

In-depth Thematic Studies

During the month of October 2016, a Community Action and Leadership Collaborative (CLAC)-affiliated researcher¹ conducted 19 extensive independent interviews with key and vulnerable populations and community respondents. CLAC members themselves identified the interviewees to ensure representation of all disease cohorts and geographies relevant to the Global Fund, and their involvement in the thematic areas of exploration. Interviews averaged 90 minutes in length and were, by necessity, flexible to ensure capture of the dynamics specific to respondent experiences. A vetted list of qualitative open-ended questions guided the discussions. The views presented here are not necessarily CLAC's, but represent those of the respondents, further endorsed by in-country community consultations.

To maintain confidentiality, as requested by interviewees, quotes are anonymous, and editorial liberties taken to further mask identity and ensure narrative flow.

The CLAC is a unique collaboration between AIDS and Rights Alliance for Southern Africa (ARASA), the Global Network of People Living with HIV (GNP+), Global Action for Trans Equality (GATE), the Global Forum on MSM and HIV (MSMGF), the Global Network for Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), and the International Treatment Preparedness Coalition (ITPC). The collaboration between these regional networks supports a deep understanding and connection with key populations to strengthen expertise in the areas of HIV and tuberculosis, treatment access, human rights and community engaged. www.clac.cab.*

Thematic Study 4: Advocacy and Leadership Skills for Resilient Engagement

Summary

As countries move toward middle-income status, and prevalence rates shift, countries will eventually begin a process of transitioning away from direct Global Fund support. This is an anxiety-ridden prospect for key and vulnerable populations, riddled with uncertainty about whether their governments will continue, or even sustain, achievements realized under the Global Fund.

This thematic study presents the desires for capacity and community systems strengthening to further build advocacy and leadership skills and ensure community-led organizations are able to implement programming for their communities post transition. According to respondents, it is paramount that civil society be positioned for long-term effectiveness, well beyond just satisfying current grant conditions.

While most respondents had thoughts about transition, none had experience with full transition, and only a few were engaged in preparatory activities. Overshadowing all discussions were:

1. **Fears** that:
 - 1.1 Transition will fail communities, and hard-earned gains will collapse
 - 1.2 Current legal and policy (political) environments will remain, or revert to being unsupportive in many contexts
2. **Concerns** that the premise for transition is naïve and based on faulty or misleading income and epidemiologic information
3. **Hopes** that governments will be forced to take proactive ownership of the three disease responses
4. **Recommendations**, based on a sense of missed opportunities intermixed with fears, concerns, and hopes, **for needed and targeted capacity and community strengthening and survival**

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strategy support to ensure community interests and organizations survive transition, that include:

- 4.1 Leadership skills building – especially for new and emerging leaders
- 4.2 Financial management
- 4.3 Program management
- 4.4 Fundraising
- 4.5 Advocacy and data processes
- 4.6 National taskforce formation

Desired capacity strengthening support acknowledges lingering **challenges**, including:

1. **Discriminatory laws**, policies, and practices
2. **Inadequate community organization participation** as grant implementers
3. **Lack of diversification in community funding** and support portfolios

1. Fears

Responses to questions on transition are full of fear and negativity. One respondent mirrors what many say: “There is too much energy going into daily survival... **There is no energy left to think long-term. It is important, yes, and especially considering the funding landscape, so that we have a starting point to advocate for long-term activities to meet our priority needs, but so far, this is not happening.**” Another cautions that there is a need to think beyond just the Global Fund’s transition process, to that of all donors. Currently, “donors fund and control the health sector. If there isn’t better involvement and engagement with them now, then community organizations will have a difficult time ensuring their needs are met long-term.”

1.1 Hard-earned gains will collapse

The majority of **respondents express deep concern that community-focused efforts and gains will collapse, epidemics will rebound, social inequalities will escalate, conservative laws will gain traction or be reinstated, and religious fundamentalism will thrive.** “We are already seeing this... with playback and cancellation of progressive laws. Legal and social capital gains could be erased and lost if the Global Fund does not continue to play a political role,” through and post-transition. One respondent mentions “side meetings held with the Global Fund recently. This involved a heated discussion about the need for the Global Fund to continue to fund people, even if they were not funding countries, in order to protect key populations moving forward. Unfortunately, the discussion was unresolved.” Respondents provide several examples of governments disinclined to support civil society. “If the Global Fund takes away funds, we will lose our rights,” and “**policy advocacy and watchdogging are at risk of extinction...** for domestic budgets will not support this work.”

