INTERNATIONAL TREATMENT PREPAREDNESS COALITION
Treatment Monitoring & Advocacy Project

CCM ADVOCACY REPORT

Making Global Fund Country Coordinating Mechanisms work through full engagement of civil society

On-the-ground research in Argentina, Cambodia, Cameroon, India, Jamaica, Romania, and Uganda

October 2008

The International Treatment Preparedness Coalition (ITPC) was born out of the International Treatment Preparedness Summit that took place in Cape Town, South Africa in March 2003. That meeting brought together for the first time community-based HIV treatment activists and educators from over 60 countries. Since the Summit, ITPC has grown to include more than 1,000 activists from over 125 countries and has emerged as a leading civil society coalition on treatment preparedness and access issues.

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ACRONYMS AND ABBREVIATIONS

ART = antiretroviral treatment

ARV = antiretroviral treatment

ARAS = the Romanian Association Against AIDS

CBO = community-based organization

CCM = Country Coordinating Mechanism

CSO = civil society organization

GLOBAL FUND = Global Fund to Fight AIDS, Tuberculosis and Malaria

IDU = injection drug user

IEC = information, education, and communication

M&E = monitoring and evaluation

MOH = Ministry of Health

MSM = men who have sex with men

NGO = non-governmental organization

PLWHA = people living with HIV/AIDS

PR = Principal Recipient

PR-TRT = Principal Recipient—Technical Review Team

STI = sexually transmitted infection

TWG = Technical Working Group

TB = tuberculosis

UN = United Nations

UNAIDS = Joint UN Programme on HIV/AIDS

UNGASS = UN General Assembly Special Session on HIV/AIDS

UNODC = United Nations Office on Drugs and Crime

UNOPA = the National Union of Organizations of Persons Infected/Affected by HIV/AIDS in Romania

VCT = voluntary counseling and testing

WHO = World Health Organization

EXECUTIVE SUMMARY

THE GLOBAL FUND to Fight AIDS, Tuberculosis and Malaria (Global Fund) Country Coordinating Mechanism (CCM) model is revolutionary in health financing. As originally envisioned, CCMs bring together multiple stakeholders to collectively identify country needs, design programming, and oversee implementation of Global Fund-supported projects.[1] The CCM is a concept that recognizes many kinds of groups -- including government, private sector, researchers, providers, civil society and affected communities – must be engaged in optimizing delivery of care.

The experience of rapid scale up of AIDS treatment shows that civil society (CS) engagement is key to success of wide scale health delivery. CS can bring urgency to resource mobilization and planning, inform program development, give voice to vulnerable populations, deliver community-based services, and hold policy makers accountable for concrete results.

CS engagement is integral to the CCM model, yet to date there has been very limited investment in supporting CS representatives so that they are as effective as possible on CCMs. As the country chapters in this report document, CS has made important contributions on CCMs, but its engagement is seriously limited by several factors that require immediate attention at the national level and by the Global Fund Secretariat.

There is much more to learn about how to implement the CCM model effectively and in different settings. Still, the original vision of CCMs remains valid and has enormous potential for expanding the reach, equity and effectiveness of health services. National health planning is typically done by governments with little meaningful engagement of CS. There is now the opportunity for Global Fund support for national health plans and national plans to respond to AIDS, tuberculosis and malaria through the National Strategy Applications window. This opportunity makes it all the more important to optimize CS engagement in CCMs because effective and fully participatory CCMs are now able to play a central role in overall health care delivery in their countries.

THE RESEARCH PROCESS

This report focuses on CS engagement on CCMs. Research teams sought to look beyond simple issues of representation to understand whether and how CS has had meaningful involvement in the design and monitoring of Global Fund-supported programming. The goal of the research was to

1 "Membership in the CCM should be broadly representative of a variety of stakeholders, each representing an active constituency with an interest in fighting one or more of the three diseases. Each constituency brings a unique and important perspective, thus increasing the probability of achieving measurable impact against the diseases." From "Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility," at http://www.theglobalfund.org/en/apply/mechanisms/guidelines/

determine what the successes have been and what is standing in the way of deeper and more effective CS engagement.

The report includes original research by CS teams based in seven countries: Argentina, Cambodia, Cameroon, India, Jamaica, Romania, and Uganda. All teams used a standardized research template (see appendix 1) to interview 15 to 25 key informants in each of their countries, including current and former CCM members; representatives of government and international and bilateral agencies; grant recipients; representatives of civil society organizations; and members of academia, business, and medical organizations.

Country research teams involved in this report will implement advocacy plans to pursue their recommendations.

OVERARCHING FINDINGS

Research findings were distinct in each country, but several major themes are recurrent across the chapters in this report.

- **Limited influence of civil society in proposal preparation, shaping program implementation, and program oversight.** In most of the countries studied, CS members have limited influence on their CCM. There are a variety of reasons noted, including not being considered equals by other members, not having appropriate knowledge or expertise (including knowledge about their roles as CCM members), being reluctant to challenge leadership, and not having confidence in their own skills. In the majority of countries studied, government representatives dominate CCM decision-making. Global Fund guidelines call for CS representatives to be involved in all the core aspects of CCM functioning, including proposal development and submission and ongoing program implementation and oversight, yet several country studies reveal that CS has had little to no involvement in some of these areas, particularly program implementation oversight.
- **Civil society responsible for some valuable contributions.** CS members have made notable contributions in several CCMs, for example by making the social realities of people living with HIV/AIDS (PLWHA) much more real for other members and fighting to restore subsidies for HIV treatment and diagnostics. In Argentina and Romania CS has a significant ongoing influence on the CCM, in part because of the CS members' active engagement (sometimes in contrast with the passivity of other sectors), their ready access to information, and their recognition by other members as equal partners.
- **Need to improve representation of constituent priorities and accountability to CS.** All CCM members, including those from CS, are charged with representing the interests of their sector rather than their own interests or those of their organization. Yet in the

majority of the country studies in this report researchers found that CS representatives are too often focused on their own organizational priorities. At least some CS representatives need to do better at representing CS more broadly as a sector as well as representing the needs of health care consumers generally. Lack of coordination among multiple CS representatives who sit on a CCM sometimes undermines the ability to present a united front in discussions in the full CCM, and can decrease CS credibility with other sectors.

- **Need for improved communication across CS.** In most of the countries studied there is too little direct communication between CS representatives and others in the CS sector, including health consumers themselves and other grassroots constituencies. A majority of research teams report that there is no system for CS CCM representatives to regularly communicate with CS constituents or to solicit ideas and feedback. Generally, only well-connected groups or the representatives' own organizations receive information about the CCM and the Global Fund.
- **Need to improve technical skills.** Lack of knowledge or expertise undermines the confidence and authority of CS representatives on many CCMs. Nearly every country report identifies the need for CS members to have more opportunities to improve a range of technical skills and capacities. Priority training topics include: medical information and disease-fighting strategies; structure, function, and procedures of the CCM and Global Fund; members' roles and mission on the CCM; high-level advocacy and negotiation skills; skills for communicating with constituencies; program management and logistics; monitoring and evaluation; and government budgeting, financing, and legislative processes.
- **Identifying strategic priorities and defining an advocacy agenda.** Several chapters identify the need for CS representatives to come together in forums outside of the CCM to coordinate their work, share perspectives, do independent monitoring and evaluation, and have discussions about broader health care needs in their countries. Such interaction will help CS representatives move beyond the interests of their agencies to engage more fully in the general health care needs of the population and define a coordinated agenda.
- **Mitigating conflicts of interest.** The majority of studies find that potential conflicts of interest exist among some CS representatives and are not being fully acknowledged or adequately addressed. This includes situations in which a CS representative's agency receives funds from a Global Fund-supported program.
- **Improved representation.** Several studies report that the selection process for CS representatives needs to be improved and should favor individuals who have appropriate skills and willingness to fully participate on the CCM and engage with CS. Several country reports

suggest that constituency representation is valued over skills and knowledge in selecting CS representatives. On the other hand, several chapters point out that vulnerable groups still need better representation, and one study recommends civil society members adopt a set of common strategies to defend vulnerable populations.

The findings above (explored in more detail in the country chapters) echo a recent report from the Global Fund Secretariat on the CCM model.[2] That report listed several structural obstacles impeding CS participation in CCMs, including, "lack of technical capacity…problems in accessing CCM-related information…and difficulties interacting with civil society constituencies…Civil society is often criticized for not having the requisite skills to contribute effectively."

FINDINGS IN SPECIFIC COUNTRIES

- In **Argentina,** although community sector engagement in the CCM is substantial, members of this sector represent primarily the interests of their own constituencies over those of the general population. Many potential CS Global Fund sub-recipients find it difficult to obtain relevant information about funding possibilities.
- In **Cambodia,** many CS organizations are unable to interact meaningfully with the CCM, including submitting appropriate and potentially successful proposals as part of a country application to the Global Fund, because they lack the resources better-funded organizations have to hire consultants and meet all requirements.
- In **Cameroon,** there have been recent reforms to improve transparency, but CS organizations' effective performance on the CCM is limited by lack of technical capacity, lack of coordination, institutional passivity, insufficient knowledge of procedures, and limited respect from representatives of government and international NGOs. There is a lack of willingness by the government to submit all elective positions on the CCM to a vote.
- In **India,** CS influence on the CCM is greatly limited not only by capacity constraints and lack of a mechanism to come together as a group, but also by the government's considerable influence on decision-making processes.
- In **Jamaica,** the CCM is dominated by a small group of government officials or ex-government officials who hold almost all leadership posts on the CCM, the Principal Recipient (PR), in the National Programme and on the National AIDS Committee, thereby creating clear and persistent conflicts of interest that restrict CS engagement. In its turn, CS defers to the power structure and sees the CCM as a somewhat ceremonial management system necessary for ensuring compliance with grant management.

2 The Global Fund to Fight AIDS, Tuberculosis and Malaria, The Global Fund Implementer Series, "A report on the country coordinating mechanism model," Geneva, August 2008.

- In **Romania,** the government's engagement in the CCM and, by extension, the Global Fund programs, has consistently been weak. This is likely one reason that neither the government nor CS partners have developed strategic plans designed to ensure the sustainability of HIV/AIDS and TB programs after Global Fund-supported programs end.
- In **Uganda,** CS representation on the CCM has been rendered toothless by the Ministry of Health, which has mainstreamed it into its structures and refused to allocate resources to non-governmental sectors to improve their understanding and knowledge of Global Fund processes.

RECOMMENDATIONS

The Global Fund Secretariat should:

- **Invest in capacity:** The Global Fund, along with UN agencies, donors and others, should do more to invest in capacity building for CS members. These agencies should make concerted efforts to increase CS access to and usage of the capacity development funding that is currently available, including CCM funding through the Global Fund that civil society can use to improve the quality of its engagement as a sector. Training and ongoing mentoring is needed in several areas and must be tailored to the needs of CS CCM members. We recommend that each CS representative participate in several days of training each year and that this should be funded, designed, and coordinated by the global Secretariat, under the advice of GF Board CS members.
- **Ensure performance monitoring:** Review and updating of existing policies related to CCMs and PRs is needed to ensure they empower CCMs to play the appropriate strategic performance monitoring and program implementation oversight role expected of them. CCM Secretariats need access to sufficient financial and technical support so that CS can contribute to fulfilling this critical role. We recommend that the global Secretariat convene a meeting by the second quarter (2Q) of 2009 to address this issue.
- **Issue guidance on the roles of CCM members:** Develop a checklist and other tools to increase the awareness of CS representatives about their multiple roles on CCMs. We recommend that the global secretariat convene a meeting by 2Q 2009 to follow up on this proposal.
- **Promote accountability:** Develop a sample set of key performance indicators for CS representatives to promote accountability and help CS monitor the performance of its representatives. More needs to be done to promote accountability of CCMs generally: their effectiveness,

transparency and inclusion of multiple stakeholders. We recommend that the global secretariat convene a meeting by 2Q 2009 to address this proposal.

- **Support independent secretariats:** Independent CCM secretariats could provide needed support to CS and other CCM members. The Global Fund should strongly recommend and help fund these entities. We recommend that the global secretariat convene a meeting by 2Q 2009 to address this proposal.
- **Voice strong support for participation of all stakeholders:** The Global Fund should continually reinforce its support for all CCM voices to be heard, not just those of government representatives.
- **Publicize best practices:** Provide case studies and guidance to the CS sector on how CS CCM representatives can have maximum positive impact on CCMs, build needed capacity, address conflict of interest, and stand up to other forceful interests, including government CCM representatives.

To ensure that these recommendations move forward, we specifically recommend that a resolution be passed when the GF Board meets in November 2008 to provide funds to convene by 2Q 2009 a meeting to do short and long-term planning on addressing these issues and recommendations.

United Nations agencies operating in countries, particularly UNAIDS, should:

- **Be conveners:** Use its resources to help convene CS on neutral ground outside of CCM meetings, for example to support efforts of CS to identify strategic priorities and define an advocacy agenda.
- **Provide information to the sector:** Take responsibility for disseminating information and providing technical support to enable CS to play a more effective role in CCM deliberations.

CCM leadership should:

- **Provide resources and support:** CS representatives must have adequate financial support to enable their full participation in CCM deliberations and have ongoing communication with constituencies.
- **Involve the full CCM in oversight:** Ensure CS and all members of the CCM are engaged in monitoring and evaluation as well as oversight of grant implementation.
- **Make information accessible:** Ensure all relevant information regarding CCM meetings, processes, and issues considered is available to CS members on a timely basis and in all languages of members.

