

**International HIV/AIDS Alliance**  
**and International Council of AIDS Service Organisations**

**Discussion paper:**  
**Civil Society and the 'Three Ones'**

*"Civil society engagement is essential to the successful application of the 'Three Ones.'"*  
Progress report on the 'Three Ones',  
UNAIDS Programme Coordinating Board, December 2004

**Introduction**

This discussion paper raises issues and questions that are emerging for civil society around the development of the 'Three Ones' initiative. It is based upon the practical experiences and strategic discussions of the International HIV/AIDS Alliance (the Alliance), International Council of AIDS Service Organisations (ICASO) and their partners and members, working at local, national, regional and global levels.

**Background to the 'Three Ones'**

In September 2003, recognition of the HIV/AIDS pandemic as a global emergency led to a meeting of officials from African nations, multilateral and bilateral agencies, NGOs and the private sector at the International Conference on AIDS and STIs in Africa (ICASA). Mobilised by UNAIDS and the UK's Department for International Development (DfID), consensus emerged around a set of three key elements that could be applied to all stakeholders involved in national responses to HIV/AIDS<sup>1</sup> [see box].

**What is civil society?**

Broadly speaking, the term civil society can refer to any non-governmental individuals, groups or sectors involved in responses to HIV/AIDS.

In this paper, the term is used to particularly refer to: people living with HIV/AIDS and their groups and networks, AIDS service organisations (ASOs), community based organisations (CBOs), nongovernmental organisations (NGOs) and faith based organisations (FBOs).

**The Three Ones**

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

The 'Three Ones': Key Principles, UNAIDS

<sup>1</sup> The 'Three Ones': Key Principles, UNAIDS, April 2004.

After ICASA, UNAIDS engaged with major donor partners to build greater awareness and adherence to the 'Three Ones.' In April 2004, participants at a high-level meeting in Washington, DC affirmed the basis of the initiative. An end-of-meeting commitment paper laid out a series of steps for bilateral and multilateral agencies to follow in applying the three elements at country level. It also tasked UNAIDS to facilitate and mediate among stakeholders and to act as a watchdog, producing annual reports on progress towards, and emerging challenges about, concerted action on HIV/AIDS.

The 'Three Ones' were endorsed by the UNAIDS Programme Coordinating Board (PCB) in Geneva in June 2004. Since then, UNAIDS has moved the initiative forward by focusing on four key objectives<sup>2</sup>: mapping the current status of harmonisation efforts at the national level and identifying successful models; strengthening country ownership of the harmonisation agenda; providing concrete support to harmonisation coordinating mechanisms; and strengthening monitoring and reporting mechanisms.

The 'Three Ones' aims to achieve harmonisation and coordination of national responses to HIV/AIDS, in particular increasing national ownership and accountability. While they are not prescriptive, they do promote a number of guiding principles. These are offered to countries as a basis for optimising roles and relationships, with several specifically referring to civil society [see box].

Overall, civil society involvement in the development of the 'Three Ones' has been extremely limited. For example, at an international level, only ICASO and the Global Network of People Living with HIV/AIDS (GNP+) were invited to participate in the April 2004 meeting, and then only once the principles had been devised.

#### Examples of 'Three Ones' principles

Under one agreed HIV/AIDS Action Framework:

*"Encouragement to civil society, the private sector and other nongovernmental partners to take on larger roles in service delivery."*

Under one National AIDS Coordinating Authority:

*"Commitment to an inclusive national AIDS response that welcomes the full participation of civil society, religious groups, the private sector, people living with HIV and other non-governmental sectors, and recognises the mandates and contributions of partnership and funding mechanisms."*

The 'Three Ones': Key Principles, UNAIDS

### **Civil society context to the 'Three Ones'**

The 'Three Ones' emerged from a period of significant change in the global response to HIV/AIDS. In particular, the era was characterised by a shift towards stronger acknowledgement of, and consistent demand for action to address, the pandemic, combined with an increasingly urgent desire to reduce duplication and fragmentation.

For civil society, some of the most significant characteristics of the period included:

<sup>2</sup> Speech to the 16<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board by Peter Piot, UNAIDS, December 2004.