Several respondents emphasize, “We are afraid civil society will be cut out during transition, and that the government will only support areas where the Global Fund has supported them [not communities] directly,” namely, health systems strengthening. While Thailand’s transition status is still under discussion, “the Global Fund uses Thailand as their great example of transition. It is not.” Examples of Thai government disinterest in supporting communities are cited. “If this is the best [the Global Fund] can offer, then the rest of the world is facing a nightmare. Thailand is a terrible example of what is to come. There are currently no processes for contacting key population groups, no transparency, and representatives are cherry-picked political appointments and favors.”

1.2 Legal and policy environments will remain, or revert to being, unsupportive

There are a plethora of legal and policy barriers, for “**governments will not change easily, and will always revert to dominance. Even where they want to change, their funds (and actions) are controlled by policies.**” These include issues of:

- *Official registration* allowing community associations to open offices. “Many civil society organizations are not formally registered because they are illegal.” Without registration, they cannot legally operate or receive support.
- There was also the inability to apply for or *receive direct funding support*. In some countries, including Thailand, the **financial structures are not in place to contract civil society organizations**. “Current Government of Thailand law does not allow the transfer of funds directly to NGOs (non-governmental organizations) or CSOs (civil society organizations),” and much discussion focuses on the need to establish a three-disease foundation or mechanism to receive the Global Fund and other resources on behalf of communities post-transition.
- The *short transition period* is noted, with most understanding the transition process to be three years. “It takes more than three years to get systems in place and working to have a responsible transaction. (Our) community delegation... does not believe it is enough.”
- There is also the potential for *prosecution* against ‘controversial’ or ‘criminal’ community members and organizations, and even those working in support of these populations.
- In many places, all of these factors contribute to an inability to get necessary *prevention and treatment drugs and supplies* (lubricants, condoms, clean syringes, antiretrovirals, and other medications).
- There is a fear that even the *country coordinating mechanism (CCM)*’s future was at risk. **CCM function requires government commitments, which are in some cases restricted by policies**. Without the CCM, there is no body to coordinate community engagement, or to listen to community priorities. Even with the CCM, it is not always clear how to best position to ensure long-term engagement. For example, “Only one community member was invited by the CCM to join our country’s transition readiness assistance working group, and only at the insistence of the Global Fund. The representative chosen comes from the PLHIV (people living with HIV) community and is not currently engaged in any Global Fund work, which is a mistake, and it is now too late for others to join the process.”

Respondents note that **concept note objectives and indicators do not currently empower communities to do much about changing the legal or policy environment**. “Engagement is not just about empowering us to participate in the development process, but ensuring that there are provisions within grants to further empower us during implementation.” “Public private partnership and meaningful stakeholder engagement around a single table to develop the national strategic plan and concept note around the three diseases must not end, but I’m afraid it will.”

2. Concerns: Transition premises are based on bad information

The Global Fund investment and transition decisions are based on income level and World Bank classification, and disease burden, but “these numbers are false for many countries.” **Income extremes are offsetting country economic status, and one population or geographic area’s disease incidence and prevalence rates are being manipulated to offset others**. Tunisia, for example, is labeled as a middle-income country, yet “the division between rich and poor is widening, and the rich are offsetting the numbers. In fact, poverty and inequality are increasing, and income classifications leave those who are poor and marginalized at increased risk of exclusion from necessary services.” Similarly, Venezuela is classified as a middle-income country and “not qualified for the Global Fund grant, but people are queuing for toilet paper, and essential medications are lacking from pharmacy shelves.” **The reality in the field is disconnected from the data that is informing transition**. “When it is only about income and disease burden, many who need and deserve continued support will suffer in the vacuum.”

The idea of transition “started from the premise that there was a need for a smooth exit process” in countries with reduced disease burden and/or increased income levels, “to ensure underserved populations are not left out,” and to recognize that civil society organizations are the best to reach them.

For some respondents, this sounds good – or at least it did initially. “You can see what the Global Fund is trying to do. The problem is that **what looks good on paper is useless unless you understand that governments are motivated by self-interest and cannot therefore be trusted.** They will tell you what you want to hear and show you evidence you want to see even if it isn’t true.” Others were more blunt. “The Global Fund is naïve. They should focus their policies on how they are to be implemented on the ground, now, today... rather than looking for the token concept note statement on human rights or gender.” They need to “hire in-country consultants and form partnerships with local organizations.” Another concurred. **“The policies look great on paper and are nicely written, but on the ground, not everyone behaves with integrity.”**

Anger and hostility is directed at the Global Fund and national governments equally. The Global Fund “says it doesn’t like one size fits all, but in practice it loves it because it is easier to manage.” Respondents find it encouraging that the new transition strategy talks about having a differentiated approach, but note that “the danger is that **those with political savvy will continue to get funding and attention and have influence, and those without will not.**”

In one example, anger over transition process exclusion, perceived as being endorsed by the Global Fund due to their silence on the issue, led to community mobilization, application for, and receipt of technical assistance to engage in the transition process. “We wanted to create a small civil society organization or key population working group (‘taskforce’) to work simultaneously and feed into the government’s working groups [we were excluded from].” They used support to form a separate working group, and “will soon pass on our recommendations to the main working group, with the hope that the Global Fund will support the recommendations and make sure they are included.”