Civil society representatives and organizations should:

- **Build capacity:** Seek funding from the Global Fund, international donors, UN agencies and others to ensure CS members have access to the capacity development opportunities they need.
- **Engage with the full sector and health care consumers:** Communicate with the broader CS sector and health care consumers, including grassroots and underserved communities, on a regular basis -- soliciting input, reporting back on the work of the CCM, and convening meetings where everyone can have input. Create ongoing communication mechanisms through printed summary reports, email, public meetings, media coverage, and other means so that people can be more engaged in the work of the CCM.
- **Address conflict of interest:** Tackle potential conflicts of interest openly by being transparent about the financial involvement of CS and other agencies represented on the CCM and promoting open dialogue about concerns in the community.
- **Be accountable:** Create mechanisms for the CS sector and health consumers themselves to assess the work of CS representatives and provide input on how this representation can be improved.

The CCM model has enormous potential to bring diverse voices to planning and implementation of health care and to promote greater responsiveness of health services to consumer needs. But the CCM concept is still in its early stages – far from realizing its potential -- so concerted efforts are needed by all concerned to make the model successful in different environments.

Full CS engagement will be a lynchpin of success for CCMs, but this engagement is only possible if CS representatives have the support and capacity development opportunities they need and are afforded respect by other CCM members. CS representatives and the full CS sector must be able to be fully engaged in all aspects of the CCM's work, from proposal development to program oversight.

CS representatives need a clear grasp of country priorities and must be able to advocate strategically on behalf of those priorities. Doing this does not require CS CCM members to be technical experts, but it does necessitate they consult with their constituencies and have a plan of action to make the changes needed. It also requires keeping the ultimate goal in mind: achieving victories and improving health services for people living with HIV/AIDS and people affected by TB and malaria.

Country Reports

Argentina

By Mabel Bianco, MD, FEIM (Foundation for Studies and Research on Women); Andrea Mariño, Sociologist, FEIM; Mariana Acerbo, Sociologist, FEIM; Susanna Moore, Anthropologist, FEIM

KEY POINTS

1. The community sector has a significant influence in CCM decisions due to its numerical strength, its near perfect attendance, and the active role it takes compared with the passiveness of members from other sectors.

2. The community sector is recognized for increasing awareness of social realities of PLWHA.

3. In recent years, government representatives in the CCM have not been high-level decision makers. This has limited the effectiveness of the national HIV/AIDS response because it has reduced the government's direct policy-making engagement with other key sectors, including civil society.

4. International agencies tend to be more closely aligned with the government, limiting their assigned role of technical cooperation.

5. There is a widespread belief among many community sector organizations not currently represented on the CCM that their purported representatives are more interested in representing their own organizations' interests than those of the broader community.

6. All interviewees noted the need for community sector training in order to enhance its engagement with the full range of CCM activities, particularly related to monitoring and evaluation and the development of a global vision.

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TARGET OF STUDY

According to Argentina's CCM statute, the following organizations with representatives on the CCM are considered part of civil society: Argentinean Network of PLWHA, AIDS NGO Forum, School of Social Sciences and School of Medicine of the National University of Buenos Aires, and AIDS Society of Argentina. However, this study will focus on the participation of the community sector, consisting of the Argentinean Network of PLWHA and the AIDS NGO Forum.

SUPPORT FOR COMMUNITY SECTOR PARTICIPATION

The community sector of civil society enjoys true participation and a significant impact on Argentina's CCM decision-making, according to all interviewed during this research. This significant influence is due to the relatively large number of members from the community sector and their consistent attendance at meetings. The sector's contribution to raising awareness about the needs and realities of PLWHA has also helped, as has their more active participation compared to the passive role of other members of the CCM.

Community sector representatives also enjoy equality with other CCM members, especially in terms of personal relationships. Although inequalities are noted in terms of technical capabilities, all interviewees acknowledged the community sector's efforts to participate at the technical level that CCM functioning requires.

In recent years, the government—especially the Ministry of Health (MoH)—has been represented by officials with a low level of decision-making capacity. For this reason, the majority of interviewees agree that the government must demonstrate a greater commitment and interest, especially in regards to ensuring coherence with the Strategic Plan approved in December of 2007, as well as with other international commitments the country has made.

High-level MoH government officials have been relatively absent from CCM meetings, especially within the last year, and this has made the CCM appear to be a body that is not valued by the government. This neglect has minimized the government's engagement with the CCM, despite the posts of CCM president and executive secretary being held by high-level MoH officials, as established by Argentina's CCM statute. Representation on the CCM of other ministries—Justice and Labor—was never implemented, thus leaving the government's approach to HIV/AIDS

KEY POINTS CONTINUED

7. Conflicts of interest are not discussed in the CCM and the GF guidelines are not adhered to, although they are often required by the GF and auditors.

8. Non-CCM community sector groups want more democratic elections with better representation mechanisms for the community sector and rotations.

9. Community sector members of the CCM want to be more involved in the follow-up process of monitoring the subsidized projects.

10. Gender-based issues are not taken into consideration.

11. The CCM currently lacks mechanisms and strategies to disseminate information about the CCM and the country project to broader constituents.

12. Many eligible community sector organizations do not hear about Global Fund funding opportunities due to the scarcity of available information. Moreover, some community sector groups are unable to meet the technical requirements needed to qualify for supported projects, resulting in the rejection of their proposals.

through the Global Fund limited to the medical sphere. The Ministry of Education has participated since 2007, but it has been represented by an official with limited decision-making power who attended only a few meetings.

Given that the government's primary responsibility is in diagnosis, treatment and care through the national budget funding for health care services and the provision of medication, the Global Fund's main contribution in Argentina has been to finance HIV prevention activities, especially through NGOs and PLWHA groups and local and state governments.

Interviewees concurred that the community sector is numerically well-represented on the CCM, compared to other sectors—including the rest of civil society. However, deficiencies become evident in regard to modes of participation and problems with the quality of representation. It is important to note that the current reality of the epidemic—and the response to it—are no longer what they were when the CCM was created in 2002. Nonetheless, civil society—including community sector participants in the CCM—has not adapted to today's reality. There are now more civil society actors involved than ever before—from the community sector, as well as from academia and the scientific societies; however, they are not fully representative. For example, in the community sector there are many new groups of young people and adolescents, women's groups, sexual minorities, and others that are not represented in the community sector of the CCM.

When asked what the community sector needs to participate more effectively, the first things interviewees mention are training and information. Training for community sector representatives in the CCM is important because they must not only be prepared to represent the interests of their own specific population groups, but develop positions about other populations and topics that they may not be familiar with, such as monitoring and evaluation. Community sector members of the CCM want to be more involved in the follow-up process of monitoring and evaluation of supported projects. It is believed that training would allow the community sector to optimize its participation and improve its impact on defining policies.

CONFLICTS OF INTEREST

The appearance of a conflict of interest has been identified in regards to CCM members from civil society: the community sector, academia and scientific societies. At the beginning of its functioning in 2002, the CCM decided that its participants could propose projects to be supported. Although the potential for conflicting interests is widely recognized, the degree to which it is considered a problem varies. Community sector

representatives on the CCM minimize the problem by arguing that there are mechanisms in place to control conflicts of interest, such as external assessment and monitoring of the Global Fund Principal Recipient (PR). They also point out that some project applications made by organizations with CCM representatives have not been approved for financing. Yet community sector organizations not represented on the CCM consider the perceived conflicts of interest to be incompatible with transparency. Other members of the CCM recognized that the conflicts of interest exist and that they are not taken seriously. The auditors and the Global Fund reiterated the need for a solution to this problem.

Unrepresented members of the community sector also have differences of opinion regarding the conflicts of interest due to their need for funding to support development of their activities, especially given the lack of other resources or lack of the right to participate in a decision-making arena. Despite these tensions, conflicts of interest have not been discussed within the CCM during the past six years, nor has this debate been undertaken in another sphere.

The implementation of the Global Fund in Argentina has generated a perceived conflict of interest within the CCM as a whole. For example, some interviewees mentioned that university professionals and project evaluators have created or joined ad hoc organizations specifically to submit project proposals and receive funding.

In the CCM, gender issues are only addressed when a specific project is being discussed, and they are not considered relevant issues otherwise, despite the fact that only one of the six community sector representatives is a woman. Gender balance is not a consideration in determining CCM membership. Other sexual minorities, such as transgendered people, have not been incorporated as representatives.

REPRESENTATION AND ELECTION OF CIVIL SOCIETY

There are now more civil society actors involved than ever before—from the community sector, as well as from academia and the scientific societies; however, they are not fully representative.

The process by which civil society members are elected puts their legitimacy into question. Argentina's CCM statute establishes civil society representation by sectors without consideration of the institutional differences among academia, business, scientific societies, and community sector organizations. The first three sectors are granted representation due to their institutional authority. Their legitimacy is linked to the method and type of governance that is exercised by each institution. In the community sector this is not the case, with organizations such as the AIDS NGO Forum and the Network of PLWHA having delegate mandates and a horizontal rather than vertical power structure. While representatives of the PR, scientific societies, international agencies, and academia say they value community sector participation without questioning its legitimacy, community sector members—especially those

who are not CCM members—see a need for more democratic mechanisms, such as periodic elections, the rotation of responsibilities, greater accountability, and diversification of and consultation with the wide variety of represented population groups.

It is striking that, outside of the community sector, the legitimacy of representation of other sectors is not questioned, when, for example, only one university is represented or only one scientific society is represented—when there are many others that are involved in the response to the epidemic.

While the Global Fund established rules about the selection of representatives from different sectors, and each sector holds responsibility for the elections, the outcome of this process has not been clearly reported on. In Argentina, initial selections were made in 2002 and subsequent changes have only occurred when members have resigned.

Asked what mechanisms would improve representation of the community sector, various answers were given, depending on whether the community sector interviewee participates in the CCM or not. Those that participate in the CCM report that representation is democratic and say it is unnecessary to make it more inclusive. Those who do not participate in the CCM say that because of the scarce number of organizations that currently make up the NGO Forum, and the way representatives are elected and have not rotated since 2002, representation is rendered illegitimate. Again, the question of community sector representation comes up mainly among community sector members, not among other CCM members.

Training would allow the community sector to optimize its participation and improve its impact on defining policies.

The majority of interviewees recognized the need to update the representation, particularly of civil society, in order to ensure a broader and more up-to-date range of actors who are currently active and may differ from those originally selected when the CCM was created.

In regard to CCM processes for disseminating information, there is a lack of communication strategies and few established mechanisms for communicating. Information is circulated to the community sector, but largely within a member's own network or unevenly among other networks and organizations. Neither the PR nor the government takes responsibility for disseminating information about projects.

PARTICIPATION IN DECISION-MAKING PROCESSES

Inquiries about project assessment and selection highlight another conflict of interest. Although the PR holds explicit responsibility for formal project evaluations during the selection process, and monitoring during their implementation, the CCM decides on the final selection of projects to be supported. For example, in many cases the PR's ranking of projects was changed during CCM meetings. This makes for a complicated

Community sector members—especially those who are not CCM members—see a need for more democratic mechanisms, such as periodic elections, the rotation of responsibilities, greater accountability, and diversification of and consultation with the wide variety of represented population groups.

relationship between the PR and the CCM. There is also confusion over the difference between the evaluation of supported projects and monitoring of the application process.

In regard to contributions that the community sector makes to the functioning of the CCM, members from the PR, international agencies and the government identify more community sector contributions than does the community sector itself. Community sector representatives recognize that they successfully lobbied for the incorporation of projects to be supported that are related to education and carried out in conjunction with the Ministry of Education and others. Community sector participation is also credited with pushing the CCM forward and raising issues that Argentinean society tends to hide from public attention. For example, the community sector has helped the government, agencies, academia, and scientific societies to recognize the needs of vulnerable groups and to think about how to respond to these needs. One success has been fostering a change of attitude toward diverse sexual identities in the health services. The community sector has also raised issues related to treatment follow-up, adherence, and the financial difficulties PLWHA face in adequately obtaining access to treatment and other needs.

The community sector actively participates in assuring the continuity of supported projects—partly because this creates funding opportunities that allow it to sustain its own continued actions, but also because it recognizes the importance of sustained action. However, because most community sector projects that have been supported provide services, those organizations' roles have tended to shift from activism to service provision, often limited to the distribution of condoms and pamphlets.

OBSTACLES TO COMMUNITY-SECTOR INTERVENTION

Despite active participation of community sector representatives in the CCM, they are demanding a still more influential role in the follow-up of supported projects. There is a divergence of opinion about the function of the CCM. On the one hand, community sector representatives demand more influence in the follow-up of supported projects and greater participation in monitoring them, since they feel they are more connected to the spirit of the projects than the PR-contracted technicians. On the other hand, other members of the CCM agree that these are the PR's activities. Nonetheless, the community sector—both CCM members and non-members—recognizes the positive value that CCM membership affords, given that there are few other opportunities for the community sector to monitor and assess public policies.

All respondents said they know of organizations working with specific population groups that would be eligible to submit projects, yet that they never find out about the opportunity due to a lack of information. Some other community sector organizations apply but do not receive Global Fund funding due to a lack of technical training.

The community sector has helped the government, agencies, academia, and scientific societies to recognize the needs of vulnerable groups and to think about how to respond to these needs.

It is for these reasons that a review of how the PR puts out calls for expressions of interest about activities/projects to be supported has been sought. The nationwide contest favors organizations that have greater technical training, resulting in the selection of specific kinds of projects and thus missing a comprehensive focus that reflects a balanced geographical and thematic distribution among government and community sector programs developed according to an up-to-date vulnerability map indicating the scope of the epidemic among different population groups.

There is consensus among the community sector that the international agencies are too closely aligned with the government and have an unfair impact on decision-making. The lack of technical cooperation provided to the community sector by the agencies is also a concern. There is agreement among interviewees that the international agencies must maintain impartiality and that they not have a vote in the CCM.

