



Pan Caribbean Partnership Against HIV and AIDS Resource Mobilization Strategy (2018-2020)

DRAFT

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The Health Finance and Governance Project

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Submitted to:

Julia Henn
Director, Health and HIV/AIDS Office
USAID/Barbados and the Eastern Caribbean Mission

Scott Stewart, AOR
Office of Health Systems
Bureau for Global Health
USAID

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Abt Associates Inc. | 4550 Montgomery Avenue, Suite 800 North | Bethesda, Maryland 20814
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

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ACRONYMS

CARICOM	Caribbean Community
CRSF	Caribbean Regional Strategic Framework on HIV/AIDS (2014 – 2018)
CSR	Corporate Social Responsibility
EMTCT	Elimination of Mother to Child Transmission of HIV
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HFG	Health Finance and Governance Project
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex
LMIC	Low and middle-income countries
PACC	Priority Areas Coordinating Committee
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV & AIDS
PCU	PANCAP Coordinating Unit
PEPFAR	U.S. Presidents Emergency Plan for AIDS Relief
RM	Resource Mobilization
SDG	Sustainable Development Goal
USAID	United States Agency for International Development
UNAIDS	Joint United Nations HIV/AIDS Programme
WHO	World Health Organization

I. EXECUTIVE SUMMARY

This Resource Mobilization (RM) Strategy and accompanying proposed Implementation Plan have been developed for the Pan Caribbean Partnership against HIV and AIDS (PANCAP) to support the organization's core mandate, to provide "a structured and unified approach to the Caribbean's response to the HIV epidemic, coordinate the response through the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) to maximize efficient use of resources and increase impact, to mobilize resources and build capacity of partners."¹ Since 2001, PANCAP has played an important role in achieving gains in the HIV response in the Caribbean region, primarily supported by development partner funding. Recent consultations with PANCAP members and regional leaders such as the Council on Human and Social Development (COHSOD) have reaffirmed the continued value of the partnership even as a significant decline in development partner funding for HIV is foreseen.

With an anticipated shortfall in HIV financing, it is now more important than ever to diversify funding sources and increase domestic investment in national HIV responses in order to sustain achievements and to progress towards the 90-90-90 targets for ending the AIDS epidemic as public health threat for the people of the Caribbean. This RM strategy looks to position the Partnership for sustainability, as the current CRSF comes to a close and PANCAP moves to implement actions to streamline and refocus, based on the findings and recommendations of a 2017 Assessment.² This updated strategy, which replaces the PANCAP Resource Mobilization Strategy (December 2014-2018), is now aligned with the Sustainable Development Goals (SDGs) and incorporates: updates on the nature of the response – specifically, the move to Treat All; the environment for RM for the partnership, including the known timelines of development partner withdrawals and updated RM needs; current core capacities of PANCAP and lessons learned from implementing the previous strategy; and an added feature of constant adjustment and updating.

The RM Strategy guides PANCAP to achieve the objectives of:

1. Securing adequate funding levels to meet the needs of PANCAP members and the PANCAP Coordinating Unit (PCU) as the secretariat of the partnership
2. Securing ongoing, non-project-based funding for core functions of PANCAP
3. Diversify funding to mitigate risk and promote financial sustainability
4. Defining how the implementation of this strategy should be realized.

This RM strategy is comprised of 6 components:

1. Capacity building for resource mobilization, both within the PCU and PANCAP partners.

¹ www.pancap.org (accessed April 16, 2018)

² Insanally, S. Assessment of the Pan Caribbean Partnership Against HIV (PANCAP). 2017

2. Support for the efforts of members countries to increase domestic resource mobilization that includes both government and private sector investment in HIV. PANCAP's RM approach should include demand-driven actions that would increase the ability of national programs, technical agencies and CSO partners to directly mobilize and leverage resources for the HIV response, whether through international donors or mobilization and leveraging of national resources.
3. Engagement of international funders, including philanthropic organizations
4. Partnerships to support civil society organization (CSO) RM efforts and for resource sharing
5. Engagement of the private for-profit sector for corporate citizenship and responsible business practices
6. Resourcing the PCU and partners through in-kind support and non-financial contributions.

Implementation of the RM Strategy will be the responsibility of the **RM Specialist to be recruited, in the short-term, with funding from a current Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grant**, under the direction of the PCU Director who also has direct responsibility for outreach, advocacy and coordination. The Advisory Group on Resource Mobilization will provide oversight of RM efforts and technical guidance to amend RM strategies and actions as necessary, based on monitoring of results and changes in strategic focus as PANCAP seeks to streamline and refocus its work and develop the next iteration of the CRSF.

2. INTRODUCTION

2.1 Background

PANCAP has played an important role in supporting regional and country efforts towards HIV epidemic control. The success of its approach is evident in declining prevalence, from 1.3 percent to one percent, achieved over the period 2001-2012.³ During this time, new infections were reduced by 52 percent, and treatment and coverage rates were improved. In spite of this progress, the Caribbean continues to contend with the unfinished agenda of ending AIDS as a public health threat, by 2030. The number of new infections has plateaued over the past 3 years, with increases evident in Belize, Suriname and Guyana.⁴ Countries are seeking to scale-up treatment programs per recent WHO guidelines to “Treat All” in order to achieve and consolidate the 90-90-90 targets, even as they face rapid declines in donor funding.^{5,6} The region is particularly challenged by the HIV testing and viral suppression targets and at a broader level, prejudice and discrimination that inhibits prevention and access to testing and treatment.⁷

Total HIV funding for the Caribbean has declined over the past 5 years. As external funders pull out of the region, it is more important than ever for PANCAP member countries to increase their investments in national responses. Some countries have made strides towards achieving sustainability through strategies such as integrating HIV programming into primary health care and by increasing domestic financing for HIV treatment. These approaches have been enabled by efforts to increase availability of financial data through National Health Accounts exercises in 7 countries, along with the development of investment cases and costing studies, including for CSO service provision. Because governments are resource-constrained, there is need to pay greater attention to ensure that resources are used effectively and to diversify RM approaches to attract and sustain new partners.

The 2017 Assessment of PANCAP, based on consultation with members and non-member stakeholders, highlights the need to improve RM to enable regional action in several important areas that are not currently supported by donors or national governments. Under-resourced strategic priorities include integration and sustainability planning. The Assessment also points to the importance of aligning capacity within the PCU to PANCAP’s core mandate rather than to donor-funded projects, and of ensuring resources for regional meetings and the functioning of governance and coordination mechanisms.

RM has been identified by PANCAP leadership and members as a critical area in which the partnership adds value to the HIV response and which should, therefore, continue to be a main focus of PANCAP’s

³ Caribbean Community (CARICOM), Pan Caribbean Partnership Against HIV and AIDS (PANCAP). (2014). Caribbean Regional Strategic Framework on HIV and AIDS 2014 - 2018. Georgetown, Guyana: PANCAP, CARICOM

⁴ http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

⁵ WHO. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. September 2015. www.who.int (accessed April 18, 2018)

⁶ Joint United Nations Programme on HIV/AIDS (UNAIDS). 90-90-90 An ambitious treatment target to help end the AIDS epidemic. 2014.

⁷ One of three people (36%) living with HIV is not aware of their HIV status. While 81% of people who know their status were on treatment in 2016, one-third of those were not virally suppressed (33%).- Dr. Cesar Nunez, UNAIDS Regional Director for Latin America and the Caribbean, Presentation to the NAPS Managers and Key Partners Meeting, Trinidad and Tobago, March 3018.

work.⁸ Notable recent RM successes relate to PANCAP's ability to leverage the comparative advantages of a wide range of stakeholders; to facilitate capacity building of CSO partners to meet the requirements of major international funders; to provide a mechanism for small countries and CSOs to benefit from international funding in ways that they could not access on their own; to manage implementation of complex multi-country grants; and to facilitate joint negotiation and pooled procurement of medicines.

At a consultation in March 2018, members of the Advisory Group on Resource Mobilization and other key regional stakeholders identified the following priority issues to be considered in the drafting of an updated RM Strategy:

- Ensuring that the PCU is equipped with dedicated and appropriately skilled and experienced staff to implement the RM Strategy.
- Clarity on PANCAP's RM function, which needs to include addressing resource needs for implementation of the CRSF and any subsequent regional document of similar purpose; ensuring PCU resource needs align with PANCAP's overall direction; coordinating multi-agency and multi-country grant requests; providing technical support to build RM capacity and shared resources such as grant writers.
- Challenges of RM in the Caribbean context, including the absence of a culture of philanthropy and strategic resource mobilization; inadequate leveraging of the private sector; the importance of building high-level political will to increase HIV funding and associated challenges.⁹

USAID's Health Finance and Governance Project (HFG) has developed this strategy, and the earlier version (2014-2019), with the support of USAID/Eastern and Southern Caribbean and in close collaboration with the PCU and the PANCAP Advisory Group on Resource Mobilization, and in consultation with other stakeholders.

2.2 Goal and objectives

This Resource Mobilization Strategy and accompanying Implementation Plan have been developed with the goal of achieving PANCAP's long term sustainability to fulfill its mandate. Specifically, resources will be used to support the achievement of regional goals and targets articulated in the 2014-2018 Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) and PANCAP's on-going efforts to implement the multi-country Council on Human and Social Development (COHSOD)-endorsed recommendations to streamline and refocus attention on its core mandate. RM for the regional response and in support of members, is one of the three core areas of PANCAP's mandate and is crucial to effectively respond to HIV in the Caribbean.¹⁰

PANCAP's RM needs are uniquely vital to the organization:

RM is needed to sustain the partnership and PCU, as well as a core function and service of the partnership.

The RM Strategy guides PANCAP to achieve the objectives of:

⁸ Professor Donald Simeon, RM Consultation, March 2018.

⁹ Health Finance & Governance Project Trip Report, 6th Annual National AIDS Program Managers Meeting & PANCAP Resource Mobilization Strategy Development Meeting, Port of Spain, Trinidad and Tobago (March 2018). Insanally, Sarah, Maggie McCarten-Gibbs, and Lisa Tarantino, Bethesda, MD.

¹⁰ Insanally, S. Assessment of the Pan Caribbean Partnership Against HIV (PANCAP). 2017.