3. Hope: Governments will be forced to take ownership of disease responses

One respondent, after expressing sharp criticism for the lack of government willingness to engage communities, expresses an equally strong conviction that transition was perhaps the best thing that could happen. **“Transition forces the government to take responsibility and be accountable for HIV and TB,”** and to make better use of taxes collected for health. “It might force political will and make topics no longer taboo. The government is also part of society, and they will hear it if they stop all the projects and work the Global Fund is now doing. They will have to deal with stock-outs” and other issues head on, with their own budgets, and without impunity. **“The engagement of civil society and implementing and watchdogging partners is so important,” for the work of the Global Fund crosscuts medical, behavioral, social, legal, economic, and other sectors.**

4. Recommendations for needed and targeted capacity and community strengthening and survival strategy support

For those able to move beyond their fears, concerns, and initial hopes, and analyze the conditions needed to make a smooth transition meaningful for communities, there is a collective sense that time has been – and is being – wasted. **“We never really understood the importance of community systems strengthening before looking at transition. We never took advantage of it.** We were too focused on numbers and jargon and looking good to the PR (principle recipient) and the Global Fund, and making sure we got everything right. We were focused on data collection and financial accountability. Community systems strengthening and capacity building were the last of our thoughts.” As such, communities “are to blame as we haven’t pushed to strengthen our capacities to engage better... It has been easier to just go with what the government asked for than fighting all the time. But, when the Global Fund ends, then what? The government will not continue to support us. Their support was just lip service.” Further, **where community systems strengthening is budgeted for under the Global Fund, investments are “focused on strengthening technical and logistical capacity, and paying core costs and salaries, all necessary but possibly not the best use of resources, or really addressing what is needed – strengthening leaders, advocates, and networks to have a stronger voice in strategic discussions.”**

Global networks and the CRG are noted as having recognized early the need to capacitate local community organizations and networks. “There have been many discussions about the need for a constant and effective process of helping communities understand their needs, time, and specific ways of functioning effectively.” Unfortunately, the quality of technical support varies, and “there is also the problem of it stopping the minute the grant is signed. This is not helpful.” Respondents comment unanimously on the need for capacity support continuity. “In the Global Fund language it states that there is support throughout the lifetime of the grant, but from where?” Further, **at the country level, communities do not always know where, or from whom, to apply for support.** CRG technical assistance is easy to respond to, but only after it is known about, resulting in it often going to those already linked in and getting preferential treatment. There are other small funders, but support is usually available only centrally, is inconsistent, and dedicated for one-off, short-term purposes. **“Technical support must be long-term to make an impact.”** Further, “there is a need for CCM funding and/or CRG TA (technical advice) to support communities to develop survival strategies for after transition,”

Respondents are quite specific about the types of skills and capacity strengthening needed to enable them to survive transition, with the caveat that they must be tailored to the individual needs of organizations and leaders, which “are all at different levels. There cannot be a higher-level indicator that pushes organizations too far, too fast. TA and core funding is needed, but it must be based on identifying and addressing specific individual needs.” Respondents also argue for the **Global Fund mandates for community engagement during transition,** similar to mandates under the New Funding Model, for when the Global Fund leaves, the community stays, and “any structures that are in place and capacities that are built will also stay.”

4.1 Strengthen leadership skills, especially for new and emerging leaders

Engagement is often leadership dependent (“it often boils down to individuals”), and when leaders leave, there is a void. The reality is that the current leadership cycle “is coming to an end – original activists are retiring, or have died,” and **it is the next generation, the youth, who will carry forward the principles of true participation, and influence how transition unfolds.** “The Global Fund provides a lot of international NGOs with technical assistance in-country, rather than building the expertise and leadership that is on the ground.” Several respondents note that where successful engagement is occurring, there are “super smart leaders with lots of energy and commitment and relationships.” Specifically, **leaders need mobilization and people management skills, trustworthiness, intelligence, energy and passion, problem solving abilities, interpersonal communication skills, and the ability to present and defend positions at both higher ‘grasstops’ and grassroots levels.** Respondents are unaware of anyone working specifically on leadership capacity building.