CONCLUSIONS

- The CCM is a valuable forum for the community sector, but CCM participation has contributed to a lessening of the sector's social demands as it transitions from a role as activist and demand-maker to service provider.
- Although community sector participation is valued by CCM members, the CCM has not been effective in further expanding its diversity.
- Due to the relatively passive role of other members, the CCM's decisions are often based on what the community sector proposes.
- Uninvestigated conflicts of interest, as well as a lack of information about funds allocation, administrative/management expenses, and spending on the population groups, are all factors that reduce the accountability of the CCM and affect transparency.
- The community sector and other civil society representatives tend to understand representation mainly in terms of defending their sector's territorial interests and not in terms of building a national project toward which all stakeholders contribute their perspectives and support. This self-interest threatens strategic planning.

RECOMMENDATIONS

- The CCM statute must be changed so that it calls for all representatives to privilege the general framework over sectoral approaches; for expanding government representation to include other ministries; for ensuring that civil society members are representative of today's main actors; and for adopting the Global Fund proposals for selection of civil society—including the community sector.
- The CCM statute must be updated to reflect the basic criteria defined by the Global Fund regarding membership, forms of elections, periodic elections, rotation of responsibilities, transparency of the election process, and elimination of conflicts of interest, among other criteria.
- UN agencies must strengthen their role in technical cooperation.
- Despite the community sector's limited resources, power, information, and technical training, the same demands are made of it as are made of other CCM participants. The responsibilities of the different sectors of the CCM must be reviewed and clarified.
- A CCM communication strategy and information system must be implemented that can be accessed quickly and transparently by the entire population.
- The community sector should request a training program for its participants on monitoring and evaluation as well as strategic planning.
- Civil society—including the community sector—should strengthen its representation and accountability and improve the dissemination of information among its constituencies and all community sector groups.
- In order to improve their representation, community sector members should establish a method to discuss key issues with multiple groups and incorporate the consensus or majority opinions into their proposals.

Cambodia

By Dr. Kem Ley, Dr. Tia Phalla, Ms. Pen Mony, Mr. Umakant Singh

Administrative Support: Mr. Sia Phearum, Mr. Khavn Pranch and HACC staff

KEY POINTS

1. There is no common voice or strategy among CSO representatives on the Cambodia CCM.

2. The CCM is dominated by government officials. This is partly due to the fact that traditional respect for hierarchy limits participation of CSO members.

3. At-risk and vulnerable populations are poorly represented on the CCM and among the civil society representatives. This indicates a biased and skewed member selection process.

4. Civil society representatives often fail to solicit input from or communicate back to organizations at the grassroots level.

5. Lack of information and weak relations with dominant institutions limit civil society representatives' ability to participate in all levels of decision-making on the CCM.

6. Global Fund money goes primarily to organizations that can afford to hire consultant experts to write proposals. Many local NGOs, meanwhile, are not able to submit adequate proposals because they are not informed of deadlines and have limited resources to hire consultants to prepare quality proposals.

SUPPORT FOR THE MEANINGFUL INVOLVEMENT OF CIVIL SOCIETY

The Global Fund was designed to allow civil society organizations (CSOs) to participate in the fight against HIV/AIDS, TB and malaria. It is recognized that the Cambodia CCM has made good progress over the past six years in increasing funding and improving the atmosphere for coordination and collaboration.

Civil society organizations are defined by the CCM to include:

- NGOs (local and international)
- private sector
- academic and scientific communities
- networks of persons living with HIV, TB and malaria

However, there was no common understanding among interviewees in Cambodia as to what defines a CSO. One said, "there are no CSOs in Cambodia, as most of them are donor-driven," explaining that "CSOs must be local and be sustainable by themselves; they cannot just implement the agenda of the donors." One CCM member noted that "CSOs should balance and challenge the government; they should do what government cannot do and ask for accountability from the government. There are few active CSOs in Cambodia."

It is hard to find a common will and common voice among CSOs in the Global Fund process. Some CSO representatives on the CCM play coordination roles, while others are concerned about implementation. The private sector and academic CCM members do not think that they represent civil society organizations. Representatives from most at-risk populations are also missing in the Global Fund process. Without common strategies, CSOs do not know who or what they need to support, or why they should support or not support an emerging issue. Some CSOs are always deferential to governmental organizations, while some become so after receiving funding from the Global Fund.

CSO members have uneven access to information, and this makes proper participation in the Global Fund process difficult. Some representatives have technical expertise and good connections to the system; others, meanwhile, struggle with language barriers and are unable to digest the massive amounts information they receive from the central level, even

CSO members have uneven access to information, and this makes proper participation in the Global Fund process difficult.

though they may have more accurate information from the grassroots communities they are working with.

Most respondents agree that although the Global Fund's basic principles assure all members an equal vote with equal opportunity for expression, it is a government-led process. In Cambodian culture—especially in formal meetings—power relationships and the culture of hierarchy limit discussions and decision-making. The large number of government representatives may inhibit CSO representatives from voicing their issues—particularly controversial ones. But, as one interviewee asserted, "The floor is always open for you to express your concerns, as long as you dare to speak." Another added, "Even the UN and development partners [make] diplomatic statements on some sensitive issues." Therefore, it does not actually seem that everyone is equal in CCM meetings. Members from outside the health sector complain that meeting agendas are mostly directed to health-sector issues.

CAPACITY-BUILDING NEEDS

The CCM focuses mainly on governance issues and acts as the decision-making body within Cambodia for all matters regarding the Global Fund. CSO members of the CCM need:

- **institutional and managerial capacity to better understand how the Global Fund, health sector, and national programs function**
- **analytical capacity on technical issues so as to engage in Global Fund processes and meaningfully provide technical input**
- **communication skills to advocate for creating strategic alliances among constituencies and relevant networks, and, more important, to raise sensitive issues in the CCM in a positive manner to influence changes; and**
- **capacity to develop a shared set of policy and advocacy goals CSO members want CCM representatives to accomplish**

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There is great confusion about what constitutes conflicts of interest—with different members understanding the issue differently. There is general discomfort surrounding the issue and many say they do not think about such conflicts. It may be that members are uncomfortable about raising an issue that might have consequences for them, too. As one CCM member has said about conflicts of interest in the CCM, "We never bite the hand of the person that gives us food. [Yet] CCM [members] must have a clear policy to address conflicts of interest when the PR and chair or vice chair are from the same entity."

No one interviewed—including women—expressed concerns about gender composition, even though only three women sit on the CCM. Virtually everyone interviewed said that the representation of PLWHA and marginalized groups should be expanded, but agreed that lack of capacity within these groups is the main challenge to their meaningful involvement.

CSO REPRESENTATION AND SELECTION

The CCM was initially established in order to qualify for Global Fund financing and did not necessarily consider composition, stakeholder representation, conflicts of interest, or potential challenges in management. As noted in the updated procedures for election and succession of CCM membership (February 2007), MEDiCAM, a membership organization for NGOs active in Cambodia's health sector, acts as the constituency coordinator and has the role of managing the process of nomination, selection, and replacement of constituency members. A CSO can identify its own practices, but needs to observe the guidance of the CCM procedures to assure a transparent and inclusive process.

In this survey of 20 respondents, 7 (mostly CCM members representing the government and WHO) agreed that the selection process of CSO members in the CCM is fair; 9 disagreed (mostly CSO CCM members); and 4 did not provide an answer. The lack of representation of most at-risk populations (MARPs) and a lack of concern with the diversity of representation of CSOs (networks versus individual implementation agencies) are the main reasons for saying the selection process is not fair. Currently, out of 29 CCM members, 11 are from the government, 9 from UN agencies and multi- and bilateral organizations, and 9 from NGOs, the private sector, and academic societies. Among the representatives are three women. All members of the CCM are based in the capital city, Phnom Penh.

Virtually everyone interviewed said that the representation of PLWHA and marginalized groups should be expanded, but agreed that lack of capacity within these groups is the main challenge to their meaningful involvement

Most interviewees thought that issues concerning health care consumers were more likely to be discussed in the Country Coordinating Committee Subcommittee (CCC-SC) than the CCM. Currently there is no health care consumers' association to protect consumer rights vis-à-vis the services they receive. Some members feel that there is a very strong health/medical system bias in the CCM, with much less social and managerial talent, which has led to many challenges in program management issues, public health, and other broader issues of health management. One interviewee stated that going beyond the medical aspects is necessary for successful program outcomes and that HIV/AIDS, TB, and malaria must also be seen through a social lens.

It is worth mentioning that the Ministry of Health's Health Sector Strategic Plan 2003–2007 discussed adoption of a consumer approach: "While simultaneously improving quality of care we need to both enhance the capacity of providers to be more responsive to, and communicate better with, consumers and empower consumers to have a say on what is done, how, and when, in the provision of care." With support from WHO and NGOs, the national programs initiated some interventions in order to materialize this approach, including some training for health care workers that addressed attitudes and behaviors. On HIV/AIDS care and treatment, efforts have been made to translate

Some members feel that there is a very strong health/medical system bias in the CCM, with much less social and managerial talent, which has led to many challenges in program management issues, public health, and other broader issues of health management.

the health consumer approach into the development of guidelines and Standard of Operation Procedures (SOPs), drug counseling approaches, and response mechanisms at the community level.

All CSO members of the CCM need to strategize their involvement in the Global Fund process to better defend the interests of vulnerable and marginalized persons and people infected with and affected by HIV. Areas of focus should include (1) advocacy support from the government, the UN, and developmental partners, on the selection, performance appraisal, and reelection of representatives; (2) improved communication between CCM members and constituencies; (3) proposal development; and (4) the provision of technical and managerial inputs in decision-making.

MEDiCAM, the HIV/AIDS Coordinating Committee (HACC), and CPN+ did seek to report back and gain input from their respective networks on CCM issues through meetings, emails, websites, newsletters, print documents, and correspondence. But most NGOs and CBOs working at the grassroots level have difficulty digesting the information they receive, which is mostly in English.

CIVIL SOCIETY INVOLVEMENT

Through their representatives in different entities of the Global Fund structure– the CCM, the Country Coordinating Committee Subcommittee (CCC-SC), the Principal Recipient Technical Review Team (PR-TRT), and the New Proposal Technical Review Panel (NP-TRP)– CSOs could potentially be involved in all phases of the Global Fund process from proposal development to implementation, evaluation, and reprogramming.

CSO members expressed major concern about their ability to identify gaps and establish priorities when strategic information is lacking and consultation with the responsible institutions/networks is weak. CSO members of the CCM should be involved in identifying gaps in the national response to HIV/AIDS and in suggesting priorities to be addressed, according to the Country Coordinating Committee Subcommittee terms of reference (November 2005).

Improved capacity for proposal writing is another need of CSOs, especially local NGOs that cannot afford to hire consultants. These groups also have a slim chance of being selected as sub-recipients. During the first six years of the Global Fund in Cambodia, only big local NGOs and international NGOs could afford to hire consultants to write proposals.

Civil society sub-recipients implement planned activities to achieve the Global Fund program's expected outputs. They are required to report every six months to the PR on financial matters as well as on progress made toward achieving program objectives. Sub-recipients also provide yearly financial and procurement audit reports.

Many interviewees recommended a closer alignment of the PR's M&E unit with the M&E framework used by the national programs. This collaboration needs to be built into the Global Fund process from proposal development onward. However, one interviewee warned that the "national programs fail to consider the indicators that have been proposed by CSOs." Most CSO members recommend independent review/evaluation of Global Fund programs. Although CSO members are active in the development of proposals and implementation of Global Fund programs, their role in M&E is clearly absent.

ADDRESSING OBSTACLES TO CIVIL SOCIETY ENGAGEMENT

The Global Fund process is gradually improving owing to the involvement of CSOs and development partners. The voices of CSOs are being heard and a conflict of interest policy is being developed. As the CCM process becomes more transparent, all members should feel more comfortable in expressing their concerns. One respondent acknowledged fruitful outcomes through group discussions at the CCM member annual retreat in late 2007.

CSOs could potentially be involved in all phases of the Global Fund process from proposal development to implementation, evaluation, and reprogramming.

Barriers to meaningful participation in the CCM are lack of English language competency and proper communication skills; technical, financial, procurement, and institutional capacities; the culture of hierarchy that inhibits criticism; and the announcement of Global Fund calls for proposals with inadequate time allowed for meeting application deadlines.

Some interviewees say they do not understand how and why priorities are set, and find them always biased toward the health sector. Most CCM members are from the health sector (the three diseases in particular), but fighting HIV/AIDS, TB and malaria requires a multisectoral approach. The present CCM is not able to develop a very comprehensive proposal involving social sector and health system strengthening. Though the role of the CCC-SC (in the updated terms of reference) in priority setting was not mentioned, most respondents believe that the national program should come up with gap analyses and priorities through consultation with relevant partners. Subsequent proposal development and funding allocation should follow a similar process.

However, some CSO members—particularly those in the private sector and in academia—expressed no interest in improving the CCM process. They are busy with their core responsibilities and do not prioritize protection of the public interest. They do not think of themselves as part of civil society and are not sure about their roles and responsibilities in the CCM. One interviewee said, "What's the point of raising an unpopular opinion? I am afraid of being hated by others."

Cambodia suffers from a lack of human capital due to a decade of genocide. Most local NGOs need capacity-building.

The Women's Media Center (WMC) and the Cambodia HIV/AIDS Education Care (CHEC) are examples of CSOs that are considered very capable of delivering Global Fund support services but that have not received Global Fund money. Language is considered a key barrier for the development of successful Global Fund proposals. Most such proposals are written by consultants who are expert in the Global Fund process but do not necessarily have knowledge of local situations. One CCM member said, "Small NGOs have no budget to hire consultants while the big ones do; that is why the same organizations always get Global Fund money." The CCM needs to back up its vision of equitable fund allocation with meaningful changes in process that remove these barriers.