1. Securing adequate funding levels to meet the needs of PANCAP members and the PANCAP Coordinating Unit (PCU) as the secretariat of the partnership
2. Securing ongoing, non-project-based funding for core functions of PANCAP
3. Diversify funding to mitigate risk and promote financial sustainability
4. Defining how the implementation of this strategy should be realized.

2.3 Methodology and guiding principles

The RM Strategy was developed through the following methods:

1. Key informant interviews with members of PANCAP, PCU, development partners and other stakeholders;
2. Consultation with twenty-five stakeholders, including the Advisory Group on Resource Mobilization, in Port-of-Spain, Trinidad and Tobago, March 2018;
3. Desk review of annual reports, regional strategies, and organizational assessments;
4. Analysis of financial statements from PANCAP and development partner-funded project budgets;
5. Market research on donor funding opportunities and other external funding opportunities; and
6. Consultation with GFATM private sector and resource mobilization experts.

RM is understood to include all actions taken to ensure that PANCAP has the resources it needs to properly implement the CRSF. This includes financial resources as well as human resources, goods and services. The RM strategy therefore requires broad outreach to potential donors and partners in order to diversify the sources of support and financing.

Given the current environment in which national programs are working towards sustainability, including through increasing domestic resources available for HIV, the RM strategy considers the roles of the PCU and of PANCAP members in achieving these goals. It acknowledges the efforts and responsibility of national programs to advocate, build capacity, generate and utilize evidence, and improve efficiencies in order to increase and sustain national ownership of HIV programs.

PANCAP supports these efforts through high-level advocacy, by increasing visibility of regional and national efforts, by linking members to potential donors and by undertaking complementary resource mobilization for regional public goods to meet common needs and shared priorities, including through coordination of multi-country, multi-agency projects and programs.

The PCU also has the responsibility to ensure adequate resources to conduct its core mandate of RM, coordination and harmonization. As sound program and financial management are prerequisites for effective RM, the PCU cannot undertake RM as a standalone activity and must integrate this as an essential function within the other core areas of its mandate to ensure efficient use of resources for effective and high-impact actions.

To achieve these goals, this strategy document will do the following:

- Provide an overview of the principles of RM and how to use an RM strategy;
- Identify innovative recommendations to sustain PANCAP through RM; and
- Provide recommendations on how to best operationalize future RM for the financial sustainability of PANCAP.

2.4 Users of this Resource Mobilization Strategy

An RM strategy is a comprehensive strategic planning process that involves coordinating stakeholders to design and implement strategic approaches that improve the management of existing funding relationships and access new resources to strengthen and sustain programs. This RM strategy is intended, therefore, to guide the efforts of both the PCU and PANCAP members.

PANCAP RM needs to continue to take place in coordination with the fund-raising efforts of CARPHA and CARICOM to ensure that stakeholders are not faced with multiple requests to fund similar activities and that they understand the roles of each agency, and why funding PANCAP is essential.

3. SITUATIONAL ANALYSIS

3.1 PANCAP's strategic advantages

PANCAP's most valued services are:

- **Effective mobilization and management of resources** to fund regional programs and public goods, including by leveraging the management and fiduciary capacity of the CARICOM Secretariat for transparency and dependable management. Inclusion of increasing numbers of organizations and providing capacity building has increased the financial resources available for the region and expanded the scope of the response;
- **Sustained and engaged political and technical leadership**, and well-functioning mechanisms and practices for mutual accountability;
- **Setting a regional HIV agenda and enabling regional alignment**, including through the CRSF, consensus-building consultative processes that engage diverse stakeholders at different levels and across multiple countries;
- **Ability to represent the region's response** to international partners and to conduct high-level political advocacy, including for RM and human rights;
- **Managing regional collaboration** for multi-country projects and coordination to enable economic efficiencies and savings;
- **Regional convening role**, with PANCAP able to bring together politicians, donors, country program representatives, and civil society for a robust HIV response;
- **Knowledge generation and information sharing**. There are strong complementarities between PANCAP's role in information sharing and communication and its resource mobilization function.¹¹

¹¹ Insanally, S. Assessment of PANCAP. 2017

3.2 Resource mobilization SWOT Analysis¹²

The following is an analysis of the PANCAP's institutional strengths and weaknesses related to resource mobilization, as well as the external threats and opportunities in the current RM environment.

¹² Citation: 2014 RM Strategy & Insanally, S. Assessment of PANCAP Assessment. 2017

Table I: Resource Mobilization SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> - Strong regional brand recognition within the health and HIV realms - Broad membership of governments, CSOs, development partners - CARICOM affiliation provides legitimacy, systems including for RM, and resources - Broad areas of focus in the CRSF (HIV, social determinants and HR) - Successful experiences attracting funding and implementing programs for several major donors (GFATM, World Bank, USAID) - Significant assets for project implementation: technical expertise available both internally and externally - Strong communications and event organizing functions - Ability to work with member countries on a political level, and with CSOs and regional technical agencies on a more operational level - Good technical capacity in project and financial management - Strong governance structure with high-level and well-connected leadership with potential contacts for resource mobilization - Dedicated and respected leadership (the Director of the PCU) 	<p><i>Weaknesses</i></p> <ul style="list-style-type: none"> - The lack of capacity to develop and implement the tools needed to support the implementation of the RM Strategy and specifically, to engage private foundations and the private sector - PANCAP still struggles to communicate the scope and value of the partnership to stakeholders who are not directly involved - Lack of investment in structures that are currently supported by donors imperils sustainability and PANCAP's funding appeal - Relatively unfamiliar to a large number of donors - RM activities are not pursued systematically for want of resources (tend to be grant cycle-focused on GFATM and USAID) - Government membership limits funding possibilities from some donors - No PANCAP presence outside of Caribbean - No experience with the private sector or nontraditional partners - Insufficient technical capacity at the PCU for resource mobilization activities and in some HIV technical areas that would support RM - PCU capacity needs to implement its mandate are not currently articulated or quantified clearly
<p>Opportunities</p> <ul style="list-style-type: none"> - PANCAP is viewed as an international best practice - Strong regional and international brand recognition - Access to governments, political leaders and regional technical experts - Presence throughout the region often makes PANCAP the sole possible convener or point of contact between sectors - Donors, stakeholders and decision-makers (COHSOD) have recently reaffirmed the need to maintain PANCAP - CARICOM has committed to increase resources for PANCAP - Stakeholders recognize that in a region of small states, limited absorptive capacity and conservative societies, the PANCAP network is essential 	<p><i>Threats</i></p> <ul style="list-style-type: none"> - Few national governments identify HIV as a priority in their development strategies nor is it identified as such in the Strategic Plan for the Caribbean community 2015-2019 - Stigma still exists and contributes to this lack of prioritization - Governments are also losing development partner funding at the national level, further constraining their ability to commit resources to a regional entity - Some stakeholders question the narrow focus of RM efforts, suggesting that PANCAP gear its activities towards under-resourced areas and/or to other diseases - Time spent on fundraising, monitoring and assessing a project can be out of proportion to the financial contribution

<ul style="list-style-type: none">- PCU ability to coordinate and leverage RM to benefit wider partnership- Quantifiable regional HIV successes show PANCAP's value and potential- PANCAP is seen as a lever of development and gateway to new approaches for countries- Access to technical support and funding from GFATM for RM position- Current TA provides strategic support (HFG, K4Health)	<ul style="list-style-type: none">- Costs of regional collaboration are high and it is difficult to demonstrate value-for-money for activities such as face-to-face meetings- Some member CSOs and governments have built RM capacity that could serve to 1) undermine or compete with PANCAP RM efforts or 2) dilute perceived need for PANCAP's support for RM at that level
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3.4 PANCAP's functional priorities and the PCU

The 2014-2018 CRSF establishes six strategic priority areas that have been agreed by partners to be critical for achieving an AIDS-free Caribbean:

1. An enabling environment
2. Shared responsibility
3. Prevention of HIV transmission
4. Care, treatment and support
5. Integration
6. Sustainability

The GFATM and USAID regional programs have prioritized work in three strategic areas: enabling environment; care, treat and support; and, to a lesser extent, prevention of transmission and sustainability. PANCAP has been less successful in mobilizing funding to advance work in the areas of shared responsibility, integration and sustainability, in spite of the increasing demand for technical support for member countries grappling with donor partner transitions and the implementation of Treat All. Even within the more 'fundable' strategic priority areas, the costing estimation for the 2017-2018 CRSF Operational Plan suggests a significant unmet need for laboratory strengthening and services to prevent HIV.

As the CRSF 2014-2018 comes to a close, and following an assessment conducted in 2017, Caribbean health ministers and PANCAP governance bodies have elected to pursue a process of streamlining and refocusing on the core mandate of PANCAP to achieve the end of the epidemic in the region. The implications of this approach for the next iteration of the CRSF and resourcing needs are the focus of deliberations within PANCAP governance bodies, including the PANCAP Priority Areas Coordinating Committee (PACC), and are being discussed at regional consultations. To this end, the PACC has identified the following priority areas for greater emphasis moving forward:

- Social determinants of HIV and health, including gender and sexuality education
- Prevention of HIV transmission
- Retention in treatment and care
- Justice for All, human rights, and prejudice and discrimination
- Knowledge management and monitoring, evaluation and reporting.

To roughly relate these priorities to the six CRSF priorities, PANCAP's focus would continue to fall under the following:

- 1) An enabling environment;
- 2) Prevention of HIV transmission; and
- 4) Care, treatment and support.

It is the role of the PCU to raise funds, coordinate and, in some cases implement, many of the activities that support the PANCAP's roles in these priority areas. Thus, the PCU must have adequate funding to maintain a core capacity to:

- Monitor, evaluate and report on the work of the partnership and report per donor requirements
- Provide convening support for key meetings and information sharing
- Provide access to technical expertise and updates

- Mobilize resources for members and the partnership as a whole
- Build the capacities of members to mobilize resources
- Promote an enabling environment through regional and national level advocacy and knowledge sharing.

4. MARKET ANALYSIS

4.1 Global HIV funding priorities and trends

One of the main focuses of the RM strategy is to examine prospects for future alternative revenue sources for PANCAP, especially in the context of global trends in HIV funding. Social determinants such as gender, age and sexual orientation play a large role in HIV transmission and the ability of people with HIV to access treatment, care, and support. A focus on key determinants such as gender, youth and LGBTQI populations may enable PANCAP to attract new and diverse funders interested in supporting these areas. The analysis below touches to a certain extent on the potential for non-HIV specific funding for those groups and related causes.

