGO responses to HIV/AIDS and renewing the voice of NGOs by encouraging commitment to a shared vision of good practice.

Language: English

E-mail: publish@oxfam.org.uk

Website: www.publications.oxfam.org

Summary of E-Forum on Civil Society and the 'Three Ones', UNAIDS, May 2005

Description: Summary of the findings of an e-forum facilitated by UNAIDS about the community sector and the 'Three Ones'.

Language: English

E-mail: unaids@unaids.org

Website: www.unaids.org

The 'Three Ones' in Action: Where We Are and Where We Go from Here, UNAIDS, May 2005

Description: Report on progress in applying the 'Three Ones' principles, identifying the challenges ahead and the opportunities for overcoming them.

Languages: English, Spanish, French

E-mail: unaids@unaids.org **Website:** www.unaids.org

HIV/AIDS NGO Support Toolkit: Version 3, International HIV/AIDS Alliance

Description: Electronic toolkit on NGO support, divided into seven sections: NGO support programmes; strategic planning; partner and project selection; technical support; institutional change; monitoring and evaluation; and NGO support programme management. Includes:

- Advocacy in Action, 2002
- Raising Funds and Mobilising Resources for HIV/AIDS Work: A Toolkit to Support NGOs/CBOs. 2003

Language: English

E-mail: info@aidsalliance.org **Website:** www.ngosupport.net

The following reference materials were also reviewed during the development of these guidelines:

'Three Ones'

- *Civil Society and the Three Ones: Supporting Implementation*, notes of the civil society focus group meeting (June 2005).
- *Vietnam 'Three Ones' Country Mission*, Executive Summary, UNAIDS.
- *Putting the 'Three Ones' to Work: National AIDS Commissions*, The Futures Group, February 2005.
- *Coordination of National Response to HIV/AIDS: Guiding Principles for National Authorities and their Partners*, process notes, UNAIDS, April 2004.
- *Exceptional Action, National Ownership and Accountability*, process notes, UNAIDS, April 2004.
- *Consultation on Harmonisation of International AIDS Funding: End of Meeting Agreement*, UNAIDS, April 2004.
- *Making the Money Work: Communiqué from the High-Level Meeting*, March 2005
- *Clearing the Common Ground for the 'Three Ones': Report of a Consultation Process*, UNAIDS, April 2004.
- *Progress on the 'Three Ones'*, Agenda item 5.2 of the 16th Programme Coordinating Board, UNAIDS, Jamaica, December 2004.
- *Speech to the 16th Meeting of the UNAIDS Programme Coordinating Board*, Peter Piot, UNAIDS, December 2004.
- *Summary of ICASO's Interventions at the 'Three Ones' Meeting*, Washington DC, International Council of AIDS Service Organisations, April 2004.
- *The 'Three Ones': Driving Concerted Action on AIDS at Country Level*, UNAIDS, 2004.

Declaration of Commitment/Universal Access

- *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators*, UNAIDS, July 2005.
- *Progress Made in the Implementation of the Declaration of Commitment on HIV/AIDS: Report of the Secretary General, United Nations General Assembly*, April 2005.
- *In-Country Monitoring of the Implementation of the Declaration of Commitment Adopted at the UN General Assembly Special Session on HIV/AIDS: A Four Country Pilot Study*, International Council of AIDS Service Organisations, June 2004.

- *One-Page Update for PCB NGO Delegates and Alternates on UNGASS Indicators*, UNAIDS, 2004.
- *Bottom Line Issues and Recommendations on Draft UNAIDS Paper on Universal Access*, civil society delegation to the Global Steering Committee on universal access, March 2006.