Finally, at the global level, a lack of understanding of the local context by the Global Fund in Geneva leads to lack of funding for capacity-building and proposal writing for small NGOs. Cambodia suffers from a lack of human capital due to a decade of genocide. Most local NGOs need capacity-building. The CCM in Cambodia has so far failed to submit a successful proposal from a local NGO. This is due to a lack of overall managerial capacity and a lack of funds to hire consultants to write proposals. The Global Fund should understand that Cambodia is a post-conflict country and that effort should be directed to ensure the balance of power among relevant constituencies.

RECOMMENDATIONS

The following recommendations are aimed at the Cambodia CCM, the Global Fund Secretariat, UNAIDS and WHO:

- In order to understand the impact of CSOs on Global Fund–supported programs, it is vital to have a broad view of the problem. As indicated by interviews with CCM members, case studies, and reviews, there is a need to revise the function and the membership of the entire Global Fund structure. Harmonization, alignment, coordination with relevant stakeholders, and improved civil society representation should be the central principles for the design of the Global Fund structure. For instance, it is important to link the Global Fund process to the Technical Working Group (TWG) on Health and its sub-TWGs, the TWG on HIV/AIDS, and the Government Donors Joint Technical Working Group (GDJ TWG). Presently the Global Fund constitutes only 20 percent of the overall funding for the national response to HIV/AIDS in Cambodia, but there is a lack of appropriate support for the National AIDS Authority (NAA) to play its mandated role as the national coordination body.

- Meaningful participation of CSOs could be improved if CCM members consider the recommendations of the Cambodian case studies on the Global Fund and the Cambodian Global Fund Program Review of Rounds 1, 2, and 4 done by the CCM in 2007, and take action to solve the problems. More importantly, CSOs should seek greater representation on the TWG on Health, the TWG on HIV/AIDS, and the GDJ TWG, and align these TWGs' concerns with the Global Fund process.
- The 40 percent of seats on Cambodia's CCM should be allocated to CSOs reflecting human resources deployed to fight the three diseases. The replacement of inactive and ineffectual CSO representatives could facilitate CSO participation in the Global Fund process.
- The CCM should consider rotating the chair position among the three sectors. This would help work against perceptions that the CCM is a government-controlled organization. At least one among the chair, co-chair, or vice chair should represent civil society.
- The CSOs themselves should determine how they are represented at the national level, making the CCM more inclusive through better representation—particularly of marginalized groups. The selection of representatives should consider CSOs that represent networks such as the HIV/AIDS Coordinating Committee (HACC), CPN+, Cambodian Community of Positive Women (CCW), the Association of ARV users (AUA), and the networks of MARPs. This will reduce the competition for funding and, subsequently, conflicts of interest, and will permit representatives of beneficiaries to freely voice their concerns. In the Global Fund process, CSOs could participate in many platforms of the Global Fund—namely, the CCM, the CCC-SC, the NP-TRP, and the PR-TRT. A fair, transparent, and democratic election process for selecting members from networks should be established. Civil society CCM members should communicate with all relevant CSOs through email, television, and newspapers.
- Better linkages and coordination systems need to be developed among civil society networks and civil society CCM members. This can be done at quarterly membership meetings of the network organization, CSO consultation workshops, or by email, e-forum and newsletter. In this way CSO CCM members can inform and get feedback from their constituencies. CSO CCM members should be encouraged to meet in advance and discuss the upcoming agenda and other issues. Common issues and interests should be identified and built upon.
- CCM members need to go to the field and find out the reality there, especially to see how CSOs are handling funding that comes from different sources. Impact evaluation of the Global Fund is also suggested for identifying tangible results.

- The executive summary of important documents and meetings must be translated into Khmer. This will enable all members to participate effectively and add to the richness and depth of deliberations and decisions.
- There should be criteria for the CCM to assure fair distribution of the budget among government entities and NGOs.
- Small and large NGOs should have equal access to Global Fund and other resources, with resources distributed according to ability rather than size or influence. The Cambodia CCM should prepare a community systems strengthening proposal in the next round. The Global Fund should ask that community systems strengthening be included in all proposals submitted by a country. International NGOs should also help build the capacity of the local NGOs to prepare and submit proposals for funding.

Cameroon

By Pascal Daha Bouyom, Coordinator, IRFD (Initiative for Research and Training for Development); Dourlaye, IRFD Member of Cameroon Journalists Union; John Essobe, Cameroon CCM member, Protestant Churches Representative; Rachel Kago, APICAM; Elisabeth Megne, APICAM; Cathy Christine Ngo Nkoum, Door to Door Health

KEY POINTS

1. Although civil society representatives on the CCM in Cameroon do not constitute a homogeneous group, in general their performance and effectiveness are limited by lack of technical capacity, lack of coordination, institutional passivity, insufficient knowledge of procedures, and lack of respectful consideration from representatives from government and international NGOs.

2. Irregular provision for travel support limits consistent participation by civil society CCM members.

3. Competency and qualifications are not sufficiently taken into account when selecting civil society representatives to the CCM.

4. Civil society representatives often act in the interest of their own organizations; therefore, they are not accountable to wider civil society.

5. Civil society has had input into proposal design but does not participate in evaluation. This is partly because civil society representatives lack technical capacity to participate in M&E processes.

6. Capacity development, training and support services for civil society organizations are sporadic across the spectrum, from the CCM to the grassroots level.

SUPPORT FOR THE MEANINGFUL INVOLVEMENT OF CIVIL SOCIETY

Although civil society representatives on the CCM in Cameroon do not constitute a homogeneous group, in general their performance and effectiveness are limited by lack of technical capacity, lack of coordination, and a lack of respect by representatives from government and international NGOs. Civil society representatives are always present at CCM meetings, but their numbers vary and no more than 4 out of 20 generally speak out about important issues.[3] Some CSO representatives participate in working groups and make useful contributions, but most civil society members lack the capacity to get involved; they attend "as if they are going to a type of national assembly."

According to some CCM members interviewed, many civil society participants are weak representatives because they do not strongly advocate for civil society at CCM meetings. The opinions of the government and developmental partners predominate over those of civil society representatives, who are not considered by academics and government representatives as qualified to serve as equals.

Most CSO representatives do not have the technical background to meaningfully influence the quality of debates in the CCM. Civil society organizations often lack technical capacity, most notably in managing projects and conducting monitoring and evaluation. They also lack the capacity to require accountability of Principal Recipients. In contrast, government officials are often represented by university professors who are able to intervene strongly in meetings and significantly influence debates; when they speak most civil society members are unable to counter their arguments.

CSO representatives have yet to master critical issues of CCM functioning and do not fully understand their duties as CCM members. Some say that they have not been given financial and administrative reports on CCM functioning and that this hampers their ability to establish essential links and create synergies. (However, information on the CCM

3 Having attended two consecutive meetings without receiving a per diem (allocations are not regular), most community sector members were absent at the third, where major decisions were made.

Most CSO representatives do not have the technical background to meaningfully influence the quality of debates in the CCM.

is available on the Internet at the Global Fund website.) Civil society representatives rarely have access to technical training on the role of the CCM, its operating methods, and the preparation of CCM proposals. CARE Cameroon (a Principal Recipient) has provided sporadic training on Global Fund programming; however, this was not funded by the CCM or by the Global Fund.

Civil society members must learn to act as a group rather than as individuals, and develop enough capacity to advocate strongly in favor of civil society. Civil society members on the CCM in Cameroon need adequate financial support to allow them to attend meetings on a regular basis. The budget allocated for this purpose by the government is not enough. Civil society members lack easy access to information about opportunities to interact directly with the Global Fund, such as the possibility of getting directly in touch with the Local Fund Agent or the Global Fund Board and Secretariat in order to share information with civil society representatives on CCMs in other countries.

Despite many shortcomings, CSO members—notably, PLWHA representatives—are progressively becoming conscious of their aptitudes and responsibilities. Civil society must accept these responsibilities if it is to be treated with respect.

CIVIL SOCIETY REPRESENTATIVES AND SELECTION

Under the recommendation of the Global Fund, the Cameroon CCM is undertaking internal reforms and expects in the future that at least 40 percent of its membership will be from civil society. (In Cameroon, the private sector, local NGOs, international NGOs, trade unions, faith-based organizations, and PLWHA organizations are all classified as civil society representatives on the CCM.) The former procedure did not emphasize choosing representatives by constituency.

Information on election procedures should be published in the media and on the Internet. The new election rules for CCM members recommend transparency in the election process for the forthcoming CCM in Cameroon. But the definition of transparency does not lay out a set of operating procedures. As one interviewee noted, “Election of members is not done in a fair way because prescribed procedures are never followed.”

The ratio of women representatives to men is not mandated by the regulatory document of the Cameroon CCM. Gender issues are typically discussed only from the perspective of vulnerability of these populations.

Qualifications are not always considered when choosing civil society representatives. Under the proposed new procedures, the qualifications of all members chosen for the CCM would be known and judged by their peers.

Currently, civil society representatives on the CCM are often perceived to act in their own interest and to represent their own organizations—not civil society more broadly.

Competency is not often taken into consideration because members are not accountable for their actions as civil society representatives. Currently, civil society representatives on the CCM are often perceived to act in their own interest and to represent their own organizations—not civil society more broadly.

To improve the capacity of civil society in representing their constituencies effectively, members should have training in disease-fighting strategies and how to engage with Principal Recipients. They should also understand how the Global Fund functions, what their mission in the CCM is, and how to evaluate what is being done.

Summary of observations:

- Civil society representatives often lack the technical qualifications to represent their organizations.
- The interest of health consumers does not appear to be a main concern of many civil society representatives.
- Civil society representatives elected to serve on the CCM must have a clear notion of their mission.
- Civil society representatives must provide feedback from meetings to their respective constituencies and receive input for eventual adjustment. Currently there is little communication to the constituencies.
- Civil society representatives should have knowledge of the CCM structure and their own mission on the CCM.
- Each opinion on the CCM deserves full respect and must be considered as such.

EXAMPLES OF CIVIL SOCIETY INVOLVEMENT IN GLOBAL FUND–SUPPORTED PROGRAMS

The role that civil society should play in planning the implementation and monitoring of programs needs to be discussed. The research surveys show that civil society representatives are only somewhat involved in designing and monitoring Global Fund–supported programs. One reason is that civil society organizations involved in monitoring have not been provided enough money to conduct these activities.

The involvement of civil society is determined at the level of the CCM, which has so far decided that evaluations should be sponsored either by the Global Fund or by an external donor. Civil society is supposed to have a controlling role, but this role is not well understood. As long as civil society does not have funding, it cannot conduct proper evaluations.

Evaluation tools should be commonly defined and used uniformly. Monitoring should be funded independently from the management and implementation of programs.

Civil society in Cameroon is young and immature; it still does not understand its role and the importance it can have in shaping decisions and policies. The Care and Health Program (CHP) is a civil society initiative in Cameroon that has been supported by the Global Fund. Civil society has successfully lobbied to enable the acceptance of CHP as a sub-recipient. However, the lack of a reporting system remains a problem, with no one knowing what results are being achieved other than what the government reports. If there were an independent civil society monitoring and evaluating platform for the Global Fund projects, then civil society could contribute to and influence new programming.

Civil society organizations that participate in M&E (FESADE [Femme Santé et Développement], Cameroon) complain about insufficient funding and a lack of expertise to do the work. CCM civil society representatives should work with their respective constituencies on how Global Fund programming functions, with a view to gaining knowledge and an orientation that could enable them to influence programming.

Some civil society organizations that actively participate in the selection process have relationships with organizations submitting proposals for selection. Though these relationships do not necessarily represent conflicts of interest, they are rightfully perceived as potentially inappropriate.

CASES WHERE CIVIL SOCIETY COULD OR SHOULD HAVE INTERVENED TO IMPROVE PROGRAMMING

With the intervention of PLWHA organizations in Cameroon, selection of sub-recipients by CARE Cameroon has moved toward greater transparency. Civil society loudly protested a MoH proposal to withdraw subsidies for the provision of ART and diagnostics, and was successful in stopping the plan. In response to many letters of protest sent to the Global Fund Secretariat, deep reforms have been recommended in the Cameroon CCM, including 40 percent civil society representation on the CCM, which is what the Global Fund itself recommends.

When the government prepares a proposal, consultants, infrastructure, and resources are available as needed. Civil society, however, cannot afford to hire high-quality consultants. Training is required to enable civil society members to effectively act in favor of civil society organizations' proposals.

There are many organizations capable of delivering Global Fund–quality services that do not benefit from its funding. Among these are CAMNAFAW (Cameroon National Family Welfare) and FESADE (Femme Santé et Développement), organizations that submitted proposals that were ultimately unsuccessful. Submissions by single organizations have fewer chances to succeed than group (consortia) submissions, which imply joined competencies and policy objectives.

RECOMMENDATIONS

The following are among the changes that could conceivably allow civil society to play a more active and meaningful role in improving the quality of Global Fund programs:

- Civil society organizations should form consortia to develop coordinated policy objectives and unite their competencies. Civil society members should advocate for these objectives on the CCM.
- The designation of civil society on the Cameroon CCM should exclude academics, private sector and international organizations and entities. Civil society refers to individuals and organizations that have voluntarily come together to advance their interests, ideas and ideologies. This should include non-governmental organizations, community-based organizations, faith-based organizations, affected communities, and other not-for-profit organizations not constituted by the government.
- Civil society needs experienced persons to enrich debates on the CCM, and needs to build a strong national support network.
- Civil society members on the CCM should organize to address their weaknesses by sharing experiences and information on their duties and interests on the CCM.
- There should be a civil society Global Fund platform in Cameroon through which civil society can monitor the performance of the Global Fund on an independent basis, free from government influence.
- Genuine and powerful civil society organizations represented on the CCM are needed.
- Funds from the government must be devoted to the organizational development of civil society groups.