- **Decreasing bilateral and multilateral spending on HIV.** The United States is a global leader in HIV investments, as most other governments are reducing or ending bilateral support for HIV, opting instead to contribute to the GFATM. The US is the single largest contributor to the GFATM, providing more than 30% of total funding. Globally, low and middle-income countries (LMIC) whose programs rely disproportionately on donor funding are particularly vulnerable to fluctuations in funding levels and changes in funding strategies at the GFATM and PEPFAR. A relatively small reduction in GFATM or PEPFAR funding would need to be offset by a much larger percentage increase in other funding sources, including in domestic investments. This is the case for PANCAP as well as for member countries that are at varying levels of dependency on GFATM and PEPFAR funding.

Between 2014 and 2015, bilateral spending declined by US \$715 million (11%). Fifty-seven percent of the decline was due to a US\$411 million decrease in U.S. government funding. Between 2013 and 2015, global development assistance for health spending for HIV declined from approximately \$49.7 billion to approximately \$48.9 billion.¹³ Three quarters of donor funding for HIV (74%) in 2015 was provided bilaterally and the U.S. accounted for two-thirds (66.4%) of that funding. Multilateral spending

A global seismic shift in HIV funding

Development partners will withdraw funding in the USD millions over the next few years from the Caribbean.

The private sector and foundations will not replace nearly those levels of funding. Nor will they contribute in the same ways, for the same things.

Governments in the Caribbean, and elsewhere, are increasing their ownership of the response, including funding levels, particularly in PEPFAR funded countries, over time. This is difficult - given the higher proportionate burden on LMIC budgets - but necessary to prevent a loss of control over the epidemic.

¹³ <https://vizhub.healthdata.org/fgh/> (accessed April 18, 2018)

also contracted in 2015, with contributions to the GFATM decreasing by \$305 million.¹⁴ Global HIV funding priorities currently include data generation and use and sustainable planning. In 2016, overall funding for HIV prevention research and development (R&D) decreased by 3% (US\$35 million), falling to US\$1.17 billion, the lowest annual investment in HIV prevention R&D in more than a decade.¹⁵

Youth, aged 15-24, are a priority population for many funders, receiving more than \$400 million for cross-sector youth programs in countries throughout the world.

It is generally accepted that donor government funding for HIV will not increase. Thus, new thinking, including seeking efficiencies and investing remaining donor funds strategically, is needed.

- **Philanthropic disbursements for HIV increased for three years in a row, reaching approximately \$680 million in 2016, up 2% from 2015, with the largest increases in LMICs.** Funding priorities of private foundations include advocacy, human rights, prevention and research. The Bill and Melinda Gates Foundation is increasing its investment and provides more than \$40 million annually to the HIV cause. Almost half of country-level funding for HIV from philanthropic funders was directed to high-income countries (\$207 million in 2016). Upper-middle-income countries received \$54 million, a 9% decrease from 2015; lower-middle-income countries received \$83 million, a 21% increase from 2015; and low-income countries received \$79 million in 2016, a 20% increase from 2015.¹⁶ There was a \$30 million increase in private HIV-related funding for advocacy and human rights between 2014 and 2016. Prevention received \$35 million and research \$29 million more in 2016 than in 2015, while funding for key populations decreased by 18% over the same period.¹⁷

Globally, private foundations gave \$70 million to youth programs in 2016, making it the third most funded target population. In the Caribbean, youth was the second most funded target population, receiving \$2 million in funding from private foundations.¹⁸

Globally, private foundations gave \$69 million to women and girls in 2016, making it the fourth most funded target population.¹⁹

U.S. foundation support for global Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) communities totaled \$47.9 million between 2011 and 2013. Of this, transgender issues accounted for more than 10% at \$5.6 million. Open Society Foundations provided nearly half of this global transgender funding, with more than a third focused on improving health and well-being, including through general health services and health promotion (\$1.5 million) and HIV (\$300,000).²⁰

¹⁴ http://www.unaids.org/sites/default/files/media_asset/financing-the-response-to-HIV-in-low-and-middle-income-countries_en.pdf

¹⁵ http://www.hivresourcetracking.org/wp-content/uploads/2017/12/HIV_resourceTracking2016.pdf

¹⁶ http://www.fcaids.org/wp-content/uploads/2016/11/FCAA_2016ResourceTrackingReport_WebReady_Spreads-UPDATED.pdf

¹⁷ http://www.fcaids.org/wp-content/uploads/2016/11/FCAA_2016ResourceTrackingReport_WebReady_Spreads-UPDATED.pdf

¹⁸ http://www.fcaids.org/wp-content/uploads/2016/11/FCAA_2016ResourceTrackingReport_WebReady-1UPDATED.pdf

¹⁹ http://www.fcaids.org/wp-content/uploads/2016/11/FCAA_2016ResourceTrackingReport_WebReady-1UPDATED.pdf

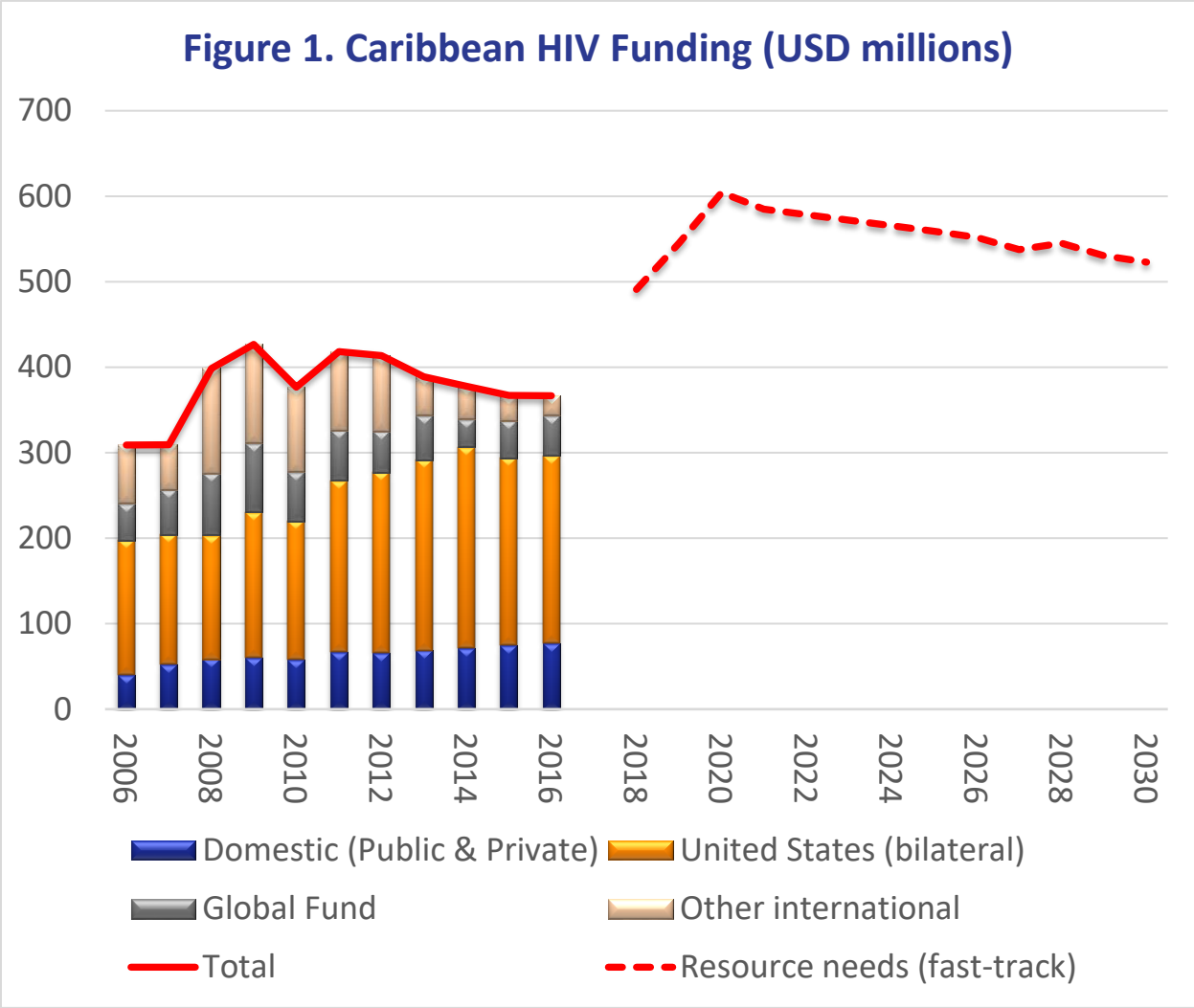
²⁰ https://www.lgbtfunders.org/wp-content/uploads/2016/05/TRANSformational_Impact.pdf

4.2 Trends in HIV funding in the Caribbean

HIV funding in the Caribbean has been decreasing slightly each year since 2011. Shifts in the focus, quantity and modalities of external donor funding are linked to the World Bank's operational classification of economies based on gross national income (GNI) per capita, with much of the Caribbean now classified as high and middle-income economies. This classification overlooks economic disparities, human development deficiencies and health system capacity.²¹ The extreme vulnerability of the Caribbean has a significant impact on resourcing priorities, as highlighted by recent public health threats from chikungunya, Ebola, Zika virus and yellow fever and the devastating 2017 hurricane season, with several countries facing long-lasting impacts and protracted recovery. Further, the region continues to grapple with competing priorities for financing, including climate change, high incidence of Non-Communicable Diseases (NCDs), increasing crime and violence against women, and poor performance of males in education.²² Although growth is projected to continue in 2018, risks to the region's recovery include elections in many countries, global geopolitical tensions and an unfavorable international context, and extreme weather events.

²¹ PANCAP. 2016 Concept Note to the Global Fund.