Global Fund for AIDS , TB and Malaria

- *Global Fund Proposal Development: A Philippines Experience*, International HIV/AIDS Alliance, March 2004.
- *Civil Society Participation in Global Fund Governance: Recommendations and Actionable Items*, working paper, International Centre for Research on Women, April 2005.
- *Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility*, Global Fund to Fight AIDS, Tuberculosis and Malaria.
- *Report on Workshop for Strengthening CCMs as Public-Private Partnerships, Zambia*, Global Fund to Fight AIDS, Tuberculosis and Malaria, March 2005.
- *Report on Workshop for Strengthening CCMs as Public-Private Partnerships, India*, Global Fund to Fight AIDS, Tuberculosis and Malaria, March 2005.
- *NGO Participation in the Global Fund: A Review Paper*, International HIV/AIDS Alliance, October 2002.
- *NGO Perspectives on the Global Fund*, International Council of AIDS Service Organisations, June 2004.
- *Towards a Comprehensive Approach to Technical Assistance for the Global Fund*, International HIV/AIDS Alliance, June 2004.

NGO Support

- *Strengthening Civil Society Organisations' Use of and Access to International AIDS Funding*, background paper for the International HIV/AIDS Alliance, February 2005.
- *CBO/NGO Support: The Role and Added Value of NGO-Based CBO/NGO Support Providers in the Response to HIV and AIDS in Southern and Eastern Africa*, Southern African AIDS Trust and International HIV/AIDS Alliance, September 2004.
- *(Draft) Global Support Programme: Making International HIV/AIDS Funding to Civil Society Organisations Work More Effectively*, International HIV/AIDS Alliance, January 2005.
- *Meeting the Challenges of Providing Financial and Technical Support to NGOs and CBOs in the Context of Increased Funding*, presentation to XV International AIDS Conference, International HIV/AIDS Alliance, July 2004.
- *Summary: Study of Factors Influencing Support Systems for NGOs/CBOs Responding to HIV/AIDS in Brazil*, International HIV/AIDS Alliance, 2003.
- *Summary: Study of Factors Influencing Support Systems for NGOs/CBOs Responding to HIV/AIDS in Zambia*, International HIV/AIDS Alliance, 2003.

Annex 4: Contacts

The following organisations can provide information and support in relation to community sector involvement and/or the 'Three Ones':



International Council of AIDS Service Organizations (ICASO)

Address: 65 Wellesley St E, Suite 403, Toronto, Ontario, M4Y 1G7, Canada

Telephone: + (1-416) 921 0018

Website: www.icaso.org E-mail: icaso@icaso.org



African Council of AIDS Service Organizations (AfrICASO)

Address: 9513, Sacré-Coeur 3, Dakar, Senegal

Telephone: + (221) 867 35 33

Website: www.africao.net E-mail: africaso@africaso.net



International HIV/AIDS Alliance (the Alliance)

Address: Queensberry House, 104-106 Queens Road, Brighton BN1 3XF, UK

Telephone: + 44 (0)1273 718 900

Website: www.aidsalliance.org E-mail: info@aidsalliance.org



Global Network of People Living with HIV/AIDS (GNP+)

Address: PO Box 11726, 1001 GS Amsterdam, The Netherlands

Telephone: + 31 20 423 4224

Website: www.gnpplus.net E-mail: infognp@gnpplus.net



International Community of Women
Living with HIV/AIDS (ICW)

International Community of Women Living with HIV/AIDS (ICW)

Address: Unit 6, Building 1, Canonbury Yard, 190a New North Road, London N1 7BJ, UK

Telephone: + 44 20 7704 0606

Website: www.icw.org E-mail: info@icw.org



United Nations Joint Programme on AIDS (UNAIDS)

Address: 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

Telephone: +41.22.791.3666

Website: www.unaids.org E-mail: unaids@unaids.org



ICASO International Council of
AIDS Service Organizations

International Secretariat
65 Wellesley Street E., Suite 403
Toronto, Ontario, Canada M4Y 1G7
t: +1 416 921 0018 f: +1 416 921 9979
icaso@icaso.org www.icaso.org



Designed by Tall Poppy Advertising and Design | Printed by Captain Printworks