To encourage meaningful engagement of civil society in monitoring and evaluating Global Fund programs, the Global Fund Secretariat, UNAIDS, WHO, and/or other global agencies should:

- take into account capacity improvement needs of civil society members on the CCM in terms of their ability to assess projects and conduct monitoring;
- urge government to transparently disseminate information about public health policy and programs. Civil society members should request the information they need to improve their competency;
- support civil society in becoming engaged in meaningful communication and the exchange of information;
- encourage and reinforce policies that give more power to civil society so as to establish a more equitable relationship with the government;
- encourage the creation of a civil society monitoring and evaluation platform; and
- provide sufficient financial support to enable acceptable and meaningful participation of civil society on the CCM.

India

By the India HIV/AIDS Alliance, (Primary authors: Padma Buggineni and Pankaj Anand)

Research team: Ms. Padma Buggineni, Mr. Pankaj Anand, Ms. Sonal Mehta, Ms. Manisha S harma

KEY POINTS

1. Civil society representatives are seen as weak advocates on the CCM. They lack technical and managerial capacity and would benefit from increased capacity to develop demands and priorities for civil society backed with advocacy plans to implement that agenda.

2. Government officials dominate decision-making in the CCM; civil society representatives are unwilling or unable to challenge their influence. As a result, civil society plays no role in grant implementation or program monitoring and evaluation.

3. There are currently no systems or support for communicating back to constituencies and soliciting feedback for civil society CCM members. This gap may hinder members' ability and inclination to engage significantly and meaningfully on the CCM.

4. CSOs working in HIV/AIDS are better represented than those working in TB and malaria.

5. Civil society representation should be expanded with respect to the great geographical diversity within India. This effort would be greatly enhanced if India were to adopt regional CCMs, which the Global Fund permits. However, the government recently decided to maintain one national-level CCM.

6. Regional-level consultations within India may allow more civil society groups to learn about the CCM and Global Fund. These could be coordinated by either the PRs or CCM, with financial support from development partners.

SUPPORT FOR THE MEANINGFUL INVOLVEMENT OF CIVIL SOCIETY

While civil society involvement in the CCM has begun to improve in India, there is a need to work toward greater involvement of members from the sector. For this to happen, civil society representatives need continuous capacity-building support that takes their on-the-ground realities into account.

While government and some multilateral respondents said they believe that civil society members are treated as equal partners in the CCM, most others view civil society representatives as unequal. This perception is attributed to their unwillingness or inability to question powerful government representatives who maintain control over decision-making and resources.

There are mixed opinions about the adequacy of civil society representation. The Global Fund–recommended allocation of 40 percent of CCM seats to civil society is not currently reached. A number of respondents emphasized, however, that numerical representation is less important than having representatives able to raise their voices and work collectively.

Respondents noted the lack of a structured orientation process for CCM members. There is no capacity/knowledge/technical support provided to members on a continuous or periodic basis. This situation continues despite widely held perceptions that civil society representatives do not possess adequate technical or managerial capacities.

The three most important capacity-development needs of civil society members on the CCM are:

- in-depth understanding of the CCM—its role, functions, governance, participation, importance, systems and procedures;
- skills on how to engage in the CCM—providing effective representation; networking with the UN, civil society and other partners; understanding their own roles and expectations as CCM members; lobbying and reporting back to their constituencies; and
- understanding the Global Fund—its importance, procedures, funding mechanisms, and priorities for calls for proposals.

The CCM chair and leadership should work toward strengthening the capacities of civil society members and promote inclusive and participatory decision-making processes.

The chair and vice chair of the CCM could do more to enable civil society representatives to articulate their views on issues of importance. Though the vice chair comes from a strong community constituency organization, in this dynamic epidemic there is opportunity to do more. Even when civil society representatives have raised issues, they are generally perceived as ineffective in influencing decision-making processes at the CCM. The CCM chair and leadership should work toward strengthening the capacities of civil society members and promote inclusive and participatory decision-making processes. The leadership must also work toward more coordinated responses to TB, malaria, and HIV/AIDS, and remove the perceived bias toward HIV/AIDS. The CCM secretariat should move to a steady permanent secretariat; over the years it has changed from the Ministry of Health to UNAIDS and back, and has been too much under the control of the National AIDS Control Organization (NACO) or UNAIDS.

Most respondents thought that there are no civil society representatives on the CCM who receive revenue from Global Fund projects or from the government. However, some respondents noted that some sub-recipients and the PR receive substantial funds from the Global Fund; others noted that civil society representatives also receive Global Fund assistance. Few civil society members know that PRs and sub-recipients only have observer status in the India CCM, and that they do not have a right to vote nor speak without invitation.

Overall, respondents strongly indicated that the dominating number and nature of government officials on the CCM affects the body's decisions. This again is attributed to civil society organizations not being strong and not wanting to upset the government.

Overall, respondents strongly indicated that the dominating number and nature of government officials on the CCM affects the body's decisions.

Women on the CCM are deeply involved in its work. They are generally vocal and articulate and display a strong understanding of the main issues. Some respondents did, however, stress that greater gender balance is needed. Partly to address that concern, an election was recently held to choose a gender issues representative from civil society. The election did not satisfy many stakeholders: some observers argued that the election process was rushed and unfair.

IMPORTANT OBSERVATIONS

One indicator that the technical and managerial capacities of civil society members in the CCM are perceived as weak is that they are rarely made part of the Technical Review Panel (TRP), a responsibility that is generally devolved upon multilateral/bilateral donor agencies and UN bodies. Membership on the TRP is decided by the CCM, which means that representatives from the UN and other donors are most often selected along with perhaps one token member from civil society, whose voice is often weak.

Strong civil society representation on the CCM is the key to creating some balance of power; otherwise, a powerful bureaucracy will continue to dominate the CCM agenda and decisions.

Some respondents indicated that strong civil society representation on the CCM is the key to creating some balance of power; otherwise, a powerful bureaucracy will continue to dominate the CCM agenda and decisions. It is perceived that the process for the selection/election of civil society members is often not transparent or democratic—and that unless it changes, civil society representatives will never be adequately accountable to their constituency. It was also highlighted by some that given the size of the country, the India CCM should have more civil society representatives and that some sort of regional representation system should be put in place to accommodate diverse contexts, perspectives, and interests. At present, some civil society representatives raise issues that are relevant to their organizations but do not necessarily represent their constituencies.

An interesting but very important recurring response is that HIV/AIDS is seen as extremely dominant among the three diseases of the Global Fund, and that TB and malaria do not receive the same attention in CCM activities.

CIVIL SOCIETY REPRESENTATION AND SELECTION

The process that has been set up for member selection is perceived as fair but non-inclusive, which ultimately means that civil society representatives are not necessarily selected in a fair way. There is an electronic voting system, and voting is done over the Internet. Some respondents feel that greater involvement of civil society is not seen in the elections due to lack of information and lack of understanding of the role of civil society in the CCM. This is particularly true for community-based organizations (CBOs), since eligibility to vote depends on very elaborate capacities and qualifications developed by the CCM which can make it difficult for many CBOs to participate. A few key CCM members said that the issue is not about the fairness of the selection process, but with the quality of civil society representation. Civil society organizations working in the field of HIV/AIDS have a greater presence in the CCM in comparison with those working in TB and malaria. Broadly speaking, civil society members of the CCM act in the interest of health care consumers, though they are still grappling with the basic understanding of their role in the CCM.

Almost all respondents agreed that there are no systems or procedures for civil society representatives to use for reporting back to their constituencies. Along with such systems, representatives need training to develop appropriate communications capacity. Financial assistance should be provided to enable reaching out to more civil society organizations, and the CCM should set up a separate fund for this purpose. Currently there is no mechanism, but recently a communication officer was appointed within the CCM secretariat who is expected to enhance communication with civil society. There should be regional consultations in order to elicit greater involvement of civil society. These consultations

would also provide an opportunity for civil society to bring field-level voices, concerns, and issues to the CCM before each new Global Fund round of proposal invitations is finalized.

An interesting observation is that the physical location of the CCM influences the meaningful participation of members: an earlier CCM was housed in the Indian Ministry of Health, although it is now housed within UNAIDS. Some respondents thought that the CCM should be an independent body so that the members can participate in discussions more freely. There is a perception that if the CCM were independent it would be able to function more objectively but as of now it is seen to be influenced easily by government and there are questions about whether it is able to treat all the sectors fairly.

CIVIL SOCIETY INVOLVEMENT

Civil society does not play any direct role in monitoring and evaluating the Global Fund programs or in the implementation of grants.

Civil society does not play any direct role in monitoring and evaluating the Global Fund programs or in the implementation of grants. The PR shares progress reports with the CCM, but this is the only way members have of knowing about the implementation of grants. The disconnect between the CCM and the Local Fund Agent (LFA) manifests itself in many ways, one of which is that the lessons and challenges from Global Fund grants are not shared with the CCM. The India CCM is now considering putting an oversight mechanism in place.

Although second-line ART is perhaps one component that would not have been prioritized without civil society contribution, civil society members on the CCM generally do not play a substantial or sufficient role in proposal development. In fact, no specific role has been carved out for them. By and large, proposal development is steered by a technical subcommittee on which civil society is not represented. Civil society representatives on the CCM are not seen as having influence on the selection of the PR and sub-recipients. They are not in a position to lobby for them, and have never done so.

Civil society has no clear role in reprogramming existing grants and applications for Phase 2 decisions and disbursements; these issues are primarily dealt with by the government and multilateral/bilateral agencies and the respective PR. Civil society's role is limited to making some observations and comments after brief presentations are made by the PR in CCM meetings. Along with other CCM members they review requests for reprogramming or applications for Phase 2, but they have far less input into decisions than do other parties, even when the request is from a civil society PR.

There is a strong feeling among some respondents about increasing civil society involvement in the CCM. Respondents expressed frustration that the CCM has failed to put any efforts in place to establish systems and procedures to strengthen civil society. An important observation by some

There is a strong need to build the capacity of civil society representatives in financial, managerial, and technical matters to achieve effective participation.

CCM members was that PRs (especially in the HIV/AIDS component) are usually pre-selected by the respective program division of government, which restricts civil society representatives' involvement.

ADDRESSING OBSTACLES TO CIVIL SOCIETY ENGAGEMENT

Civil society representatives do not receive information about CCM activities before meetings with adequate preparation time, which hampers their engagement in discussions. Most often, communication is through email, which many people may not see due to Internet connection problems or lack of access while traveling. The general belief of most CCM members is that the convenience of senior government officials is primarily taken into account when meeting dates are finalized. The majority of respondents said that there is a strong need to build the capacity of civil society representatives in financial, managerial, and technical matters to achieve effective participation. Development of back-and-forth communication linkages with their constituencies might help civil society representatives to overcome non-engagement in CCM meetings because they would be able to obtain information from their constituencies, and the resulting discussions and decisions could be reported back to them. If this chain was well-established, then there would be greater room for civil society engagement.

Civil society representatives' lack of engagement or nonintervention in either program review or proposal development can be attributed to their lack of capacity or clarity in their roles. The opportunity to observe implementation of programs is limited to reporting done by PRs in the meetings. Other contributing factors for nonintervention include lack of confidence, lack of interest, and being caught up in one's own work. Some respondents felt that the civil society representatives do not prepare to participate in meetings, and often delegate their representation to others who know nothing about the CCM.

Many respondents stressed that improving information and communication will help elicit participation from civil society representatives and that this will help bring about changes that must take place in the CCM. There are several civil society organizations conducting well-regarded work, but they do not have adequate information about the CCM, the benefits of participation in the CCM, or even its existence in India. The discussions, meetings, and consultations about Global Fund proposals are mostly restricted to Delhi; consequently, organizations based in Delhi have greater access to information and utilize the opportunity by submitting timely and high-quality proposals. It was only recently, in the drafting of proposals for Global Fund Round 8, that consultations took place at the regional level for the first time. Assuming it is repeated, that step offers much greater opportunity for civil society

to submit high-quality proposals in the next rounds. These consultations should happen frequently, with the collective participation of donors, government, and international NGOs.

Many civil society organizations perceive dealing with the CCM to be very complex, highly political, and challenging. Consequently, some organizations appear to have chosen not to become involved and to concentrate on their own work. Though there are several capable players, they do not come forward because of lack of information about the CCM and the Global Fund.

RECOMMENDATIONS

- The CCM chair and leadership should work toward strengthening the capacities of civil society members and promote inclusive and participatory decision-making processes at the CCM.
- Civil society members on the CCM need a mechanism for connecting with the implementers (the PRs), so they can develop a critical appreciation of the programming aspects and appropriately report back to the CCM. In effect, civil society representatives must have a strong oversight role.
- Civil society organizations must be involved in program implementation at the district and state levels, and a minimum percentage of total financial resources available for sub-state level implementation should be reserved to achieve this.
- Strengthening the CCM's human and financial capacity will support the role that can be played by civil society by enabling the CCM to maintain an independent identity and contribute to sharing timely and reliable data, information, and knowledge with civil society members.
- The CCM must play an active role in ensuring the transparency of the Technical Review Committee in the selection of proposals.
- The orientation and training of civil society must be accorded priority, and the focus of such initiatives must go beyond technical and managerial capacity to include issues of inclusion, voice, sectoral identity, and knowledge sharing.
- Civil society for its part must play the role of a vigilant sector and engage with all stakeholders as appropriate on a regular basis. In addition, civil society representatives on the CCM must help build mechanisms whereby they can report back to their constituencies and seek feedback and guidance.

Many civil society organizations perceive dealing with the CCM to be very complex, highly political, and challenging.