²² <http://www.caribank.org/tcd/regional-cooperation-integration> and <https://blogs.imf.org/2018/01/25/latin-america-and-the-caribbean-in-2018-an-economic-recovery-in-the-making/>



Source: AIDSinfo Global AIDS Monitoring tool. (Accessed 3/12/18)

Bilateral and multilateral donors:

The majority of international funding for the Caribbean comes from US bilateral support and the GFATM. US bilateral funding has been fairly consistent since 2011, with annual changes ranging from a 5.5% increase in 2014 to a 6.6% decrease in 2015. In 2017, PEPFAR FY17 spending in Barbados and the Eastern and Southern Caribbean totaled \$18,732,188. The FY18 budget is down to \$15 million to Barbados and the Eastern Caribbean, \$85 million allocated to Haiti, and \$10 million to the Dominican Republic for a total of US\$110,000,000.

GFATM funding has been declining at both the national and regional levels, and is expected to continue to do so. Country allocations for HIV grants have decreased throughout the region, and both Belize and Suriname are ineligible to receive further funding for their TB programs.

The GFATM allocation for the Caribbean multi-country grant 2019-2022 is \$6.5 million, a more than 50% reduction from the \$12,455,754 provided through the current PANCAP and CVC regional grants. Further, the Caribbean is expected to submit one proposal to the GFATM to access this allocation, and

PANCAP's role in this submission has not yet been decided. It is not yet clear whether the partnership as a whole or the PCU will directly benefit from the next GFATM grant, although it will support regional level activities.

Other international support has decreased consistently since 2009 as Germany, the European Union, and Canada have reduced funding. The Inter-American Development Bank currently funds four non-HIV-specific health projects in the Caribbean: 2 in the Dominican Republic and the others in Guyana and Trinidad and Tobago.

Private sector:

Levels of corporate social responsibility in the region are currently quite low, with private sector involvement in the HIV response historically centring on advocacy and facilitation rather than direct engagement. In general, the private sector supports programs or projects generated by the public sector typically in small, one-time donations and with limited reach (rarely reaching beyond national level).

Private philanthropic organizations/foundations:

In 2016, the top three private philanthropy HIV funders in the Caribbean were MAC AIDS Fund, Aidsfonds and Tides Foundation. The top three intended uses for funding were for treatment (\$5 million), advocacy (\$4 million), social services (\$2 million), and the top three target populations funding was given for were people living with HIV (\$3 million), youth (\$2 million), and commercial sex workers (\$2 million).²³

²³ http://www.fcaids.org/wp-content/uploads/2016/11/FCAA_2016ResourceTrackingReport_WebReady_Spreads-1UPDATED.pdf

Table 2: Private Funders and Areas of Focus in the Caribbean

Funder	Area of focus
AIDS Healthcare Foundation	Jamaica, Dominican Republic, Haiti, Trinidad and Tobago Access to treatment, small grants program for CSOs
Arcus	Human rights, sexual orientation and gender identity
Astrea	LBT women and sex workers, Haiti
ARC International	Human rights, LGBTI
Outright Action International	LGBTI
Heartland Alliance	Mental health and access to health care for marginalized groups, LGBT, survivors of trafficking, PLHIV
American Jewish World Service	Human rights and poverty
Red Umbrella	Commercial sex workers
Robert Carr Network	Sexual orientation, sex work, drug use, vulnerable communities
Mama Cash	Women, girls and trans people
Maria Holder Memorial Trust	Marginalized populations, Barbados

Domestic resources:

Health care in the Caribbean is financed by health ministries and, in some countries, by private and/or national health insurance as well. None of the countries has a national financing strategy for health, although there is increasing data on health and HIV financing available through studies such as Health Accounts, investment cases and costing of national strategies. As noted earlier, limited government resources for health have been stretched to meet multiple demands, including expanding treatment programs, increasing costs related to NCDs, and emerging infectious diseases such as Ebola, chikungunya

and Zika virus. As a result of country efforts to absorb donor-funding activities, domestic funding for the AIDS response has increased by around 4% each year since 2012,²⁴ but it still represents less than 25% of total funding for the response, and is low compared to other regions.

At the regional level, government support for PANCAP is channeled through the CARICOM Secretariat which provides in-kind administrative support to the PCU. This has steadily increased and is projected to continue to rise with CARICOM committing to take on the cost of essential PCU staff positions. Government quota contributions to CARPHA also benefit the HIV response through technical support to strengthen health systems in a range of areas, including laboratory services, monitoring and evaluation and research, surveillance, etc.

4.3 Trends in financing the regional response

4.3.1 Funding for the CRSF

PANCAP develops two-year operational plans for the implementation of regional activities to achieve the goals and targets of the CRSF. The most recent costing estimates for the 2017-2018 CRSF Operating Plan project a total funding need of US\$ 8,380,756 over the two-year period as depicted in Table 3. This reflects the cost of activities to be implemented by key regional partners in support of the CRSF goals and targets, including activities programmed under the current PANCAP Global Fund grant program. It does not include CVC Global Fund grant program activities or national program costs. In addition, the costing estimates include some costs that do not have donor or government funding support, specifically: \$828,654 in laboratory program needs and \$643,965 in prevention program costs. The rest of the costs are being funded by the GFATM, PEPFAR, other development partners, and country governments.

Table 3: Estimated Funding Needs for the 2017-2018 Operational Plan

	2017	2018
Total need (USD) 6 Strategic Priority Areas	5,074,660	3,306,096
Unfunded lab program costs	\$428,161	\$400,493
Unfunded prevention program costs	\$280,470	\$363,495

Regional costing estimates are highest in the Strategic Priority Areas of enabling environment and prevention. See Table 4 below. This reflects the current focus of the PANCAP Global Fund grant on addressing improving the enabling environment and programming for key populations, and the fact national programs have not been well-resourced to implement activities in these areas.²⁵ As PANCAP moves to

²⁴ <http://aidsinfo.unaids.org/>

²⁵ PANCAP 2016 Concept Note to the Global Fund.

implement recommendations arising from the 2017 Assessment and to develop the next iteration of the CRSF beginning in 2019, there are likely to be shifts in resourcing priorities to align more closely with emerging priority areas.

Table 4: Estimated Costs by Strategic Priority Area for the 2017-2018 Operational Plan

Strategic priority area	Percent of operating budget
Enabling environment	29%
Shared responsibility	13%
Prevention	21%
Care, treatment and support	19%
Integration of HIV	10%
Sustainability	9%

4.3.2 Funding for the PCU

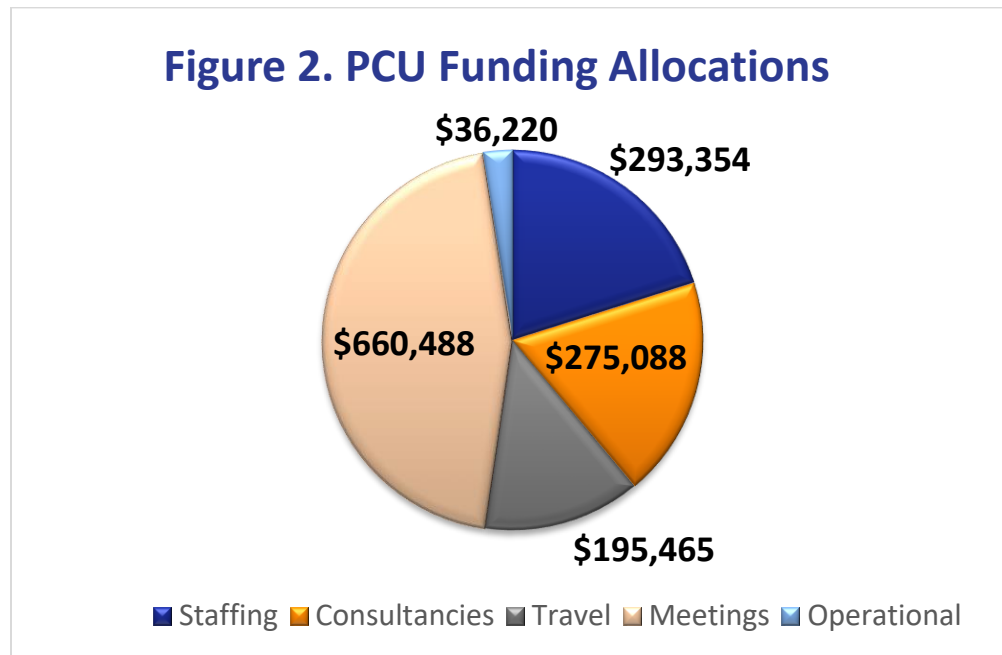
The PCU's personnel and activities are mainly supported by donor grants from the Global Fund, USAID, with increasing contributions from the CARICOM Secretariat. In addition to providing in-kind support for office space, utility costs and administrative staff, CARICOM is committed to continuing to take on board the cost of some of the core functions of the secretariat that are now donor-funded, including the position of PCU Director. Total funding available for the PCU from these sources in 2018 is US\$1,460,615, which includes core costs as well as the implementation of regional activities. Table 5 illustrates the real and relative values of funding from the four major funders.

Table 5: PCU Funding Sources in 2018

Funding Source	Funding Value	Percent of operating budget
AIDS Healthcare Foundation	\$5,882	0.4%
CARICOM	\$111,848	7.63%
PEPFAR/USAID	\$201,195	13.72%

Global Fund Grant	\$1,147,572	78.25%
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The PCU budget supports the full costs of meetings and communications for PANCAP's governance structures, such as the Executive Board, PACC and regional technical working and advisory groups, as well as some costs associated with PANCAP representation at regional and international fora. This is summarized in Figure 2 below.