- **Dramatically increased availability of funds.** During 1996–2003, HIV/AIDS funding for low and middle income countries rose from US\$ 300 million to US\$ 4.7 billion<sup>3</sup>. In particular, the arrival of the Global Fund on AIDS, TB and Malaria (the Global Fund), the World Bank’s Multi-Country HIV/AIDS Programme (MAP) for Africa and the US government’s President’s Emergency Plan for AIDS Relief (PEPFAR) have brought both significantly more resources to civil society and greater formal acknowledgement of the sector’s role. For example, MAP insists that 50% of its resources target civil society<sup>4</sup>, and the Global Fund requires that its Country Coordinating Mechanisms (CCMs) be multi-sectoral, with democratically elected representatives of civil society and people living with HIV/AIDS<sup>5</sup>.
- **Bottlenecks in the disbursement of funds.** Despite their increasing availability, funds have not necessarily been disbursed to civil society in a rapid, adequate or transparent manner<sup>6</sup>. This has been for a variety of reasons, including those relating to politics (e.g. with some governments simply not wanting to fund civil society) and systems (e.g. with some intermediary organisations lacking the capacity to scale up their systems sufficiently quickly).
- **A history of limited and/or ineffective participation.** To date, participation in national HIV/AIDS responses has been a varied experience for civil society. A UNAIDS survey of its offices in 57 countries<sup>7</sup> highlighted a large range in the number, type and make-up of national coordinating mechanisms and, in turn, their willingness and steps towards involving civil society. Also, an ICASO study of civil society experiences with Global Fund CCMs<sup>8</sup> found that there was often inadequate representation of NGOs and vulnerable populations and that civil society representatives were not always treated as full partners and often lacked the skills needed to participate fully or truly represent their sector. Meanwhile, Alliance studies<sup>9</sup> have highlighted some positive country contexts, such as Brazil where a system of ‘social control’ constitutionally ensures the involvement of NGOs in key national bodies, with representatives elected through state-level NGO networks.

## Opportunities and challenges

Although early days, it is already evident that involvement in the ‘Three Ones’ brings both opportunities and challenges for civil society and its contribution to harmonised, national action on HIV/AIDS. Some examples of **opportunities**:

<sup>3</sup> www.unaids.org, January 2005.

<sup>4</sup> www.worldbank.org/afr/aids/map, January 2005.

<sup>5</sup> CCMs are required to show evidence of membership of people living with and/or affected by the diseases, while CCM members representing non-government sectors must be selected by their own sector(s) based on a documented, transparent process developed within each sector. Report of Final Board Decisions, Ninth Board Meeting, Global Fund on AIDS, TB and Malaria, November 2004.

<sup>6</sup> Meeting the Challenges of Providing Financial and Technical Support to NGOs and CBOs in the Context of Increased Funding, Presentation to XV International AIDS Conference, International HIV/AIDS Alliance, July 2004.

<sup>7</sup> The ‘Three Ones’: Driving Concerted Action on AIDS at Country Level, UNAIDS.

<sup>8</sup> NGO Perspectives on the Global Fund, ICASO, June 2004.

<sup>9</sup> Summary: Study of Factors Influencing Support Systems for NGOs/CBOs Responding to HIV/AIDS in Brazil, International HIV/AIDS Alliance, 2003.

- The principle of a broad-based multi-sectoral National AIDS Coordinating Authority could provide an invaluable tool to advocate for - and actually move towards - the **full and meaningful involvement of civil society** in all key aspects of planning and managing national responses to HIV/AIDS. In turn, it could foster more truly

*“In the process of developing the proposal, government, civil society, PLHA and the donor communities mustered their respective strengths, gave way to other priorities when needed, pooled their resources (brainpower, logistics, funds, data, etc) in order to achieve one objective ... The active collaboration, cooperation and the goodwill shown to each other by all the actors in this endeavour were exceptional and historic.”*

Global Fund Proposal Development: A Philippines Experience, International HIV/AIDS Alliance

collaborative, multi-sectoral and mutually respectful action that benefits from being able to draw upon broader and better input from civil society.