- The system of election through electronic voting should also be extended to all constituencies/sectors in addition to civil society representatives, and detailed guidelines in respect of this should be suggested by a sub-committee appointed by the CCM for this purpose.
- UN agencies should widen and deepen their technical assistance roles and focus on working in an impartial manner. At the moment, they are seen as extremely pro-government. Another improper barrier is the fact that monitoring and oversight mechanisms are applied only to civil society PRs, and not to those from the government sector. There can be no scope for exceptionality and rules in this regard must be applied equally.
- The Global Fund Secretariat, UNAIDS, WHO, and other global agencies must work toward all-round strengthening of CCMs. This would mean encouraging responsive, accountable, and transparent mechanisms. These global agencies can work toward building the technical and managerial capacities of civil society and continually provide support in such areas as networking, advocacy, and influencing policies.
- India's CCM does not as yet include representatives of key vulnerable and marginalized groups, notably sexual minorities and injection drug users. This is a serious omission given that such populations are not only several times more likely to contract HIV, but also face widespread social, economic and legal stigma and discrimination. The CCM should address this issue urgently.
- The Global Fund Secretariat must issue explicit statements to dispel the myth that it supports a government response as opposed to a truly national response. CCMs must understand that they are required to operate on the principles of shared ownership, and not as though governments "own" Global Fund–supported programs. This recommendation is especially important for countries such as India, where government control of the CCM is near absolute.
- The Global Fund Secretariat should encourage and build the capacity of civil society organizations providing TB and malaria services. Their increased prominence and confidence could lead to increased financial support and improved Global Fund applications for those two disease components. This does not mean that the response to HIV/AIDS should be lessened—only that resources for TB and malaria should be increased to levels closer to those allocated for HIV/AIDS.

RECOMMENDATIONS FOR THE ONGOING MONITORING OF MEANINGFUL CIVIL SOCIETY PARTICIPATION IN THE CCM

- Building the skills, knowledge, and capacities of civil society representatives should be a priority. It is apparent that civil society representatives need to develop at least some new skills and strategies in order to properly participate in CCM meetings.

- A variety of communications materials about CCM activities should be developed, and translated into major regional languages, so that many civil society organizations will have the opportunity to know about the CCM and participate in elections. International organizations can also assist in identifying the relevant materials and trainings to develop appropriate skills. Donors and large NGOs may also be able to provide financial assistance to support training costs and translations of already developed material. Some donors in India are engaged in building civil society capacity, but this should be done continuously, on a regular basis.
- Some key respondents have stated that meaningful involvement does not mean having a greater number of civil society representatives who are attending CCM meetings but are not really participating. Rather, in their opinion, it is about having a number of appropriately skilled representatives actively engaged; it is about civil society representatives recognizing and being confident in the value of their contributions, and their contributions being valued by other CCM members.
- Civil society representatives need to be supported by and engaged in working with the other civil society organizations that elected them to the CCM, and civil society representatives should articulate these organizations' views. Being part of the CCM is a collaborative effort that extends far beyond the confines of a CCM meeting.
- Civil society representatives must always remember that a key part of their job is to know and be aware of the changing needs of the communities (those living with and affected by HIV/AIDS, TB, and malaria), on whose behalf they are participating in the CCM. They must be proactive in seeking input from their constituencies and take the lead in relaying information obtained during CCM meetings.
- It is important that civil society representatives are able to speak at the CCM from a position of authority and thus accurately and effectively articulate key issues related to the three diseases.
- Like all structures in the Global Fund, CCMs need to be held accountable. One method of doing this is to monitor and evaluate CCMs' performance against recommendations laid out in the guidelines for CCMs developed by the Global Fund. Another method might be to measure Global Fund activities against UNGASS targets.

Jamaica

By Dr. Robert Carr, University of the West Indies; Dr. Nesha Haniff, University of Michigan; Deborah Manning, Caribbean Vulnerable Communities Coalition; Ian McKnight, Caribbean Vulnerable Communities Coalition

KEY POINTS

1. The heads of the CCM, the PR the National AIDS Program and the National AIDS Committee are all part of a small group of government or ex-government officials, with one exception. This not only constitutes a clear conflict of interest, but ensures that a very small group of dominant leaders with authority to approve budgets and workplans, and with a superior knowledge and skills of the Fund, sets the agenda and members defer to their suggestions.

2. Civil society members do not receive documentation in time to prepare for CCM meetings; do not understand technical jargon; do not understand their appropriate role on the CCM; are reluctant to disagree with PR; and attend meetings inconsistently.

3. Civil society representatives do not speak up about problems because they lack confidence in their skills and do not want to offend the PR. As a result, civil society participation is considered token and civil society members are not regarded as equals by other CCM members.

4. Gender issues are not addressed in a meaningful way, even though women are well represented in CCM proceedings. Representation lags for other affected vulnerable groups, however.

5. Civil society representatives do not communicate with constituencies about issues or concerns arising out of CCM discussions; nor do they seek input or generate feedback.

6. Civil society organizations have input into proposal concepts but no influence over implementation or evaluation of grants outside of their own organizations.

SUPPORT FOR THE MEANINGFUL INVOLVEMENT OF CIVIL SOCIETY

Civil society has important entry points into the management of the CCM that are reflected in its leadership and structure. For example, the vice chair of the CCM is from the national network of people living with HIV. Official policy of the Jamaica CCM also mandates 40 percent civil society representation, as recommended by the Global Fund Secretariat.

The leadership of the CCM recognizes that the multiple roles held by a small elite of head of the PR who is also the head of the National HIV/STI Control Programme, and the chair of the CCM being also a director of the National AIDS Committee (NAC), is controversial because it undermines the process of checks and balances intended by the Fund through separations of powers. The significant conflict of interest this situation creates has been addressed by creating an oversight committee of five people or organizations—chaired by UNAIDS—that includes three seats for civil society representatives who are not on the CCM itself. The role of the oversight committee is to broker appeals from sub-recipients or others who have issues that need to be addressed by the CCM but think they cannot or have not been able to get a fair and impartial hearing. In at least one instance a civil society organization has appealed to this oversight committee and won. In the main, however, sub-recipients expressed concerns about a backlash if they tried to access the oversight committee.

The structure of civil society representation on the CCM notwithstanding, respondents surveyed unanimously agreed that civil society's ability to effectively take part in discussions and decision-making on the CCM and the working groups is limited by the quality of its representation on these bodies. Reasons offered for the lack of quality representation from civil society include:

- representatives do not receive relevant information in time to allow for adequate preparation for meetings;
- representatives do not understand documents' technical jargon;
- inconsistent attendance by representatives at meetings;

- representatives do not understand their role on the CCM. For example, they often appear to consider it just another HIV meeting rather than as a mechanism that is accountable to them and to which they could be accountable by other civil society organizations; and
- representatives' fear that their active participation may lead to disagreements with the head of the PR, who also chairs the CCM—and that this might have repercussions for the maintenance or receipt of funding for their organizations in the future.

Nevertheless, both the chair of the CCM and the chair of the NAC thought there was strong inclusion of civil society and that all CCM members took civil society's involvement seriously. The chair of the NAC said that because the relationship is still evolving, he thinks there is room for improved understanding among civil society of its role and responsibilities on the CCM.

Civil society's ability to effectively take part in discussions and decision-making on the CCM and the working groups is limited by the quality of its representation on these bodies.

However, a majority of respondents said that civil society representation is for the most part tokenistic and ceremonial, and that civil society members are not seen as equal partners by other CCM members. This may partly be because the PR is viewed as possessing superior knowledge, skills, and understanding and therefore is deferred to when its suggestions are discussed and voted on. The agenda of CCM meetings is normally driven by the PR and not by the full CCM membership. The representative of the PR has noted that although equality of members would be ideal—and that every effort was being made to achieve this—irregular attendance and frequent changes in civil society representatives have made capacity development difficult. That point was also echoed by the chair of the CCM.

The CCM meeting minutes of April 2007 indicate that an attempt was made to address the capacity-development needs of civil society members on the CCM. However, interviewees reported that this involved only a Ministry of Health/USAID-financed one-day training, which the respondents believed was inadequate. They said that effective capacity development would require a more consistent effort focused on the individual needs of the organizations, including conducting research, monitoring and evaluation, as well as communication and networking. The PR representatives indicated that other forms of capacity development had been offered to specific civil society sub-recipients, especially in the areas of reporting and accountability. This was also alluded to by the NAC chair, who said there is a commitment to helping civil society improve its capacity by working with civil society representatives to ensure that they are successful in managing their own grants.

Women are adequately represented on the CCM and are actively involved in discussions and decision-making; women feel as empowered as men to make suggestions and participate in the proceedings. In spite of the

adequate representation of women on the CCM, this has not influenced meaningful discussions of gender planning or gender mainstreaming in programs.

CIVIL SOCIETY REPRESENTATION

It was felt that civil society representatives on the CCM are not elected or selected by the constituencies they represent but are generally appointed because of their sub-recipient status and selected by the NAC Executive. In order to ensure that civil society members on the CCM represent their constituencies more effectively, mechanisms for obtaining feedback from these constituents—the private sector, sex workers, youth, and others—should be improved.

Effective capacity development would require a more consistent effort focused on the individual needs of the organizations, including conducting research, monitoring and evaluation, as well as communication and networking.

It is thought that civil society members on the CCM do not seek input from, and do not report back to, their constituencies because they are not necessarily selected or elected by those constituencies. Reporting back is necessary and needs to be improved in order to generate feedback that can influence the agenda of the CCM. Another sentiment expressed is that the actual proceedings of meetings are not sufficiently meaningful to be shared with constituents. Only reports of activities by member organizations tend to be shared with members of other groups.

EXAMPLES OF CIVIL SOCIETY'S INVOLVEMENT IN GLOBAL FUND–SUPPORTED PROGRAMS

Civil society representatives are not generally involved in evaluating and implementing grants other than those received by their own organizations. Respondents seemed satisfied with the level of civil society involvement in developing Global Fund proposals, since many of these organizations submit concept papers that are used to develop proposals. However, despite it technically being the responsibility of the CCM, final decisions about which components are included in the proposals are seen as the responsibility of the PR alone.

The minutes of one meeting indicate that civil society representatives on the CCM were involved in the selection of the National AIDS Programme (NAP) as the PR. This was also confirmed in an interview with the representative of the PR. However, there is no indication—and the interviewees affirm this as well—that civil society is involved in sub-recipient selection, which is done solely by the PR. This creates a conflict with the role of the oversight committee, which should participate in this process according to its terms of reference. Civil society has never lobbied for a PR from civil society, and meeting minutes reflect a unanimous agreement that there is no body other than the NAC with the knowledge, skill, and experience to carry out this function. Civil society participation in the reprogramming of grants, applications for Phase 2, and in the Rolling Continuation Channel is nonexistent. The chairman of the NAC, a strong supporter of the Chair of the CCM, PR and NAP, sees it differently.

In order to ensure that civil society members on the CCM represent their constituencies more effectively, mechanisms for obtaining feedback from these constituents—the private sector, sex workers, youth, and others—should be improved.

He concludes that civil society works so closely with the PR that emerging needs are well-known and foremost in the mind of the PR, and that if changes need to be made they can be easily facilitated.

CASES WHERE CIVIL SOCIETY COULD OR SHOULD HAVE INTERVENED TO IMPROVE PROGRAMMING

Respondents have expressed the view that Global Fund programming could be improved if civil society representatives were more vocal about the difficulties they experience—for example, with the Fund's onerous procurement procedures, which hinder the implementation of their programs. The reasons given for not speaking up are based on both external and internal factors. External constraints include the fear of repercussions in the form of either restricted or no funding for project proposals in the future. Internal constraints among civil society representatives stem from lack of capacity and lack of confidence to present and discuss issues effectively.

A few capable civil society organizations were identified that perhaps could have received Global Fund money but did not. The respondents could not state whether these organizations had ever submitted unsuccessful proposals, because such information is not shared at CCM meetings. Some respondents surmised that these organizations may not have known about the Global Fund—or if they were aware of it, did not know how to negotiate the system. In this regard, the chairman of the NAC stated his belief that mechanisms are in place for interested civil society groups to get assistance in applying. He pointed out that "weaker" groups could have had their proposals filtered through stronger groups.

Despite it technically being the responsibility of the CCM, final decisions about which components are included in the proposals are seen as the responsibility of the PR alone.

It should be noted here that, generally speaking, the chairman of the NAC, the chairman of the CCM and PR, and the representative of the PR[4] saw things entirely different from all other interviewees (whether from civil society or the government). In summary, the first three saw civil society as well-represented and included, while the others saw the sector's inclusion as limited and ceremonial.

4 The Head of the PR and of the National HIV/AIDS Control Programme are the same person. The new Chairman of the CCM previously held both the aforementioned posts as well as the Chairmanship of the CCM while being also a director of the NAC. The "representative of the PR" is necessarily an employee of the Head of the PR.

RECOMMENDATIONS

The following recommendations are aimed at ensuring more meaningful involvement of civil society in the Jamaica CCM:

- Establish a CCM secretariat that is independent of the PR and whose role would go beyond mere organization of committee meetings to facilitating the full realization of the capacity described in the CCM terms of reference.
- Establish an effective capacity-building program for civil society by employing technical experts who mentor representatives over a specified period so that there will be resident skills within the sector.
- In the short-term, ensure that relevant information is submitted to civil society representatives in sufficient time, and in easily understood language.
- Create a more organized and cohesive civil society group to focus on the broader issues that impact civil society rather than the self-interested views that are normally presented.

Romania

By Catalina Iliuta and Valentin Simionov

Research team: Costin Militaru, Bogdan Istrate, Catalina Iliuta, Valentin Simionov

KEY POINTS

1. Limited involvement of key governmental decision-makers in the CCM undermines the impact of the Global Fund programs.

2. Civil society CCM members are recognized for their knowledge of diverse HIV communities, good organization, and cohesiveness. They are perceived as equal partners and recognized for expertise in service provision.