4.2 Strengthen financial management skills

Several respondents feel that to ensure communities are part of the process moving forward, the Global Fund must be prescriptive. **“Transitioning should be for the groups not getting funding, rather than ensuring that certain groups will be funded.”** Currently, “there is too much reluctance and lack of trust from technical institutions that key populations aren’t trustworthy to manage a grant. However, given appropriate support and technical assistance to get a financial and managerial system in place, they could do it better than anyone else because they know their community.” Most feel that **the end goal should be community organizations functioning in the roles of sub-recipients (SR) and even PRs by the time of transition.**

4.3 Strengthen program management skills and experience as grant implementers

Criteria for SR and even PR selection need to be reexamined. Currently “it is about financial management capacity and not on knowledge of key issues or engagement with local communities.” **This leads to PR and SR selection from outside the health sector,** with little or no experience in the areas of malaria, TB, or HIV. “Much needs to be done to **ensure that key populations those living with**

disease are among the implementers. Criteria should not just be about managing funds but programming and a harmonized, multisectoral approach. **The Global Fund needs to find modalities to fund different categories and levels of implementation including interfacing with communities versus interacting at international levels only.**”

In the past, the Global Fund looked to meet its own objectives and targets as the most effective use of money. **“Strengthening civil society as a sector is a more important long-term commitment.”** This gives civil society a chance to ensure day-to-day, year-to-year impact, not just as a beneficiary, but also as a manager. “Currently civil society comes and goes as global priorities shift, people age and grow up, and money disappears. There is no real long-term strengthening around funding and good governance or management. This is so much more important than just trying to get another project. The Global Fund should see this as a mandate. After the Global Fund leaves,” it is what empowers communities now that “will be the most important to make sure transition is successful. **When civil society is weak, the government will not do much except help itself.**”

Respondents complain that, “the process and the rationale were not spelled out to us – that by strengthening communities (and organizational governance capacity) we could replace NGOs at higher levels who were representing us.” For this reason, several respondents feel strongly that under the last the Global Fund round before a transition, the PR must come from within civil society, and not be from the government. **“Civil society must receive more capacity strengthening and CSS support before transition, or transition will fail them.”** Some lament that the Global Fund no longer promotes dual PRs – one from government and one from civil society. Rather, the current trend appears to support governments. **“The New Funding Model focuses on services, and this doesn’t build capacity.”** **“This trend will relegate civil society to be small implementers in the field only.”** Transition should not mean curtailing NGO activities, but “the government is defining transition as less service delivery and more health systems strengthening and process work.” If we continue along this route, “all advocacy achievements will be lost and there will no longer be accountability.”

4.4 Strengthen fundraising skills

Respondents highlight the need to diversify funding before the Global Fund exits. “Even though it is a long way off, **we must begin engaging with other donors:** DFID (UK Department for International Development), UN (United Nations), USAID (United States Agency for International Development). We are determined that we will still exist” in the future. “The reality is that governments would just prefer we disappear. The only reason they care is that they are getting the Global Fund funding to care.” **“We need vertical investment to continue, from INGOs and foundations and non-traditional funders. Policy and advocacy work doesn’t require money directly, but keeping organizations open does.”**

In the short term, **resources to strengthen communities must not be tied to service delivery, but strengthening organizations** and looking at how they engage at high levels “with voice and evidence and conviction. They need money to link together as networks, and build (further) financial and governance capacity in a serious way.”

4.5 Strengthen advocacy backed up by rigorous data

Communities need training in data collection and interpretation, and in how to engage and prepare strong arguments backed up with this evidence (see Thematic Study 3). They also need the skills to research, write, and review drafts, analyze budgets during assessment and review, and otherwise ensure that community priorities are not changed or forgotten. The MSMGF and NSWP are noted for their efforts at building advocacy skills, raising awareness about rights and processes, and promoting what communities do best. “Key populations often don’t recognize they have skills based on their daily life experience, and don’t realize they can translate those to a different environment. But nobody is better at negotiating than a sex worker.” It is a matter of transferring those negotiation skills to the Global Fund and national strategic planning platforms.

4.6 Support national taskforce formation

Respondents repeatedly mention the need for populations representing the three diseases to join as one unified voice (see Thematic Study 2). Reasons include the ability for a **community ‘taskforce’ to be more directly involved in transition activities as a stronger, larger, official entity with wide reach,** and by providing a single point of contact for stakeholders. Further, a taskforce is a strong coordination and oversight body able to advocate for crosscutting priority issues, and monitor implementation realities.