- Governments could be encouraged to – within one agreed HIV/AIDS Action Framework – develop **responses that are based on the real needs** of the communities that civil society supports on a daily basis, rather than unduly influenced by political or donor perceptions and preferences.
- Ensure that, in particular, HIV/AIDS Action Frameworks address the needs of previously excluded **marginalised and vulnerable populations** - such as men who have sex with men (MSMs), sex workers (SWs) and injecting drug users (IDUs) – who are both key to all responses to HIV/AIDS and core to the work of civil society.
- Encourage governments to – within one agreed HIV/AIDS Action Framework - make and implement plans to meet the **specific targets cited in regional and international agreements** that are, broadly speaking, reflective of and supported by civil society. These include those outlined in the UNGASS Declaration of Commitment on HIV/AIDS, the Millennium Development Goals and the ‘3 by 5’ Initiative.
- Enable civil society to **more quickly and effectively scale up** both its own efforts and those developed by other sectors – by influencing plans and more easily accessing lessons and resources.
- Provide a forum in which the **specific blockages to effective civil society involvement** in action on HIV/AIDS can be identified and addressed; e.g. civil society working with other sectors to improve the efficiency of mechanisms to disburse funds to NGO initiatives.
- Contribute to ensuring that **technical support and capacity building** for civil society are not only on the agenda of national responses to HIV/AIDS, but are provided in a more sufficient, systematic and sustainable way and by a range of providers, for example including organisations of people living with HIV/AIDS.

- Address the current **disconnect in monitoring and evaluation systems**, whereby there are national level systems and hundreds, even thousands, of different civil society systems. This could ensure a more cohesive approach by all sectors. In particular, it could encourage NGOs to, rather than carrying out isolated impact evaluations, assess their results within the bigger picture of national action on HIV/AIDS, gaining a more informed view of what is and is not working and why. It could also present an opportunity for the sector to ‘translate’ its qualitative data into standard national indicators, gaining greater recognition from other stakeholders.
- Improve the quantity, quality and consistency of **practical systems for monitoring and evaluation** among civil society organisations, including facilitating the considerable guidance and technical support needed to identify community level indicators, and setting up and implementing data management and reporting systems.

In both concept and practice, involvement in the ‘Three Ones’ could also bring a number of considerable **challenges, even threats**, for civil society and its contribution to national responses to HIV/AIDS. Some examples of these include:

- **Creating a monster.** While designed to streamline responses to HIV/AIDS, there is the risk that the creation of one National AIDS Coordinating Authority could create a mechanism that is too large and bureaucratic to actually function and, within which, civil society is both voiceless and powerless. This would risk perpetuating the power imbalances that have, in some countries, characterised National AIDS Councils, Global Fund CCMs and other multi-sectoral bodies.
- **Ownership of national HIV/AIDS responses.** Both the process and results of the ‘Three Ones’ should not be owned or operated by one individual sector (e.g. government) or disproportionately influenced by others (e.g. major donors). If this were to happen, it could risk civil society not being fully involved and respected and Action Frameworks neglecting vital areas. For example, if unduly shaped by the political or cultural priorities of a government, a Framework might focus on ‘easier’ areas of the epidemic (e.g. youth programmes) rather than more challenging and controversial areas where more attention and resources may be desperately needed (e.g. work with MSMs).
- **Timeframes.** There is a risk that the scale and speed of action required by the ‘Three Ones’ will not accommodate the timeframes and resources required by civil society representatives to, for example, adequately consult and share information with their broad constituency. In reality, a civil society representative’s efforts to promote a civil society position within any type of National AIDS Co-ordinating Authority, requires intensive and time-consuming processes of briefings, meetings, e-mail exchanges, etc.
- **Full, rather than token, involvement.** There are issues to examine about how to ensure that civil society involvement in the ‘Three Ones’ is full (e.g. having a vote)

rather than limited (e.g. solely providing technical input) or token (e.g. simply ‘ticking a box’). In practice, civil society and people living with HIV/AIDS remain under represented in both quality and quantity in many national bodies<sup>10</sup>. As such, steps are needed to establish clear legal and process frameworks that will ensure a more equal balance of power and, where necessary, hold all actors involved to account for inadequate inclusion.

- **Defining roles and responsibilities.** For the contribution of civil society to be understood, appreciated and functional, there is a need to clearly define the roles and responsibilities of all key players in the ‘Three Ones’ at a country level. This should be reflected in formal policies and practical working procedures that are endorsed by all stakeholders and that aim to achieve effective ways of working together and establishing mutual trust. Again, governments should be held to account if they fail to respect those policies and procedures.