3. There is limited integration of HIV/AIDS and TB programs at the policy and services level, a situation that is especially problematic for those living with TB because there is only one active TB NGO in Romania.

4. Neither the government nor civil society has developed strategic plans to ensure sustainability after Global Fund programs end.

5. Adequate representation of constituencies is valued higher than procedural, technical or advocacy skills in selecting civil society CCM members.

INTRODUCTION

There is limited recognition of how and why Global Fund programs are linked to national programs in Romania. The government's insufficient—to date—commitment to sustain the services and programs implemented through the Global Fund represents a major challenge to the future of all HIV/AIDS and TB services available (Romania joined the European Union in 2007 and will likely lose its eligibility for future Global Fund funding). Beginning in 2008, the Ministry of Health allocated more than 1,300,000 Euros (US$1,920,100) for HIV epidemiological surveillance and control as a part of the national program for transmittable diseases.

Romania is still eligible to apply for Global Fund TB grants because it has the highest TB prevalence in the EU. According to the newly introduced Global Fund principle of "cost-sharing", Romania can be eligible as an upper-middle income applicant.

With regard to HIV, Romania is a low prevalence country that provides universal access to HIV treatment (ARV treatment is entirely covered by the state). Even if Romania were to benefit from another Global Fund HIV/AIDS grant, the Romanian government should still fulfill its commitment to continue the programs developed under previous rounds. Civil society is seeking state recognition for its efforts to develop HIV prevention services (VCT, opiate substitution treatment, needle exchange, outreach, condom distribution, etc.) for vulnerable groups and to ensure financial continuity for these projects. National or local authorities should sub-contract with NGOs in order to continue these services.

SUPPORT FOR MEANINGFUL INVOLVEMENT OF CIVIL SOCIETY

The CCM in Romania is set up to ensure the strategic coordination of programs carried out to fight HIV/AIDS and TB, and the programs' correlation with national strategies and plans for the two diseases. Civil society is actively involved in the Romanian CCM's decision-making, programming, and monitoring processes, and enjoys access to information, representation on the CCM, and acceptance by other actors on the CCM. Civil society also participates in the working groups that support achieving the CCM's goals. However, the limited involvement of higher-level government decision-makers with the CCM challenges the

The CCM should focus more on strategic decisions and therefore contain more high-level decision makers.

sustainability of programs funded through the Global Fund. Unstructured advocacy efforts by civil society and UN agencies have not had a positive impact on this situation.

The strengths of civil society are identified as good representation in the CCM, cohesion, diversity among the HIV focus areas, good organization, and experience in working with the most vulnerable groups. Weaker points include civil society representatives' limited time-management skills, low knowledge about legislation, and limited capacity to develop sustainability strategies given the fact that Global Fund assistance will shortly end.

The CCM operates as a national consensus group aiming to promote partnerships in transparently developing and implementing programs financed by the Global Fund. Generally, civil society representatives are perceived as equal partners and are recognized for their areas of expertise. For example, the National Union of Organizations of Persons Infected/Affected by HIV/AIDS in Romania (UNOPA) is recognized as a key partner in relation to the rights of HIV-positive persons; the Romanian Association Against AIDS (ARAS) is one of the key organizations with expertise in providing services for vulnerable groups; and Romanian Angel Appeal (RAA) is highly appreciated for its work in voluntary counseling and testing, as well as for its strategic management. However, while civil society representatives are included in all processes that are coordinated or supported by the Global Fund or other international organizations such as UN agencies, inclusion is very limited when the process is coordinated by governmental agencies. Recent public health programs endorsed for 2008 only received input from civil society groups on their final drafts; no civil society member working in the HIV field participated in the design of the public health programs or their HIV components. The legislation does not specify any obligation for the Ministry of Health to include civil society in designing health policies. However, the participation of civil society representatives from the beginning of the process could have had a positive impact.

According to CCM bylaws, the CCM should have a maximum of 33 members, including:

- representatives of public (government) institutions working in the field;
- civil society representatives (especially organizations representing affected communities);
- representatives of the pharmaceutical industry, academic environments, and international and donor organizations; and
- Principal Recipients (PRs).

The Romanian CCM roster includes 32 members (according to the last up-date of the Romanian CCM Secretariat). In May 2008, almost 50 percent of CCM members represented civil society groups. The vice president of the CCM is from UNOPA, an umbrella organization with members representing PLWHA from the entire country. The CCM is gender-balanced, and freedom of speech is highly supported.

Because there are only three organizations working in the area of TB (one state institution, one national institution and one NGO), the TB programs have less representation. In addition, one interviewee mentioned that HIV and TB are treated separately, with almost nonexistent interactions in either programming or decision-making areas.

Co-infection cases are treated as a priority both in HIV and TB services. PLWHA are mentioned as a target group in the National TB Strategy 2006–2010. There is a separation among NGOs acting in the HIV and TB sectors.

Capacity-building needs for civil society representatives include:

- enhanced skills for high-level advocacy strategies to ensure program sustainability;
- establishing a comprehensive HIV monitoring and evaluation system that will impact programmatic decisions;
- training in strategic program management; and
- training in legislation drafting.

The CCM and its relationships can be summarized as follows:

- the Global Fund finances the CCM secretariat and the secretariat covers transportation and accommodation costs for all CCM members, if needed;
- the PRs have organized various training sessions focused on monitoring and evaluation, and reporting and financial management;
- the CCM mediates between the PRs and implementers when they do not agree on certain issues; and
- UN agencies (including UNAIDS, UNICEF, and UNODC [United Nations Office on Drugs and Crime]) provide technical assistance in developing proposals, analyzing budget gaps, and in supporting CCM civil society representatives in their advocacy efforts.

The majority of interviewees say that the CCM president should be more actively involved in Global Fund program development and sustainability by representing the CCM in high-level decision-making, and that he should more strongly lobby other governmental entities to ensure program continuity. Civil society representatives say that no special actions by the CCM president are needed to involve civil society members in the CCM, given their already strong representation.

It is interesting to note that the majority of CCM members representing civil society are from organizations that also implement Global Fund projects; they thereby receive substantial parts of their income from these projects. There are both positive and negative aspects to this situation, according to those interviewed. On the one hand, as implementers, civil society representatives in the CCM are directly interested in program sustainability as well as in quality implementation of the programs. Additionally, being directly aware of needs on the ground (because they are direct service providers), these representatives can bring the voices of those most in need into the policy arena. A negative aspect is the possibility of transforming the CCM into a closed structure, with limited interactions among other civil society groups. NGOs need to be aware of their wider role and should prepare the CCM structure for the broader involvement of various civil society groups. They should also communicate with their constituencies on a consistent basis.

Besides civil society representatives, representatives of several governmental institutions working in the HIV/AIDS field prominently participate in the CCM: the Ministry of Health (CCM president; State Secretary); the Ministry of Education; the Ministry of the Interior; the Ministry of Justice; the Ministry of Labor, Social Solidarity, and Family through its Child Protection and Social Assistance Department; the National Anti-drug Agency (President); and the Ministry of Defense (State Secretary). The governmental institutions are generally represented by deputy representatives, who have a technical role in their institutions. Due to the fact that most of the CCM decisions are technical and/or administrative, the presence of the government officials is as important as the presence of the civil society groups. However, representatives of governmental institutions in the CCM are not key stakeholders, and their role is limited to programming the budgets needed to ensure sustainability. According to the Ministry of Health, the CCM should focus more on strategic decisions and therefore contain more high-level decision makers.

Non-CCM civil society members from regions not represented directly had little information and knowledge about the CCM process.

Though there is great preoccupation with program sustainability after the Global Fund winds down due to Romania becoming a member of the European Union, CCM members made no strategic decisions on this issue during the past year. Romania is still eligible for another Global Fund round, but given the previous rounds and the Romanian government's response (e.g., limited financial commitment in development and

The majority of representatives from civil society groups have scarce legislative knowledge regarding health care consumers and limited skills with which to advocate for sustainable services.

sustainability of Global Fund programs), there is little chance that Romania will have access to Global Fund money for HIV/AIDS and TB after the respective disease-specific programs end in June 2009 and September 2012.

CIVIL SOCIETY REPRESENTATION AND SELECTION

Respondents interviewed for this report did not indicate that a wider consultation process within their organizations or among the constituencies of their national networks had been carried out when they nominated a candidate for the CCM. Non-CCM civil society members from regions not represented directly had little information and knowledge about the CCM process. Communication flows in only one direction—from the regional constituencies acting as implementers to the national stakeholders. As such, the process does not create local ownership, and this is likely to hamper the implementation of HIV/AIDS programs unless a broader consultative process and capacity-building programs are made priorities.

The Romanian CCM includes representatives of PLWHA, people living with TB, and vulnerable groups (MSM and IDUs). Having the qualifications to represent the interests of certain groups is considered an asset in the selection process. However, the majority of representatives from civil society groups have scarce legislative knowledge regarding health care consumers and limited skills with which to advocate for sustainable services.

In order to ensure that civil society members on the CCM represent their constituencies effectively, consultation with direct beneficiaries and other civil society groups should be expanded, communication among constituencies should be enhanced, and, depending on the meeting agenda, direct involvement of those with expertise in various areas (such as financial advisors for VAT [value added tax] issues or procurement areas, risk managers, advocacy officers, etc.) should be sought.

CIVIL SOCIETY INVOLVEMENT

In Romania, NGOs constituted more than 60 percent of implementing entities for Global Fund Round 2 and more than 80 percent for Round 6. One NGO, Romanian Angel Appeal, also serves as PR for the Global Fund Round 6 program.

All four Global Fund country proposals (two proposals per round, HIV and TB) submitted by Romania were designed based on consultative processes involving civil society representatives. A large number of NGOs participated in drafting the country proposals; VCT, PMTCT, and harm reduction components were integrated into comprehensive projects that support development of quality services.

Civil society has implementation capacity but lacks a common vision, especially when it comes to budget allocations, health program monitoring, and addressing policies that hamper program development.

Monitoring and evaluation processes are complex, and the NGOs that implement programs generally develop their own monitoring systems. In addition, CCM members receive monitoring and evaluation reports from the PRs and discuss implementation rates during the meetings. However, the country in general lacks the capacity to evaluate health programs, and more training is needed in order to ensure multidimensional evaluation of such programs.

For the Global Fund Round 6, the CCM elected an NGO as PR, mainly because the majority of the sub-recipients/implementers of the first Global Fund grant were not satisfied with the limited transparency and communication provided by the Ministry of Health unit that served as PR. CCM members do not select the sub-recipients; the CCM only approves the selection process, and special commissions—with no representatives from organizations that might have a conflict of interest—are appointed to select sub-recipients.

Civil society members of the CCM have the same role in reprogramming existing grants, applications for Phase 2 and applications for rolling continuation channels: members vote and the PR launches calls for proposals. In special situations, the CCM is responsible for the distribution of unallocated funds.

ADDRESSING OBSTACLES TO CIVIL SOCIETY ENGAGEMENT

While the Global Fund requirements concretely supported previous Romanian initiatives to establish a framework of active coordination between governmental and non-governmental structures, each round faced difficulties or challenges in starting and implementing the grants. There were delays recorded in starting the Round 2 program and signing the contracts with sub-recipients, while, the Round 6 program faced financial difficulties related to VAT recovery.

The VAT problem arose after a new fiscal code came into force in January 2007, in accordance with the EU community. Prior to that date, NGOs could recover the VAT (19 percent) by the end of each year, and the money was spent in the interest of the beneficiaries; according to the new fiscal code, however, VAT can no longer be recovered. The country application for Round 6 was written, submitted and approved in 2006. Sub-recipients are trying to recover VAT for Global Fund projects from the Ministry of Health budget, but the process has been extremely slow.

Major concerns were raised over the absence of governmental support during discussions of budget limitations for Phase 2 of the Global Fund Round 2 HIV/AIDS grant during 2006–2008, which negatively impacted the program's achievements.

Romanian civil society is not strong enough to mount a rapid response to a number of challenges, including ensuring program sustainability, especially after a number of primary donors withdrew from Romania when it joined the European Union in January 2007. Civil society has implementation capacity but lacks a common vision, especially when it comes to budget allocations, health program monitoring, and addressing policies that hamper program development. Focused on survival, most civil society members are divided and more concerned with their organization's or group's interests than with common goals.

A majority of interviewed persons declared that the process of funding allocations has been open and transparent for everyone (for both governmental and civil society groups). The neutrality of the commissions charged with sub-recipients' selection has been questioned by Red Cross Romania and the National Anti-drug Agency.

At this specific moment, Romanian CCM members need to address several key challenges:

- lack of a national HIV strategy for 2008–2013. A strategy was drafted and proposed to governmental officials for endorsement but not endorsed until the end of September 2008 – an action plan or a budget on HIV/AIDS has yet to be implented;
- the HIV/AIDS Commission was reorganized in 2007 but has held no meetings in over a year – its new components have not been established yet;
- there is limited national commitment to take over funding responsibilities that will sustain progress—especially in the HIV prevention area; and
- civil society representation is weak among many at-risk populations, including the Roma community, drug users, sex workers, and prisoners. This means that their concerns are not heard and they receive inadequate services.

RECOMMENDATIONS

- The national government should support the progress of the recently scaled-up HIV/AIDS services, as the current dependence on the Global Fund and other foreign donors is not sustainable.
- The re-organization of the HIV/AIDS Commission should be formalized and its operational capacity strengthened.
- More efforts should be made by civil society to ensure the sustainability of projects developed through the Global Fund. Civil society should have a better understanding of the legal and financial mechanisms and should support the government in building the legal framework and the technical capacities for continuing these initiatives. (This recommendation is proposed by the Romanian Ministry of Health.)
- The Global Fund has supported improved cooperation between the government and civil society, making these two sectors responsible for program effectiveness. Since civil society in Romania can obviously make a valuable contribution to both the process and outcome of implementing HIV/AIDS national programs, the national government should continue to support civil society participation in future planning, as well as in implementation and monitoring and evaluation efforts.

