## Report of Advocacy, Communication and Social Mobilization (ACSM) and the 5th Round of the GFATM

The Global Fund to Fight AIDS,TB and Malaria (GFATM) Executive Board met the week of Sept 28 2005 and approved Round 5 proposals. In this round, 22 TB proposals approved for funding. The full list of approved proposals is available on the GFATM website - under "list of approved proposals." For more information click on this link:
http://www.theglobalfund.org/en/about/board/eleventh/

GFATM approved TB proposals with funding provision are as follows. (Countries in bold have an ACSM component mobilized by the Stop TB Partnership under the ACSM/GFATM Round 5 Project)

- Azerbaijan
- Ghana
- Guinea
- Namibia
- **Bangladesh**
- Cambodia
- **Democratic Republic of Congo**
- **Nigeria**
- **Sudan**
- Zimbabwe
- Brazil
- China
- **Indonesia**

Approved TB proposals without with funding provision

- Niger
- The Gambia
- Botswana
- Albania
- Jordan
- Macedonia
- Peru
- **Kenya**
- Armenia

The efforts mounted for round 5 produced a large increase in funding for TB (if all category 2 proposals can be funded prior to June 2006). The total 5 year amount approved was US$ 500 million of 1.7 billion; that is 28% of total and it meets the expectations set by the Stop TB Coordinating Board. The total 2 year amount approved was US$196 million; (83% increase from the average per round).

The GFATM currently has a funding provision for 13 out of 22 approved TB proposals. The remaining 13 approved proposals will be funded "when funds become available under the terms of the Comprehensive Funding Policy, but no later than June 30, 2006".

**ASCM/GFATM 5th Round Project: Mobilizing Support to Countries**

In March 2005, the Stop TB Partnership Secretariat and the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) led held a three-day workshop in Cairo, Egypt to prepare a group of consultants to assist countries in the preparation of the advocacy, communication and social mobilization (ACSM) components of their proposals to the GFATM. Together with partners from KNCV, DIFID, CDC, WHO and nominated consultants from Bangladesh, Russia, Ghana, Australia, France, Egypt, Morocco and Sudan, the workshop provided a hands-on opportunity to apply the ACSM framework for developing robust ACSM components to GFATM proposals. Click here for more information on the project:
http://www.stoptb.org/wg/advocacy_communication/sgcountrycommunication.asp

Over succeeding six weeks, these consultants where deployed to 13 countries to provide technical assistance in developing ACSM components with other technical experts. Twelve of the 13 countries supported submitted 5th round proposals. KNCV, PATH, WHO, JHU/CCP, WHO-EMRO, WHO-EURO, Stop TB Partnership Secretariat and the supported countries played critical roles during the deployment of consultants, drafting ACSM sections and follow-up stages of the GFATM proposal writing process.

**Results of the 5th round**

ACSM did much better than expected. Of the 12 proposals (with robust ACSM components), six proposals were approved with five of them in Category 1. Only Kenya was placed in category 2 (approved pending clarification). While there is no funding provision for Kenya's application yet, it is expected the necessary funding will be secured by the Global Fund prior to June 30 2006. As the summary chart below illustrates, ACSM two-year activities were approved at a combined total of $24 million dollars, accounting for an average 29% of total two-year approved TB proposals. The Gambia appears to have used the ACSM Framework, developed by the Stop TB Secretariat, as the basis for its proposal. With the inclusion of The Gambia, the combined total increases to $25 million accounting for an average 31% of total two-year approved TB proposals. Over a five year time span, ACSM activities will account for $49.7 million of the $272

million or 24% of the total 5th round TB budget for the highlighted 7 countries. (See table 1)

**Table 1: Countries with successful 5th round proposal**

| Countries using the ACSM framework and supported with technical assistance | Total Proposal Request (2 years) | ACS budget component (2 years) | Average percentage budget for ACSM (2 years) | ACSM budget components (5 years) | Total budget (5 years) | Average percentage budget for ACSM (5 years) |
|---|---|---|---|---|---|---|
| Bangladesh | $10,003,984 | $1,829,682 | 18% | $6,436,811 | $45,977,228 | 14% |
| DRC | $14,598,934 | $1,736,760 | 12% | $3,582,000 | $36,234,565 | 10% |
| Kenya (Category 2) | $7,904,655 | $3,998,711 | 51% | $10,559,775 | $19,908,128 | 53% |
| Indonesia | $18,587,491 | $9,107,870 | 49% | $11,109,564 | $69,434,775 | 16% |
| Nigeria | $25,470,061 | $7,233,875 | 39% | $15,701,070 | $68,265,522 | 23.4% |
| Sudan | $8,592,197 | $396,226 | 5% | $991,610 | $27,568,526 | 4% |
| **Sub total** | **$85,157,322** | **$24,303,124** | **29%** | **$48,380,830** | **$267,388,744** | **20.06%** |
| Countries with ACSM grant that utilized the ACSM framework | | | | | | |
| Gambia (Category 2) | $2,561,327 | **$836,623** | 33% | $1,358,890 | **$5,032,929** | 27% |
| **TOTAL** | **$87,718,649** | **$25,139,747** | **31%** | **$49,739,720** | **$272,421,673** | 24% |