- **Capacity of civil society.** The ‘Three Ones’ will require civil society to both do more (e.g. participate in more high level consultations) and develop more (e.g. improve its systems of representation). However, the initiative comes at a time when the sector is already facing a crisis in its human and organisational capacity. To make progress, some of the issues to consider include that:

*“Civil society representatives do not automatically come to the table with the knowledge and skills required to participate fully in policy-making; decision-making; priority setting; and programme design, implementation and monitoring. They often lack the skills to negotiate with other CCM members concerning their role on the CCM and their participation in CCM meetings. The financial and human resources required to expand the capacity of civil society representatives and improve their skills are often lacking.”*

NGO Perspectives on the Global Fund, ICASO

- To fully contribute to the ‘Three Ones’, civil society representatives and organisations require extensive **capacity building in a variety of areas**. These vary from increasing knowledge about how other sectors and high level bodies work to building practical skills in public speaking [see ‘Suggestions for what needs to happen next’ for further examples].
- To ensure a high standard of technical support, a needs-based, accessible and **co-ordinated response** is required. This should involve a diversity of high quality support providers and tools (some of which already exist, some of which will need to be developed).
- Technical support needs to be **funded**. This will need to be recognised as a core component of the budgetary requirements in operationalising each component of the ‘Three Ones’ principles.

<sup>10</sup> As of June 2004, there was still no representation of people living with HIV/AIDS in some 25% of Global Fund CCMs, while in others there is often just one representative for the three disease communities. NGO Perspectives on the Global Fund, ICASO, June 2004.

- **Capacity and understanding of others to work with civil society.**

Capacity building needs to be two-way – with efforts also made to address the information and skills gaps of other sectors and stakeholders in relation to the role, contribution and needs of civil society within the ‘Three Ones’. This could include efforts ranging from awareness raising about how civil society works to skills building in collaborative planning and jargon-free communication.

- **Issues of selection and representation.** The ‘Three Ones’ potentially poses a number of challenges to civil society in relation to representation. These include questions around how the sector can:

- Ensure that its representatives are **elected by civil society itself**, rather than through invitation or coercion by other national sectors.
- Ensure a **balance of civil society representation**, for example in terms of:
  - Size of organisations (e.g. small CBOs, national NGOs).
  - Geographic location organisations (e.g. capital-based, rural-based).
  - Types of organisations (e.g. faith based, self-help).
  - People living with HIV/AIDS.
  - Marginalised populations (e.g. SWs, IDUs).
  - Gender.
- Develop **simple, practical systems** for selection and consultation in contexts where there is no, or only a weak, national civil society network or umbrella organisation.
- Foster **as much consensus as possible**, so that representatives can be truly representative and feel supported by their peers.
- Ensure that relevant measures are taken to ensure the **safe and productive representation** of civil society representatives. For example, this might include measures to protect the confidentiality of people living with HIV/AIDS or to ensure that materials are translated into local languages.
- Identify the **best method of representation** for the sector (e.g. having individuals or a team of representatives who work on rotation basis).
- Develop the comprehensive **systems and processes** necessary to ensure effective and democratic consultation. This will include working out the ‘nuts and bolts’ of how civil society representatives can be truly representative (e.g. what practical methods they will use to consult others) and accountable (e.g. how they will feed decisions back to the local level).

*“The problems .. tend to occur in countries where there is no culture of collaboration between governments and civil society, and where existing government structures do not allow for the full involvement of civil society under terms of equality and respect.”*

NGO Perspectives on the Global Fund, ICASO

*“Involving civil society actors is not an easy task for many governments and any process of this kind will inevitably exclude one group or another .... The challenge is to push for an honest and real willingness by governments to respond to the voices of the most affected and marginalised and those of NGOs. What needs to be supported is the underlying principle of the CCM as a ‘national consensus group’ – where NGOs are not just used for consultation and as funding recipients, but are decision-makers as well.”*

NGO Participation in the Global Fund,  
International HIV/AIDS Alliance

- **Communication systems.** For civil society to function effectively within the ‘Three Ones’, there is a need to address key issues around the flow of information among key stakeholders. These flows are multi-directional, for example from the secretariats of National AIDS Coordinating Authorities to Authority members, or from civil society representatives to other Authority members. In particular, there is a need for civil society to take action – and be provided with the relevant resources – to improve communication between its representatives and its constituents at the community level.
- **Strategic limitations.** There may be a risk that the consolidation of HIV/AIDS work into one Framework, Authority and Monitoring and Evaluation System will lead to epidemics being addressed in a narrow manner, rather than the comprehensive, development-orientated approach advocated for by civil society (e.g. with links to issues around human rights, poverty and gender).
- **Limited monitoring and evaluation systems.** If the one country-level Monitoring and Evaluation System is not sophisticated and holistic enough, it may risk the qualitative community-level results of civil society (e.g. stories of behaviour change among individuals) being relatively unacknowledged in favour of more traditional, quantitative national indicators (e.g. epidemiological data). As noted, the development of one system will also require intensive capacity building for civil society – among which monitoring and evaluation is regularly identified as a weakness. In addition, there are questions about how civil society will be able to make a full contribution to the overall monitoring and evaluation of their country’s HIV/AIDS Action Framework, as opposed to just its sector’s contribution to it.
- **Monitoring and evaluation rhetoric and reality.** Without full-scale, multi-sectoral commitment, civil society may find itself caught between the rhetoric of monitoring and evaluation (i.e. of one country-level system) and the reality (e.g. of donors still demanding their own, individual indicators).