5. STRATEGIC APPROACHES

5.1 Resource mobilization roles of PANCAP Coordinating Unit and Partners

As is noted in the 2017 Assessment of PANCAP, the configuration of the PCU has historically been driven by the availability of donor funding, and has often aligned with grant management needs rather than reflecting the capacity required for its functioning as the PANCAP Secretariat.²⁶ As PANCAP moves towards a more strategic approach to RM, and refocuses and streamlines its scope of work, reviewing the PCU structure, determining capacity needs and seeking to fill them will be essential. The two over-arching RM roles of the PCU and associated actions are as follows:

I. **Directly engage in resource mobilization for the PCU and the broader partnership**

- I.1. Evaluate and articulate resource needs (financial and otherwise) of the PCU and partners. This strategy is a first step in that process.
 - I.1.1. Using current and projected budgetary needs, establish the cost and funding needs to retain a part-time RM specialist and full-time dedicated staff member with responsibility for RM, as a matter of urgent priority.
 - I.1.2. Collect information from members on priority resource needs, with particular attention to areas most affected by declining donor or government funding.
- I.2. Raise the profile of PANCAP and gain exposure to potential funders.
 - I.2.1. Continue to identify and participate in international and regional meetings and events. This can be the role of the Director and members of the RM Advisory Group.
 - I.2.2. Leverage communications tools developed through the K4H and other projects to continue to increase the visibility of PANCAP and the impact of the regional response.
- I.3. Establish a mechanism to accept direct contributions for PANCAP members.
 - I.3.1. Contributions may be directed to individual non-government members, the non-government members as a subgroup, or subsets of members based on their beneficiary key populations, technical areas of focus or geographies. This is important because these organizations are most at risk in the face of declining donor funds and the barriers that may exist to providing direct funding to government members of the partnership.
 - I.3.2. Consider establishing a non-profit registered in the US, or elsewhere, to facilitate this process. The mechanism can include a “Donate Now” button on the website that would link individual donations to one-off needs and projects. See Annex H.
- I.4. Engage in advocacy and develop partnerships to Mobilize both financial and non-financial resources for implementation of national-level and regional activities to support achievement of CRSF goals and targets.

²⁶ Insanally, S. Assessment of PANCAP. 2017

1.5.1. Identify, connect with, and develop relationships with potential donors: governments, multi-lateral organizations, foundations and private commercial donors.

1.5.2. Identify links between the CRSF and interests of potential funders in areas such as human rights, youth, LGBTQI rights, health security, etc. This strategy has begun that process.

1.5.3. Coordinate multi-country and multi-agency projects for submission to potential partners. PANCAP resource-mobilization activities will be based on a regional approach, in order to reach regional donors and those operating on a decentralized basis, and to achieve a critical mass and greater efficiency, justifying the time devoted to resource mobilization and management of the resources obtained.

2. Facilitate and support resource mobilization carried out directly by partners, including governments and national programs, CSOs and regional technical agencies.

2.1 Increase the ability of national programs, technical agencies and CSO partners to directly mobilize and leverage resources for the HIV response, whether through international donors or mobilization and leveraging of national resources.

2.2 Develop regional projects that can be implemented by multiple PANCAP partners and across countries, to meet CRSF goals and targets.

2.3 Provide partners with information on potential funding opportunities, promising projects, programs and approaches strategically tailored to those funders that might be most interested in supporting a particular project.

2.4 Develop or bring in expertise to support mobilization and leveraging of domestic government resource, such as:

- Seek and increase efficiencies
- Raise tax revenues
- Include HIV prevention and treatment in national insurance schemes
- Access development partner loans for health, such as World Bank, IDB, etc.

5.2 Current and on-going PANCAP RM Activities

Guided by the 2014 RM Strategy and the Advisory Group on RM, PANCAP is working towards a funding breakdown that is characterized by:

- Substantially diversified funding sources, particularly those financing its PCU functions
- Maintenance and increase of overall funding levels
- Increased funding from stable sources to support the core functions of the PANCAP and its PCU.

Because limited capacity has constrained PANCAP's ability to fully implement RM strategies, it must continue to implement on-going activities that are relevant, including ongoing partnering with PEPFAR (USAID/CDC), Global Fund and other current funders and funding mechanisms. Important activities to sustain include:

I. Institute resource mobilization (RM) processes, system and tools, including an accountability mechanism

- Complete review of PANCAP members to determine need for restructuring and reprogramming
- Assess/leverage CARICOM assets that could be utilized in the context of RM
- Strengthen membership of the Resource Management Advisory Group to align with the competencies required to implement the group's mandate. Required competencies include: marketing and

communications, brand management, fund raising, familiarity with regional politics, management of private-public partnerships, and conceptual clarity on major policy issues in HIV.

2. Communicate PANCAP's value proposition/brand to all stakeholders

- PANCAP sets the agenda with development partners
- Inclusion of agenda items at COHSOD and Heads meetings at key junctures
- Build on the K4H project to improve information sharing at all levels

3. Advocate for increased resources for health including HIV

- PCU administrative staff are included in CARICOM budget
- Governments are being lobbied to increase domestic funding, including for CSOs
- Improve collaboration between PANCAP and CARICOM arrangements for RM

The below advocacy strategies have not yet been initiated and further consideration is needed to determine their feasibility:

- Signature events to raise funds at regional and national levels
- Demonstrate value of CSR to the private sector: conduct cost-benefit analysis
- Encourage private sector to invest in health issues holistically
- Encourage Members States to fund their own participation at PANCAP Governance meetings
- Explore non-traditional sources of funding, including China, India, Brazil, etc.
- Explore the establishment of a Trust Fund for mobilizing resources
- Advance tax levy proposal.

5.3 RM Strategies

5.3.1 Build capacity for resource mobilization, both within the PCU and within partner organizations, and support partner RM efforts.

Actions:

- Pursue funding from the Global Fund, PEPFAR and the CARICOM Secretariat for a dedicated full-time staff member with appropriate skills and experience to manage the implementation of this RM Strategy. This staff position will reside within the PCU.
- Pursue short-term funding from the Global Fund and PEPFAR for an RM specialist consultant to develop and implement a strategic approach to extend PANCAP's RM reach to US-based and international private funders, and to effectively engage priority donors. The consultant should have a proven track record in leveraging private foundation support.
- Inventory and analyze the various HIV funding modalities available for the Caribbean, in the health and wider development context. Share information with partners and regional technical agencies.
- Build and coordinate regional RM, partnership and private sector outreach capacity.
- Provide TA to partners to improve results-based implementation and reporting to increase attractiveness of PANCAP members to funders.

- Improve data and reporting to demonstrate PANCAP's comparative advantage and link this to donor priorities.
- Improve communication for RM to demonstrate potential to achieve impact, including SDG and CRSF goals and targets, by maintaining and optimizing K4H project activities; organizing events to raise the visibility of PANCAP; and participating in international and regional events, including those not directly related to HIV, to raise the profile of PANCAP.
- Publish annual reports to help stakeholders to understand the costs associated with PANCAP's RM function and the resources that PANCAP brings to the region.
- Cooperate with other regional agencies on funding opportunities and donor negotiations, including in related non-HIV areas such as maternal and child health, sexual and reproductive health and rights, adolescents and young people.

5.3.2 Support the efforts of member countries to increase and leverage domestic resource mobilization, including from government funding.

Actions:

- Work with national programs to ensure alignment and linkages between national plans and the CRSF. The optimization and roll-out of these country plans is essential in positioning HIV and the regional and national HIV responses as key to economic and social development. This approach must be one of the pillars of PANCAP's resource-mobilization strategy.
- Facilitate technical support for national programs to undertake costing, efficiency analyses and implement service delivery models that can achieve cost-efficient impact. These may include integration into the primary health care system, coordination with other sectors and strengthening connections between CSOs, communities and the public sector.
- Conduct high-level advocacy at the regional and national levels to increase political will for increased domestic investments in HIV through mechanisms such as national health insurance schemes, earmarked taxes, social contracting, grants and subventions, and public-private partnerships.
- Support capacity building to improve public financial management, MOH & MOF dialogue, develop and report on KPIs, improve data management and use.
- Facilitate technical support to research and develop innovative approaches to mobilize and leverage domestic resources, such as trust funds to raise dedicated funding for AIDS related spending through income levies, donations, government funds and investments. Such approaches require a customized and robust financial management and tracking system that creates confidence to generate investments from diverse sources, and strong political will where taxes will provide the revenue source.

5.3.3 Engage other international funders, including philanthropic organizations

Actions:

- Implement a systematic policy of broad outreach to potential donors and partners, including private foundations, UN agencies and funds, embassies of bilateral donors, regional and international development banks, and funders interested in social determinants of HIV and broader health and development issues.

- A systematic approach must include: analysis of funders' priorities; strategic monitoring of their activities and of new calls for proposals; approaches to initiate and develop relationships both at the most senior level and at the operational level, through high-level meetings; participation in conferences, organization of events, etc.; joint identification of opportunities; and design of project concept notes, requests for financing or project documents.
- Map, develop, coordinate and maintain relationships and partnerships.
 - Work with CSOs to leverage their existing relationships with private funders (refer to list on pg X). These CSOs can serve as connectors for the PCU and other partners to these funders that have demonstrated an interest in the Caribbean region and priority areas. Including resources for the wider partnership, or the PCU, in grant awards to CSOs may also be explored.
 - Develop a portfolio of regional projects to meet CRSF goals and targets that is readily available to offer potential partners whose interests may dovetail with PANCAP needs.

5.3.4 Partnerships with CSOs

Within PANCAP and throughout the Caribbean, a number of CSOs have developed resource mobilization capacity and relationships with funding organizations, and PANCAP can leverage these by brokering partnership approaches. These CSOs, including regional and national LGBTQI groups, work in areas that align with PANCAP's strategic priorities, including human rights, the enabling environment, prevention and care, treatment and support. New partnerships between CSOs, technical agencies and the PCU could open up opportunities for donor funding from non-traditional sources through the development of projects in partnership with CSOs for joint submission; mutually shared accountability for result; and better guaranteed impact of donor-funded projects through the sharing of technical and other capabilities and competencies. Joining forces to mobilize resources increases the chances of success by leveraging partners' experiences, know-how and profiles.

Actions:

- Enhance collaboration between existing resource mobilizers through information sharing and joint planning sessions.
- Establish a common RM process, led by the PCU, to leverage power of collective contributions and manage coordination among CSO partners
- Provide shared resources to CSO partners, such as grant writing, project development and management, convening capacity, technical oversight and financial and grant management support.
- Develop and cost common/regional activities in pursuit of CRSF goals and targets.
- Develop mechanism(s) for joint collection, generation, analysis and use of relevant and reliable strategic information for use and reporting by all partners

5.3.5 Private sector engagement

A systematic approach to engaging the private sector provides the opportunity to access not only corporations but also high net worth individuals (an estimated 1,155 in the Caribbean), trusts and foundations, faith-based organizations, private sector champions or advocates, grass roots donors and the Caribbean diaspora, of which an estimated 4 million are in the United States alone. Key industry sectors in the Caribbean are largely untapped opportunities due in part to inadequate outreach and engagement. **Error! Bookmark not defined.** These sectors include: tourism (25million visitors,

\$50billion, 14% of GDP), financial services, oil & gas, mining & metals, agriculture and ancillary industries.