## Analysis of the role of the ACSM/GFATM 5th Round Project.

*Question: Did the ACSM framework, Cairo workshop and the partner mobilized technical assistance make a difference in the amount of financial support requested?*

The data suggests that the intervention did make a noticeable impact upon the amount of funding countries were approved for. Of the 13 country proposals approved in the 5th round containing ACSM, Behavioral Change Communication (BCC) and or advocacy components in excess of $300,000 US (over two years), the total amount approved using the ACSM framework and partner mobilized technical assistance outdistanced countries not using the framework. (See Table 2)

**Table 2: Countries with ACSM grant proposal that did not use the ACSM framework**

| Countries **not** using the ACSM framework and **not** supported with ACSM technical assistance | Total Proposal Request (2 years) | ACS budget component (2 years) | Average percentage budget for ACSM (2 years) | ACSM budget components (5 years) | Total budget (5 years) | Average percentage budget for ACSM (5 years) |
|---|---|---|---|---|---|---|
| Zimbabwe* | $35,931,159 | $3,593,115 | 10% | $4,998,311 | $62,478,891 | 8% |
| Niger (Category 2) | $5,243,329 | $902,744 | 17% | $1,924,504 | $10,129,160 | 19% |
| Botswana (Category 2) | $12, 761,068 | $439,130 | 4% | $2,038,352 | 29,627,215 | 6.8% |
| Brazil | $11,602,427 | $1,026,806 | 9% | $2,342,640 | $27,240,000 | 8.6% |
| Peru (Category 2) | $21,017,537 | $355,829 | 1% | $546,809 | $32,545,549 | 1.6% |
| China | $17,815,000 | $314,055 | 2% | $1,212,640 | $52,891,000 | 2.2% |
| **Total** | **$91,609,452** | **$6,631,679** | **7%** | **$13,063,256** | **$214,911,815** | **16%** |

* Three year proposal

**Side by side comparison:**

a) Two-year ACSM budget proposals: **$25 million verses $6.6 million**.
b) ACSM as a percentage of total proposal requests (2 years): **31% verses 7%**
c) Five-year ACSM budget proposals: **$ 49.7 million verses $13 million**
d) ACSM as a percentage of total proposal requests (5 years): **24% verses 16%**

*Question: Did the ACSM framework, Cairo workshop and the partner mobilized technical assistance make a difference in the quality of the ACSM components?*

An analysis TRP review forms suggest that TRP members acknowledged the strengths of a robust ACSM component to the GFATM proposals. Five of seven TRP review forms commented positively on the appearance of ACSM elements in the proposal. For example:
*"Adequate planning of communication and social mobilization activities."*
*" The ACS section is well developed"*
*"Comprehensive program of communication and social mobilization activities addressed to patients and communities through mass media campaigns and the establishment of advocacy working group."*

There were only a few comments or questions regarding the calculation of some ACSM costs ( *i.e. calculations for transportation and printing*) and indicators (*i.e. incorrect use of numerators and denominators*). Overall there appears to be no

serious issues with quality of the ACSM components. Additional review and analysis of the six other failed proposals (Pakistan, Kazakhstan, Ethiopia, Myanmar, Egypt, Sudan) to determine the likely contributing factors for the unsuccessful application.

## NEXT STEPS

### **TRP Clarifications** (for approved proposals)

Countries that were approved will receive clarifications requests by the TRP. Countries will have 6 weeks in which to respond. Efforts will be needed to be made to assist countries with answering any ACSM-related questions. Working with WHO regional and country offices, efforts will be made to contact the writing committees and offer assistance in responding to TRP queries. These will need to be submitted to the GFATM within 4 weeks for category 1 proposals and 6 weeks for category 2 proposals.

### Technical Assistance

The Advocacy, Communication and Social Mobilization Sub Group at Country Level (Chaired by Dr Roberto Tapia-Conyer) will finalize a process of mobilizing technical assistance among members of the sub group to provide additional technical assistance to those countries requesting support.

### Round 6 Preparations

Efforts are already underway to document the round 5 experience and prepare for a similar process for round 6.