### What next?

ICASO and the Alliance have been studying the ‘Three Ones’ since their inception and have brainstormed a number of possible ways in which civil society can apply them. If the ‘Three Ones’ are going to work, everyone needs to think creatively about how to incorporate them into current systems. Following are some suggestions for next steps that are intended to contribute to discussions and debates underway in a range of forums.

- **Develop generic guidelines for the involvement of civil society in putting each of the ‘Three Ones’ into operation.** These could be based upon the example provided by the guidelines on the involvement of people living with HIV/AIDS in Global Fund CCMs [see box]. They should be developed by a collaboration of different sectors, including civil society itself, and should spell out minimum standards that initiatives have to meet in relation to both:

- **Strategic issues** (e.g. what constitutes adequate civil society representation and involvement)
- **Practical issues** (e.g. how civil society will be consulted about the scheduling of meetings, which documents will be translated into local languages).
- **Develop terms of reference and operating procedures for individual National AIDS Coordinating Authorities to ensure the full participation of civil society.** These should again be developed in a multi-sectoral way and provide specific definitions of, for example, the composition of the Authority and the roles and responsibilities of its members. Vitally, they should be backed up by binding governance structures and legal frameworks and be reviewed regularly, with commitment to taking action to address identified weaknesses.

### Improving the involvement of people living with HIV/AIDS

Examples of guidelines for CCMs:

- *PLHIV should constitute at least 10% of CCM membership, with a minimum of two PLHIV per CCM.*
- *PLHIV CCM members and alternates should be selected through an all-inclusive and democratic process that is totally independent of the CCM.*
- *CCMs should ensure gender balance among their membership. PLHIV CCM members should ensure that gender balance is maintained when selecting an alternate.*
- *All CCM members should receive HIV orientation and awareness training, including discussion of the GIPA principle, UNGASS and the 'Three Ones.'*
- *CCMs should rotate the positions of chairperson and vice chairperson between civil society and government.*

Examples of guidelines for representatives of people living with HIV/AIDS:

- *CCM members and alternates should be selected through an all-inclusive and democratic process.*
- *PLHIV representatives in the CCM should be appropriately skilled and belong to an organisation or network of PLHIV that operates within a province, state or country.*
- *TORs should be established for PLHIV CCM members and alternates by their constituencies.*
- *PLHIV CCM members and alternates should exhibit qualities of good interpersonal and public relations in order to communicate effectively.*
- *PLHIV CCM members should be well-prepared to speak on agenda items prior to a CCM meeting, after thorough consultation with their networks.*

Guidelines for Improving CCMs through Greater PLHIV Involvement, POLICY Project and GNP+

- **Develop and finance a package of comprehensive, high quality and appropriate capacity building tools to enable the effective participation of civil society in the 'Three Ones' at country level.** These should be provided by capacity builders who not only have expertise in HIV/AIDS and specific technical areas (e.g. monitoring and evaluation), but who understand civil society, national responses and the current disconnect between the two. They should target both:
  - **Civil society.** For example, covering areas such as:
    - How other sectors and high level bodies work (e.g. systems, dynamics).