Actions:

- Develop and implement a private sector engagement strategy that defines the role of the private sector in an overall funding strategy; approaches for stewardship and relationship building; specific short, medium, long term targets and implementation timeframe; resources required for implementation; and actions to monitor execution, evaluate and adjust the strategy. The strategy needs to identify connectors and champions such as national and international CSOs, the media, public figures and social organizations.
- Develop a database and mapping of private sector organizations to target based on interest in health/HIV, track record of sizeable giving, commitment to communities, such as key populations and other local communities, value of possible engagement areas, shared values, and access or connections to the organization.
- Tap into the new CSR paradigm that includes potential benefits such as better brand recognition; positive business reputation; increased sales and customer loyalty; operational costs savings; better financial performance; greater ability to attract talent and retain staff; organisational growth, and easier access to capital.
- Identify areas for potential contribution of the private sector beyond CSR and financing, including providing and sharing in-kind resources that can drive effectiveness and innovation, providing technical know-how for new financing mechanisms, advocacy and introductions to new partners.²⁷
- Design and implement modalities for private sector engagement other than financing. Platforms may include:
 - Engaging business associations and the wider 'World of Work'²⁸ in policy dialogue and knowledge sharing of methods, tools, innovative approaches to address challenges. Specific activities may include participation on PANCAP governance and coordination bodies or targeted events such as roundtables and learning conferences.
 - Technical assistance in support of concrete needs such as project design, feasibility studies, etc. and capacity development through trainings, professional exchanges, secondments. PANCAP is positioned to provide assistance to improve the capacity of the private sector to contribute to development results.
 - Pursuing linkages with non-HIV CSOs working in areas such as maternal health, youth and education that may have broader appeal than HIV-specific issues.
- Develop a compelling case to support target sub-sectors or agencies, including defining and packaging products, developing meaningful goals that link HIV to key interests of the target and demonstrate shared value.
- Leverage support from regional organizations, such as the CARICOM Secretariat and others to conduct outreach and facilitate linkages to the private sector. Academic partners to conduct research on effective partnerships, e.g. in standard setting, multi-sector partnerships
- Conduct high-level advocacy in conjunction with other health sector advocates such as CARPHA, etc., to create enabling environments for private sector contributions for health.

²⁷ Some adapted from GF presentation

²⁸ WOW:

- Consider a long-term approach to include the following strategies. These could be HIV-specific, or more broadly for the health of underserved populations, CSOs, etc. with a portion of proceeds to go to PANCAP members.
 - *Tourism sector fund*
 - Private sector resources to sustain the HIV response are mobilized through traveler donations. The tourism sector has not been an active contributor to the AIDS response in the Caribbean. Challenges revolve around collection of revenues within a fragmented travel agent industry and given research that suggests that large companies are unlikely to support because of high transactions costs, not wanting to be associated with HIV and already existing CSR commitments.²⁹ Travel CSR already focuses on: youth and education, community and the environment, recovery from hurricanes remains a priority. There will be high start-up and management costs and getting to scale takes time.
 - *Airline ticket tax*
 - A domestic tax coordinated by participating countries and added to existing airline taxes. The tax expands the concept of development assistance, particularly if developing countries tax only international first/business class passengers. It provides a predictable, dedicated and sustainable source of funds, and can be introduced using pre-existing airport tax systems, with relatively low implementation costs and possibly limited negative effects. Experience shows that the airline tax can be a consistent and growing source of revenue for global health.

5.3.6 Resource the PCU and partner organizations through in-kind support and non-financial RM

Actions:

- Pursue a major advocacy program to further raise the awareness of countries, partners and donors of PANCAP's contribution to the socio-economic development of the Caribbean.
- Determine human resource capacity and skills gaps, as well as other non-financial needs within the PCU and among PANCAP members.
- Identify mechanisms for addressing these, such as internships volunteerism, staff secondments, professional exchanges etc. and potential partners such as national, regional and international universities and technical agencies.
- Communicate effectively about the achievements and future needs of technical cooperation and what voluntary contributors can expect in return, including for specific activities, countries or projects.
- Develop tools such as MOUs, agreements, reporting and information sharing mechanisms to facilitate non-financial RM in this area.
- Promote the leadership and contributions of partners during regional activities and publicly recognize the contributions of various parties.

²⁹ Cite SHOPS Plus?

6. IMPLEMENTATION

The roll out of the RM Strategy will be a regional approach, in order to reach regional donors and those operating on a decentralized basis, with the resource-mobilization function integrated into the PCU, with a central role for other regional agencies. Oversight and coordination of the implementation of the RM Strategy is the responsibility of the Advisory Group on Resource Mobilization. The Director of the PCU and the dedicated RM staff member also have critical roles in continuously analyzing the RM actions carried out by PANCAP and identifying lessons to be drawn; surveying all activities involving an external partner; identifying potential partners and their priorities; developing and updating a database of partners; liaising with permanent missions in Geneva, the UN, the World Bank, etc.; putting in place targeted advocacy and communication activities.³⁰ The RM specialist consultant will enable PANCAP's RM efforts with private funders outside of the Caribbean region.

An effective RM strategy requires adequate, dedicated, skilled and experienced personnel, resources and political will to pursue the following key steps:

1. **Define and agree on resource mobilization priorities and messaging:** Articulate fundraising efforts to align with regional and national priorities for the HIV response. For example, prioritize countries and population groups where new infections are increasing and where incidence is intractable. Maintain gains such as the achievement of EMTCT in several countries.
2. **Assess and determine capacity needs to implement:** A near-term priority is to develop a job description, including budgetary requirements, for a RM specialist to lead this work at PANCAP. Capacity requirements should match the strategy and include a combination of skills and understanding of: domestic resource mobilization, fundraising, and public-private partnerships. Specialist knowledge of HIV is of lower priority, however a commitment to the health needs of the target populations would be important.
3. **Outreach to key stakeholders:** Vigorously research funding opportunities through technical resource networks, and international meetings or events; understand interests and priorities of potential donors, develop contacts and build relationships. Conduct background research to understand the preferences and geographical focus for giving. In addition, research any specific regulations or licensing requirements required to receive funding. Identify and coordinate opportunities for a multi-country or multi-agency approach as appropriate, in line with donor interests and priorities.**Error! Bookmark not defined.**
4. **Maximize available resources:** Look, especially, for funding opportunities for regional public goods that benefit multiple countries; improve efficiency and results-based programming; information sharing; support countries to identify and achieve efficiencies through data generation analysis and use; match requests to absorption capacity. Leverage existing funding to benefit HIV,

³⁰ Universal Postal Union. 2014. Resource-mobilization approach for development coordination. Available from: http://www.upu.int/uploads/tx_sbdownloader/discussionPaperResourceMobilizationEn.pdf.

wider health systems, human rights and social determinants as appropriate. Identify and scale-up proven strategies for achieving epidemic control.

5. **Mobilize additional resources:** Advocacy and effective communication of priority issues; pursue funding for new/emerging areas as a means of widening the pool of prospective donors; pursue new areas of funding. New areas need to align with the next iteration of the CRSF and recommendations of the 2017 Assessment of PANCAP. Develop relationships with key stakeholders to support investment in HIV; tap into the potential of the private sector and private foundations; at country level, a main focus may be increasing government funding for HIV.

ANNEX A: IMPLEMENTATION PLAN

Strategy	Action Steps	Lead	Resources Required	Target Deadline
<p>I. Build capacity for resource mobilization, both within the PCU and within partner organizations, and support partner RM efforts.</p>	<p>1. Pursue funding from the Global Fund, PEPFAR and the CARICOM Secretariat for a dedicated full-time staff member with appropriate skills and experience to manage the implementation of this RM Strategy.</p>	<p>CARICOM Secretariat PCU</p>		
	<p>2. Pursue short-term funding from the Global Fund and PEPFAR for an RM specialist consultant to develop and implement a strategic approach to extend PANCAP's RM reach to US-based and international private funders, and to effectively engage priority donors.</p>	<p>PCU UWI HEU</p>		
	<p>3. Inventory and analyze the various HIV funding modalities available for the Caribbean, in the health and wider development context. Share information with partners and regional technical agencies.</p>	<p>CARICOM Secretariat Caribbean Business Coalition for HIV/AIDS</p>		
	<p>4. Build and coordinate regional RM, partnership and private sector outreach capacity.</p>	<p>PCU CARPHA CARICOM Secretariat CVC</p>		
	<p>5. Provide TA to partners to improve results-based implementation and reporting to increase attractiveness of PANCAP members to funders.</p>	<p>PCU K4H CVC CBMP</p>		

	6. Improve data and reporting to demonstrate PANCAP's comparative advantage and link this to donor priorities.	PCU Executive Board		
	7. Improve communication for RM to demonstrate potential to achieve impact, including SDG and CRSF goals and targets, by maintaining and optimizing K4H project activities; organizing events to raise the visibility of PANCAP; and participating in international and regional events, including those not directly related to HIV, to raise the profile of PANCAP.	PCU		
	8. Publish annual reports to help stakeholders to understand the costs associated with PANCAP's RM function and the resources that PANCAP brings to the region.	RM Specialist Advisory Group on RM CARICOM Secretariat		
	9. Cooperate with other regional agencies on funding opportunities and donor negotiations, including in related non-HIV areas such as maternal and child health, sexual and reproductive health and rights, adolescents and young people.			
2. Support the efforts of member countries to increase and leverage domestic resources, including from government funding.	1. Work with national programs to ensure alignment and linkages between national plans and the CRSF.			
	2. Facilitate technical support for national programs to undertake costing, efficiency analyses and			

	implement service delivery models that can achieve cost-efficient impact.			
	3. Conduct high-level advocacy at the regional and national levels to increase political will for increased domestic investments in HIV.			
	4. Support capacity building to improve public financial management, MOH & MOF dialogue, develop and report on KPIs, improve data management and use.			
	5. Facilitate technical support to research and develop innovative approaches to mobilize and leverage domestic.			
3. Engage other international funders, including philanthropic organizations	1. Implement a systematic policy of broad outreach to potential donors and partners, including private foundations, UN agencies and funds, embassies of bilateral donors, regional and international development banks, and funders interested in social determinants of HIV and broader health and development issues.			
	2. Map, develop, coordinate and maintain relationships and partnerships.			
	3. Work with CSOs to leverage their existing relationships with private funders (refer to list on pg X).			
	4. Develop a portfolio of regional projects to meet CRSF goals and targets that is readily available to offer potential partners whose			

		interests may dovetail with PANCAP needs.			
4. Partnerships with CSOs	1.	Enhance collaboration between existing resource mobilizers through information sharing and joint planning sessions.			
	2.	Establish a common RM process, led by the PCU, to leverage power of collective contributions and manage coordination among CSO partners.			
	3.	Provide shared resources to CSO partners, such as grant writing, project development and management, convening capacity, technical oversight and financial and grant management support.			
	4.	Develop and cost common/regional activities in pursuit of CRSF goals and targets.			
	5.	Develop mechanism(s) for joint collection, generation, analysis and use of relevant and reliable strategic information for use and reporting by all partners			
5. Private sector engagement	1.	Develop and implement a private sector engagement strategy			
	1.	Develop a database and mapping of private sector organizations to target.			
	2.	Tap into the new CSR paradigm.			
	3.	Identify areas for potential contribution of the private sector beyond CSR and financing.			