- Relevant national and global initiatives (e.g. ‘3 by 5’, UNGASS).
    - Priority setting and strategic planning.
    - Programme management.
    - Monitoring and evaluation.
    - Financial management.
    - Public speaking and advocacy.
    - Representation and accountability.
    - Co-ordination, consensus-building and mediation.
    - Communication and information-sharing.
  - **Other key stakeholders.** For example, covering areas such as:
    - How civil society works (e.g. project cycles, accountability).
    - The particular contribution that can be made by people living with HIV/AIDS and other marginalised populations.
    - Relevant national and global initiatives (e.g. ‘3 by 5’, GIPA).
    - Collaborative planning.
    - Communication and information-sharing.
- **Carry out on-going good practice documentation and analysis.** This could involve research into government perspectives on civil society participation in national planning and decision-making and the development of positive case studies about how barriers to participation can be overcome.
  - **Maximise existing resources that facilitate the ‘Three Ones’, rather than reinventing the wheel.** For example, this should include making full use of the existing ‘Monitoring and Evaluation Toolkit: HIV/AIDS, TB and Malaria’<sup>11</sup> and the UNGASS Declaration of Commitment on HIV/AIDS.
  - **Compile a set of tools that facilitate collaborative planning for the ‘Three Ones’.** For example, in the Philippines, after a challenging experience of different stakeholders identifying multiple priorities for the proposal to the Global Fund, an ‘analysis matrix’ helped them to reach consensus<sup>12</sup>.
  - **Provide specific, tailor-made technical and moral support – that is guided and/or led by civil society itself - to countries with:**
    - **Little or no existing civil society infrastructure**, such as national networks of NGOs or people living with HIV/AIDS. This could include step by step support to develop basic, transparent systems for representation.
    - **Excessive tension and competition within civil society.** This could include mediating between those involved and building consensus.
  - **Enhance communication and information dissemination about the ‘Three Ones’ at all levels.** This needs to benefit both those within the ‘Three Ones’ (e.g.

<sup>11</sup> Produced by, among others, the Global Fund, WHO, UNAIDS, CDC, USAID and World Bank.

<sup>12</sup> Global Fund Proposal Development: A Philippines Experience, International HIV/AIDS Alliance, March 2004.

Authority members, including civil society representatives) and those involved in the broader response to HIV/AIDS (e.g. members of NGO networks). Information should be provided in a clear, neutral way and cover both the basics about the initiative and any specific decisions, processes or actions relevant to the audience.

- **Develop, in collaboration with other sectors, relevant indicators to assess the effectiveness of civil society's participation in the 'Three Ones'** and monitoring what progress is achieved and what lessons are learned.

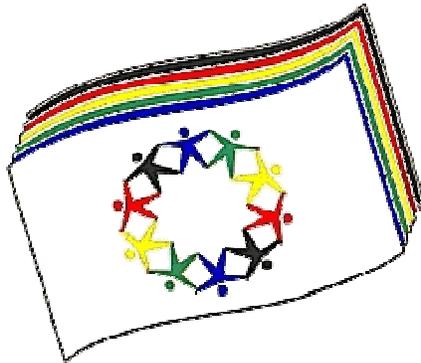
### **Questions to consider**

As the 'Three Ones' gains momentum, there are a number of practical and strategic questions for civil society in each country to consider, both about the initiative as a whole and the sector's contribution towards it. Examples of these questions include:

- *What difference does civil society's starting point make to its potential involvement in the 'Three Ones'? Is it possible to 'turn the tide around' in countries with civil society sectors that are undeveloped or fragmented, or where NGOs have traditionally been side-lined by the government?*
- *What are the consequences for civil society if one or more of the 'Three Ones' are not implemented in full? For example, to what extent could a country's one HIV/AIDS Action Framework be truly inclusive if its one National AIDS Coordinating Authority is dominated by government?*
- *If elements of the 'Three Ones' are not met, how can the gaps be plugged? For example, if a country's one HIV/AIDS Action Framework does not address vulnerable populations, how can civil society and donors support progress towards the 'Three Ones' while also making independent arrangements to fund projects?*
- *What can be done to ensure that one country-level Monitoring and Evaluation System reduces, rather than increases, the current disconnect between monitoring and evaluation of civil society and that of national-level responses?*
- *Should there be a 'Fourth One' – that promotes one National Funding Mechanism? What would be the advantages and disadvantages for civil society?*
- *To what extent could the 'Three Ones' make the major obstacles to civil society's response to HIV/AIDS, such as blockages in funding mechanisms, better or worse?*
- *Is civil society ready, willing and able to make the commitments – and, potentially, compromises – necessary for the 'Three Ones'? For example, are NGOs prepared to sit around a table with government or to identify national priorities that might not include their own organisation's target group?*

**For more information:**

- The 'Three Ones': Principles for the Coordination of National AIDS Responses, UNAIDS, January 2005, [www.unaids.org](http://www.unaids.org)
- Three Ones e-Forum on Civil Society Engagement. To contribute to the e-Forum send an email to [threeones@ews.unaids.org](mailto:threeones@ews.unaids.org), or visit the e-Forum homepage on the web: <http://threeones.unaids.org>



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