	4. Design and implement modalities for private sector engagement other than financing.			
6 Resource the PCU and partner organizations through in-kind support and non-financial RM.	1. Pursue a major advocacy program to further raise the awareness of countries, partners and donors of PANCAP's contribution to the socio-economic development of the Caribbean.			
	2. Determine human resource capacity and skills gaps, as well as other non-financial needs within the PCU and among PANCAP members.			
	3. Identify mechanisms for addressing these and potential partners.			
	4. Communicate effectively about the achievements and future needs of technical cooperation and what voluntary contributors can expect in return, including for specific activities, countries or projects.			
	5. Develop tools such as MOUs, agreements, reporting and information sharing mechanisms to facilitate non-financial RM in this area.			
	6. Promote the leadership and contributions of partners during regional activities and publicly recognize the contributions of various parties.			

ANNEX B: FOUNDATIONS & CORPORATE DONORS

Donor	Interests & Priorities	Website
Private Foundations		
Bill & Melinda Gates Foundation	Key populations	https://www.gatesfoundation.org/
Gilead Sciences, Inc.	Key populations, PrEP (No unsolicited proposals)	http://www.gilead.com/responsibility/gilead-foundation
ViiV Healthcare	Education, support services, local healthcare capacity and capabilities, stigma	https://www.viivhealthcare.com/
M.A.C AIDS Fund	Marginalized populations, stigma	http://www.macaidsfund.org/
Wellcome Trust	N/A	https://wellcome.ac.uk/
Elton John AIDS Foundation	Key populations	http://london.ejaf.org/
Children's Investment Fund Foundation	Children	https://ciff.org/
Aidsfonds Netherlands	Key populations, community programs	https://aidsfonds.org/
Johnson & Johnson	General	https://www.jnj.com/our-giving
Conrad N. Hilton Foundation	Children	https://www.hiltonfoundation.org/
Ragon Institute Foundation	Vaccines	http://www.ragoninstitute.org/

Donor	Interests & Priorities	Website
Ford Foundation	General	https://www.fordfoundation.org/
amfAR, The Foundation for AIDS Research	Marginalized populations, women, contaminated needles, medication access	http://www.amfar.org/
Sidaction	Care for people living with HIV, training projects, mother-to-child transmission	https://www.sidaction.org/
Open Society Foundations	Access to medicine, LGBTI, sex workers, human rights	https://www.opensocietyfoundations.org/
Abbvie Foundation and Abbvie	Patient advocacy	https://www.abbvie.com/responsibility/abbvie-foundation.html
Oak Foundation	N/A	http://www.oakfnd.org/
Merck	Health system capacity and quality, access to care	https://www.msdrresponsibility.com/our-giving/foundation/
Tides Foundation	Impact investments	www.tides.org
Keep A Child Alive	Children	http://keepachildalive.org/
Elizabeth Taylor AIDS Foundation	Direct care services	https://elizabethtayloraidsfoundation.org/
Solidarite Sida	Marginalized populations, access to care	http://www.solidarite-sida.org/
Verein AIDS Life	N/A	https://lifeplus.org/en/
Levi Strauss & Co.	Human rights, stigma, direct service	http://www.levistrauss.com/levi-strauss-foundation/
American Jewish World Service	Human rights, poverty, Caribbean	https://ajws.org/

Donor	Interests & Priorities	Website
Fondation de France	Family and partner support, mother to child transmission, Guyana and the Antilles	https://www.fondationdefrance.org/en
King Baudouin Foundation	General	https://www.kbs-frb.be/en
Red Umbrella Fund	Sex workers	http://www.redumbrellafund.org/
Global Fund for Women	Women, reproductive health and rights	https://www.globalfundforwomen.org
MTV Staying Alive Foundation	Grass-roots, youth-led initiatives, education, sexual and reproductive health	http://www.mtvstayingalive.org
Mama Cash	Human rights, women, trans community	https://www.mamacash.org/en/en-homepage
GlaxoSmithKline	N/A	http://us.gsk.com/en-us/about-us/us-community-partnerships/charitable-grants/
Summit Foundation	Girls and young women, sexual and reproductive health	http://www.summitfdn.org/
Global Fund for Children	Children	https://globalfundforchildren.org/
The Coca-Cola Foundation	General	http://www.coca-colacompany.com/our-company/the-coca-cola-foundation
Salesforce Foundation	General	http://www.salesforce.org/about-us/salesforce-foundation/
Arcus Foundation	LGBTI rights, environmental justice	https://www.arcusfoundation.org/
Diakonia	LGBTI rights	https://www.diakonia.se/en/

Donor	Interests & Priorities	Website
Dutch Post Code Lottery	General	https://www.novamedia.nl/about-charity-lotteries/the-netherlands/dutch-postcode-lottery
Deutsche AIDS –Stiftung	General	https://aids-stiftung.de/
Deutsche Stiftung Weltbevölkerung	General	http://www.dsw.org/en/
Foundation for the NIH	Research, training	https://fnih.org/
Freedom House	LGBTI rights	https://freedomhouse.org/
FXB International	Access to care	https://fxb.org/
Hivos International	Human rights	https://www.hivos.org/
Intesa Sanpaulo SPA	General	https://www.intesasanpaolo.com/it/common/landing/info/for-funding.html
Janssen Therapeutics	Treatment and Prevention	http://www.janssentherapeutics-grants.com
Maria Holder Memorial Trust	Marginalized populations, Barbados	https://www.themariaholdermemorialtrust.com/
Sigrid Rausing Trust	General	https://www.sigrid-rausing-trust.org/
MacArthur Foundation	General	https://www.macfound.org/
Private Corporations		

Donor	Interests & Priorities	Website
Scotia Bank	Youth, access to care, education	http://www.scotiabank.com/corp/en/0,,11428,00.html
Angostura	Youth, education, environment	http://www.angostura.com/csr/
Massy Group	Quality of life	http://www.massygroup.com/About_Us/
Methanex	Education, safety, health, environment	https://www.methanex.com/location/trinidad/community-initiatives-trinidad-tobago
Blink/Bmobile	Education, health, culture, Trinidad & Tobago	http://www.tstt.co.tt/bmobile-foundation
National Gas Company of T&T	Youth development	https://ngc.co.tt/corporate-social-responsibility/
RBC Bank	Education, youth development, health, social services, environment	http://www.rbc.com/community-sustainability/
Nestle	Community health, environment, water	https://www.nestle.tt/aboutus/nestle-caribbean-incorporated
Repsol	Agriculture, growth and development	https://www.repsol.energy/en/sustainability/index.cshtml
PowerGen	Youth, education and training	http://www.powergen.co.tt/

ANNEX C: POTENTIAL FUNDERS WITH EXISTING INTEREST IN THE CARIBBEAN

1. AIDS Healthcare Foundation (AHF)

Scope: Global scope focused on HIV medicine and advocacy.

Areas of interest: Testing for HIV, providing ART. AHF also has a network of pharmacies, thrift stores, and health care contracts.

Regional presence: **Jamaica** – signed an MOU with Jamaican MOH in 2003. Activity is predominantly in Western Region at four treatment sites: Cornwall Regional Hospital, MoBay Type 5 Clinic, Savanna-La-Mar Hospital, and Jamaica AIDS Support for Life. Contact info: Dr. Kevin Harvey

Haiti – began work in 2006 partnering with Health Through Walls to provide care to incarcerated populations. AHF also has clinic in Port au Prince that provides testing and treatment. Contact info: Karine Duverger Tel: 011 509 3 807 4932

Eligibility: Up to \$30,000 may be granted for a pilot project focused on diagnostics, antiretroviral drug treatment, opportunistic infections/complications of HIV infection, pathogenesis of infections, and novel therapeutics. In rare instances, larger grants may be awarded. Institutional overhead of up to 7.5% is allowed for grants and contracts awarded by AHF.

Application process: Grants can be submitted online that includes a lay summary no more than 350 words, scientific summary no more than 350 words, a research description and resources request.

Funding cycle: Grants can be submitted on an ongoing basis.

2. Open Society Foundations (OSF)

Scope: OSF is oriented towards strengthening human rights and democracy around the globe, including Latin America & the Caribbean.

Areas of interest: The Latin American Program focuses on initiatives to strengthen democracy, increase governmental transparency, protect minority rights, reduce homicides, and reform drug policy.

Regional presence: OSF has a Latin America Program that covers Latin America and the Caribbean. In 2017 it awarded a \$373,000 grant to the CARICOM Secretariat to support the Secretariat's work on decriminalizing marijuana.

Eligibility: OSF accepts grant applications from organizations and individuals, however it is extremely rare to receive a grant that is unsolicited.

Application process: There is no established deadline to submit letters of inquiry. Letters should be one to two pages and include a paragraph about your organization and its mission, a description of the project, including a brief summary of the main objectives and proposed strategies of the project, the total amount of support being sought for the project, and the proposed duration of the project.

Funding level: There is no policy concerning a minimum or maximum grant size.

Funding cycle: Grants are reviewed on an ongoing basis.

Next steps: Reach out to OSF counterpart working with CARICOM Secretariat to gauge interest in HIV-related activities.

3. Arcus Foundation

Scope: Global organization focused on human rights and conservation work.

Areas of interest: Arcus Foundation has a Social Justice portfolio of grants focused on LGBT communities. It aims to ensure the human rights of transgender people, lift LGBT and pro-LGBT faith voices particularly at the United Nations, and increase the funding available to the LGBT-related work of other foundations, governments, corporations, and individuals.

Regional presence: Currently grants awarded have been minimal in the Caribbean region. However in February of this year Arcus refined its Social Justice strategy to have three goals (increasing safety, increasing policy protections, and increasing acceptance for LGBTQ people) and includes the Caribbean as one of its three focus areas. There is also a grant to Parliamentarians for Global Action that includes parliament members from the Caribbean in an initiative to engage leaders and LGBTI communities.

Eligibility: For cultural change initiatives, Arcus uses intermediary partner organizations to re-grant the funds at the country level. Arcus requires all organizations seeking funding to have in place a board-approved Equal Employment Opportunity

(EEO) Policy that specifically includes and lists sexual orientation and gender identity, and requires compliance with all other applicable federal and local EEO laws.

Application process: Prospective grantees submit a short Initial Funding Concept (IFC) which will be read and reviewed in 3-4 weeks. If IFC aligns with Arcus, prospective grantee will be invited to submit a Letter of Inquiry, and a subsequent full Proposal.

Funding level: Grants range from less than \$100,000 to more than \$500,000.

Funding cycle: The timeframe depends on the size and scope of proposal.

Next steps: Identify which specific program and funding area applies to PANCAP's program, and then submit an initial funding concept,

4. M•A•C AIDS Fund (MAF)

Scope: Foundation of MAC Cosmetics that focuses on ending the HIV/AIDS epidemic.

Areas of interest: MAF provides grants to help underwrite direct services for individuals living with HIV/AIDS and that address the link between poverty and AIDS.

Regional presence:

Eligibility: Organizations in countries where VIVA GLAM is sold that are recognized by the local government as charitable organizations, provide services to those affected by HIV/AIDS in that country, and have been in operation for at least 3 years are eligible to apply for a grant through the MAC AIDS Fund Affiliate Community Grants Program. MAF will not fund direct medical care or services, or programs based outside the country where the organization is based.

Application process:

Funding level: Grants range from \$25,000 to \$75,000 USD. The maximum grant amount for a first-time grant is \$50,000 USD.

Funding cycle:

Next steps: Confirm whether or not VIVA GLAM is sold in any Caribbean countries.

5. Ford Foundation

Scope: Ford Foundation is global, and focuses on reducing inequality through building social justice institutions.

Areas of interest: They have 8 thematic areas: 1) Civic Engagement and Government, 2) Gender, Racial, and Ethnic Justice, 3) Natural Resources and Climate Change, 4) Creativity and Free Expression, 5) Internet Freedom, 6) Beyond Current Issue Structure, 7) Future of work, and 8) Just Cities and Regions.
They also have 12 topics: 1) Arts, culture and media, 2) Education and scholarship, 3) International affairs, 4) Sexual and reproductive health and rights, 5) Civic participation, 6) Fair economies, 7) Other, 8) Technology, 9) Civil and Human Rights, 10) Government policy and practice, 11) Philanthropy, and 12) Urban and rural land management.

Regional presence: Caribbean is not part of the 11 regions, however \$150,000 is invested in Haiti, and \$3,790,533 in Cuba. More broadly, Ford supports "Proyecto Capital" which promotes the use of savings accounts in the formal financial system to complement conditional cash transfer programs in Latin America and the Caribbean.

Eligibility: The Mexico and Central American region does not fund work on migration, sexual and reproductive rights, HIV/AIDS, and rural livelihoods.
The Andean region works in Colombia, Peru, and Chile.

Application process: Complete an "Idea Submission" that requires describing the idea first in 50 words or less, and then in 250 words or less. Ford reaches out to those it is interested in within 45 days.

Funding level: Funding varies in size.

Funding cycle: Appears to be ongoing.

Next steps: NA

6. Astraea Lesbian Foundation for Justice

- Scope:** Astraea supports lesbian, trans, intersex and LGBTQI groups that promote racial, economic, and gender justice. We work with organizers that are mobilizing communities to challenge oppression and claim rights.
- Areas of interest:** Astraea’s International Fund supports groups led by LGBTQI communities working for social change. The support is primarily in the form of flexible, core funds for LGBTQI groups to pursue their own agendas, addressing multiple issues and using multiple strategies. There is also a dedicated stream of funding for timely legal, policy and institutional change campaigns, called the ‘Social Change Opportunity Fund.’
- Regional presence:** Astraea has one program in Haiti (Femme en Action Contre la Stigmatisation et la Discrimination Sexuelle (FACSDIS)) and six in the Dominican Republic.
- Eligibility:** Organizations led by LGBTQI communities are prioritized.
- Application process:** Letters of Interest are not currently accepted; no major guidance on LOI content.
- Funding level:** \$5,000 to \$30,000 per year
- Funding cycle:** The reviewing period for Letters of Interest is May – August 2018, and applicants will be notified of a decision by January 2019.

7. Red Umbrella

- Scope:** The Red Umbrella Fund joins together funders and sex workers in support of the human rights of sex workers.
- Areas of interest:** Red Umbrella has three criteria for organizations, networks, or groups that apply: 1. Be led by sex workers for the benefit of sex workers; 2. Be committed to connect to and strengthen the sex workers’ rights movement; and 3. Agree with all the principles of the Red Umbrella Fund.
- Regional presence:** The Red Umbrella has a grantee in Surinam, the Suriname Coalition of Sex Workers.
- Eligibility:** The organization, network, or group must be led by sex workers for the benefit of sex workers; be committed to connect to and strengthen the sex workers’ rights movement; and agree with all the principles of the Red Umbrella Fund. The Red Umbrella Fund does not fund organizations that have a project or program with or for sex workers if

the organization as a whole has a broader focus. They also do not fund organizations that have a project or program with or for sex workers, while the organization as a whole has a broader focus; organizations that seek to abolish or criminalize sex work; organizations exclusively providing social or medical services; organizations founded by or structurally dependent on political parties, government agencies or religious institutions; business, credit programs or income-generating activities; academic research; or individual requests.

Application process: A Call for Applications is published on the organization's website, then the Red Umbrella screens the applications and references. Then a Peer Review panel reads all eligible applications and prioritizes certain groups. An International Steering Committee approves the selection of a final group, who then submit more detailed budgets.

Funding level: Typically they give two-year grants of between €8,000 and €80,000. The average grant size has been €20,000 per year.

Funding cycle: The Red Umbrella announces out an annual Call for Applications which has closed for 2017.

8. Robert Carr Civil Society Networks Fund

Scope: RCNF provides programmatic and core funding to international civil society networks.

Areas of interest: RCNF focuses on inadequately served populations (ISP): the communities and populations most in need of effective HIV prevention, treatment, care and support. It also functions as a network connecting civil society organizations and donors.

Regional presence: RCNF currently supports eighteen networks and consortia of networks around the globe. In the Caribbean, RCNF supports the Caribbean Vulnerable Communities (CVC) civil society network.

Eligibility: Must be a network from civil society. RCNF has three types of networks: 1) regional network that focuses on changing policies/practices at regional level; 2) global network, where partners from several regions of the world that work together to share information and to unite local and regional experiences on global level; and 3) a consortia of networks (where also other types of agencies or organizations may join) that come together in a partnership to work towards a common set of interrelated activities.

Application process: A Request for Proposals will be announced, at which point applicants submit an online application form. These are reviewed for eligibility, then for technical content. Applicants receive technical review feedback and are given the chance to respond to this, after which further review is taken.

Funding cycle: The third RFP went out in 2015 for the 2016-2018 portfolio and had 18 grants for \$24,485,000

Next steps: Determine if RCNF is still active; last update found from 2015

9. Elton John AIDS Foundation

Scope: EJAF gives money to increase evidence-based programs and policies to beat AIDS.

Areas of interest: EJAF will fund organizations working toward one or more of the following goals:

- WELLNESS: Improving the health of people living with HIV or at risk or otherwise affected by HIV
- RIGHTS: Upholding the rights of people living with and affected by HIV
- QUALITY OF LIFE: addressing the social and economic needs of people living with and affected by HIV
- RESILIENCE: strengthening the skills and strategies of organizations and activists addressing HIV."

EJAF will prioritize grants to organizations working with one or more key affected populations.

Regional presence: EJAF has given \$100,000 to the Caribbean Vulnerable Communities coalition.

Eligibility: Organizations based outside the United States must be recognized charitable organizations.

Application process: The Elton John AIDS Foundation accepts unsolicited requests once a year starting on May 1. Proposals are reviewed over the summer and grants will be awarded in October and December.

Funding level: Grants range in size.

Funding cycle: Online Letters of Inquiry will be accepted starting May 1 2018.

10. Mama Cash

- Scope:** Mama Cash mobilizes resources from individuals and institutions, makes grants to these self-led, feminist organizations, and helps to build the partnerships and networks needed to successfully defend and advance women's, girls', trans people's and intersex people's human rights globally. Mama Cash collaborates with the Red Umbrella Fund.
- Areas of interest:** Women's, girls', trans people's and intersex people's human rights. Within this, Mama Cash has three portfolios: Body, Money, and Voice.
- Regional presence:** Mama Cash has a region in Latin America and Caribbean, but most programs in Latin America.
- Eligibility:** Organizations must be focused on women, girls, and intersex human rights.
- Application process:** The grantmaking process for 2018 closes on April 17.
- Funding level:** Grant size ranges from €5,000 to €5,000 per year, and the average grant is between €20,000 and €30,000 per year.
- Funding cycle:** Letters of Interest for 2018 are open between March 19 and April 17, 2018. Groups that will receive a grant are alerted by May 31, 2018. In 2017 Mama Cash approved 22 out of 1562 grants

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ANNEX E: SAMPLE WEBLINK FOR CSO / PARTNER FUNDRAISING

The ABC Outreach Group Gives Youth the Information they need to stay healthy

Since 2010, ABC has provided a safe place for more than 3,000 youth in Barbados to access what they need to prevent against the spread of HIV. ABC needs your help to continue that good work.

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