Uganda

By Rosette Mutambi, Executive Director, HEPS-Uganda; Aaron Muhinda, Health Policy Advocacy Officer, HEPS-Uganda; Moses Mulumba, Legal Advisor, HEPS-Uganda; Richard Hasunira, Research and Documentation Advisor, HEPS-Uganda

KEY POINTS

1. The Ministry of Health (MoH) dominates the CCM and has mainstreamed it into its structures. Since guidelines regarding membership in the CCM are not clearly defined, MoH technocrats attend at will.

2. Civil society representatives on the CCM lack access to information and technical knowledge, which means they tend to be far less prepared during meetings.

3. Civil society representatives need capacity-building to understand basic government financing and budgeting processes, Global Fund issues, and the target diseases.

4. Civil society has not sought a PR from civil society; moreover, it has had no say in PR selection.

5. The diversity of civil society and lack of coordination make gaining consensus difficult.

6. Health care consumer interests are not well represented by civil society members, at least in part because of poor lines of communication.

THE INVOLVEMENT OF CIVIL SOCIETY

Ugandan civil society is represented on the Ministry of Health's Health Policy Advisory Committee (HPAC) and the Uganda AIDS Commission's Partnership Committee, which together constitute the CCM in Uganda and hold joint meetings when they act as such. This structure, referred to as the Long-Term Institutional Arrangement for the Programmes of the Global Fund (LTIA), was instituted to meet a requirement by the Global Fund Secretariat for the resumption of grants after an audit report by PricewaterhouseCoopers, the Local Fund Agent, unearthed gross mismanagement of the country's Global Fund program in 2005, leading to suspension of grants to the country. The new arrangement came with a formal selection process for civil society representatives as well as for those of other constituencies. Through its representatives, civil society participates in proposal development and evaluation of applications from civil society grantees. Vocal civil society representatives on the CCM have successfully questioned and influenced some key decisions. As members of the HPAC as well, some civil society representatives also attend policy meetings unrelated to the Global Fund, which helps them understand the general programming and financing landscape.

Generally, however, the involvement of civil society in the CCM is weak. Due to rivalries and competition for resources and attention among civil society organizations, the selection of representatives has been contested. Because they come from a young and relatively immature civil society in general, Uganda's civil society representatives are treated as—and naturally feel—inferior when they sit in CCM meetings with donor representatives and high-ranking government officials.

Civil society representatives do not have access to the information needed to make meaningful and influential contributions to debates. For example, it is assumed that all representatives have access to the Internet—which is not the case—and the meeting organizers send invitations by email and make references to Internet resources. In addition, civil society representatives do not have adequate understanding of government budgeting processes and financing procedures.

Civil society in Uganda is so diverse and broad that its representatives have had problems generating consensus on Global Fund issues. There is little coordination among civil society prior to CCM meetings. This greatly

Vocal civil society representatives on the CCM have successfully questioned and influenced some key decisions.

affects their ability to contribute in meetings since other groups like the Ministry of Health and donors hold preparatory meetings to harmonize their positions, and hence speak with one voice at the CCM.

One major impediment to civil society participation is that the CCM in Uganda has been mainstreamed into the government's existing structures. One arm of the CCM, the Ministry of Health's HPAC, was already in place when the LTIA was adopted, and this has blurred the dividing line between Global Fund and general health policy issues during meetings. HPAC is considered the authority on health policy issues and strategies—and as such, it has assumed a position superior to the Partnership Committee, where the majority of civil society representatives on the CCM participate. Yet under the LTIA, the two should operate at the same level.

"The role of CCM in overseeing government programs is not enshrined in the law of the country. It is Parliament that oversees the Ministry of Finance (which is the PR)."
—Dr. John Lukwago, Consultant to Ministry of Finance on the Global Fund

"The primary player in this country is the government. Whatever is discussed in the CCM will be presented and discussed in Parliament by the Ministry of Health. The role of the civil society is therefore secondary; it is brought on board to fill gaps—maybe until we develop to such a level when the civil society is represented in Parliament. We tell them (only) what we wish to tell them. Even the civil society representatives themselves do not feel that they are equal."
—Dr Jim Arinaitwe, Global Fund Coordinator, Uganda AIDS Commission

Civil society representatives do not have access to the information needed to make meaningful and influential contributions to debates.

The membership of HPAC is not clear-cut. Since it is dominated by the Ministry of Health, it is not uncommon for ministry technocrats to appear in a meeting and participate fully without having being known as members beforehand.

Civil society representatives have not been supported by the CCM or the Global Fund to build their capacity for effective representation of their constituents. Uganda has received some funding for CCM support; however, for reasons that are not clear, those funds have not been used for capacity-building for the civil society representatives. There have been no orientations, trainings, or capacity-building initiatives for them. The most important needs of civil society members of the CCM include:

- an active coordination point that can enable representatives to communicate with their constituents during consultations, feedback, and follow-up. A coordinating body is needed for each of the diseases—HIV/AIDS, TB, and malaria;
- sensitization and training on key issues about the target diseases at national and global levels, about the Global Fund system, on public speaking, etc.;
- facilitation and logistics assistance, such as transportation, communication, and IT facilities; and
- support to conduct research on and more fully understand Global Fund issues and government policy and procedures.

Civil society representatives have not been supported by the CCM or the Global Fund to build their capacity for effective representation of their constituents.

One notable achievement is that the vice chair of the CCM is not only from the civil society sector but is also a woman. Appointing her was a deliberate decision to give civil society a chance to feel accepted and encouraged to participate in deliberations. This has placed her in a position of influence, since she chairs meetings when the chairperson is not present. However, beyond that, there is no evidence that the chair or other CCM leaders are doing anything to increase civil society participation in CCM decision-making.

Some CCM members have been selected from organizations that are Global Fund grantees and are involved in implementing Global Fund–supported interventions, which creates a potential conflict of interest. While there is a CCM policy on conflicts of interest and mechanisms that are intended to mitigate or deal with such situations, the extent of their application so far could not be established.

The CCM in Uganda is not just dominated by government officials; it is largely government-controlled and government-directed. The membership of the HPAC is not clear-cut, and technocrats in the Ministry of Health attend meetings and participate (as though they were members) when there is an issue of special interest for the ministry. A proposal to have a CCM constituted out of the committees has been rejected and has little chance of reconsideration in the near future because it is said it would be "retrogressive" and would "fragment" structures, since the Global Fund is not the only donor to the sector.

Civil society representation on the CCM includes women. However, gender was more of a consideration when selecting representatives from the HIV/AIDS constituency than it was with malaria and TB, where the bigger consideration was inclusion of "people living with the diseases" and organizations that represent them.

The CCM in Uganda is not just dominated by government officials; it is largely government-controlled and government-directed.

CIVIL SOCIETY REPRESENTATION AND SELECTION

To expand the HPAC and Partnership Committee to subsume CCM responsibilities, the Ministry of Health and the Uganda AIDS Commission (UAC) wrote to civil society organizations requesting them to select representatives for the two institutions. A meeting was convened and representatives were elected largely on the basis of disease constituency. However, there were dissenting voices, even though the outcome of the process stood. Some felt that while civil society may have people who are competent to represent it effectively; the selection process does not favor them:

"You don't expect much; the CCM representatives are not any different (from their uninformed constituents). Competent people are there in the civil society, but people elect their friends." —Dr Jim Arinaitwe, Global Fund Coordinator, Uganda AIDS Commission

The performance of the representatives has also been hampered by an absence of structures and the resources to consult and give feedback to their constituents.

CIVIL SOCIETY INVOLVEMENT

The involvement of the civil society became an issue even before mismanagement of the fund was revealed in 2005. Those developments gave credence to civil society's campaign to be included on the CCM. The campaign bore fruit when the country came up with a long-term institutional arrangement—later approved by the Global Fund Board—that formalized the representation of the civil society on the CCM.

Currently, however, civil society's most important role in Global Fund programming is at the implementation level, followed by proposal development. It has the least involvement in monitoring and evaluation, where its role is still minimal. In developing the Round 7 proposal, civil society was invited to submit concept papers, which fed into the country proposal. This gave the civil society an opportunity to have their ideas incorporated into the country proposal that was submitted to the Global Fund Secretariat and later approved. For Round 8, civil society is undertaking countrywide consultations on the proposal.

Civil society in Uganda did not have a hand in the selection of the PR. The powerful Finance Ministry has served as PR for all of the Global Fund programs approved so far, not just by default but also a result of a government policy to have all foreign assistance channeled to a single government-controlled source.

The LTIA provides for the selection of a PR from civil society. This is an opportunity that civil society representatives should have taken up given the cumbersome, bureaucratic, and lengthy government processes associated with the Ministry of Finance acting in that role. However, due to serious capacity gaps and lack of consensus, this provision has not been exercised.

There are many CSOs with good intervention ideas that have had their applications fail because of technical hurdles such as a lack of audited accounts and proof of capability.

RECOMMENDATIONS

- CCM meetings need to be separated from HPAC meetings. The HPAC and the Partnership Committee should be one entity, with the CCM as a subcommittee with clear membership.
- The CCM does not seem to have enough authority to supervise the PR. Civil society needs assistance in helping one of their coordinating organizations to become a PR.
- Civil society representation on the HPAC should be increased.
- Donor agencies and government need to provide technical, financial, and material support to the civil society to form and/or strengthen a central coordinating body through which representatives can regularly consult and provide feedback to their constituents.
- Civil society representatives need capacity-building in basic government financing and budgeting processes, Global Fund issues, and the target diseases.

Civil society's most important role in Global Fund programming is at the implementation level, followed by proposal development. It has the least involvement in monitoring and evaluation, where its role is still minimal.

APPENDIX 1

Research Template

ITPC/TMAP CCM ADVOCACY PROJECT

CENTRAL QUESTIONS OF THIS RESEARCH

Is civil society able to have direct impact in improving the quality and effectiveness of Global Fund-supported programs? What are examples of civil society having this impact through CCMs, and what factors made this possible? What can be done to foster civil society's role as an advocate for improved Global Fund programming through its involvement in the design, monitoring and evaluation of GF programs?

DEFINITION OF CIVIL SOCIETY FOR PURPOSES OF THIS RESEARCH

"Civil society refers to individuals and organizations that have voluntarily come together to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector)" .

Locally based non-government organizations are generally considered part of civil society. In some countries it is not clear where to draw the line between genuine civil society organizations and government controlled civil society organizations. For purposes of this research GONGOs (Government-organised NGOs) are not considered part of civil society. United Nations or other international organizations are also not considered civil society for purposes of this research.

BACKGROUND RESEARCH

- Review CCM documents relevant to civil society participation, including written procedures for the CCM, Terms of Reference for members, CCM minutes, and more general documents about civil society's role in the GF structure.
- If observers are permitted, attend at least one CCM meeting. Record the number of times civil society representatives participate in the meeting and assess the degree to which these representatives are meaningfully engaged, for example by actively participating and making comments on controversial issues. Do you observe particular barriers to civil society participation, such as language barriers, different social status or education levels, fear of losing face, fear of not observing the hierarchical order, or lack of information about issues being discussed?

Questions for the research team to answer:

- Check the website of the CCM and/or contact the CCM secretariat to determine who is officially counted as a representative of civil society. How many people are on the CCM altogether? How many of these are representatives from: a) faith-based organizations, b) people living with one of the three GF diseases, c) NGO/community based organizations, d) academia, and e) professional organisations. Is there a discrepancy between the official number of civil society representatives and your own assessment? Is there a dominance of UN representatives on the CCM (perhaps even under classification for civil society)?
- Are marginalized groups (such as individuals representing groups with a gender focus, sex workers, MSM, IDUs, migrants, ethnic minorities and children's representatives) included on the CCM? Are these groups able to meaningfully impact CCM decisions on policy, programming, and budgeting?
- How often does the CCM meet? Are agendas available to all in advance? Are observers permitted? Are all CCM members notified in advance of meetings? Have any innovative approaches (e.g. electronic) been used to encourage participation on the CCM?
- Has the CCM requested funding from the GF Secretariat to support its work? If yes, has civil society had access to this funding? If no, why hasn't the CCM requested funding?
- Have selection criteria been established for CCM members? If so, describe the selection criteria for each of the civil society groups represented. Who sets the criteria? Who organizes and finances the selection processes?
- Are there different selection processes for representatives of people living with and/or affected by the three diseases than for other members of civil society? If so, describe.
- Are any civil society organizations receiving GF funds to provide services as part of GF financed programs?? Has there been outreach to civil society organizations to encourage them to apply as service providers? If civil society organizations are not receiving funds, why not?
- Are Principal Recipients members of the CCM, or have they been in the past? If so, have concerns been raised that they may be biased in their participation on the CCM?
- Do civil society organisations, especially community based organisations and local NGOs, play an active role in the process of proposal development?

KEY INFORMANT INTERVIEWS

Interview representatives from…

- Ministry of Health (1)
- National AIDS Council, National TB Program, and/or National Malaria Program (1 - 3)
- Principal Recipient (1 – 2)
- Global Fund Portfolio Manager and Cluster Leader (1)
- CCM Secretariat (if there is one) (1 – 2)
- Civil Society and PWA members on CCM (3 – 4, if there are that many)
- Development Partners on CCM (1 AIDS, 1 malaria, 1 TB)
- Donor representative on CCM (1) (other than a "development partner")
- Other non-civil society CCM members (2),
- Civil society/activists/NGO not on CCM (4)
- Local Fund Agent (1)

PART A: Questions asked in person

Country:

Name and position of the respondent:

Sector or activity:

Name of the interviewer:

Date:

Contact phone number of the respondent:

Organisation if applicable:

Sex:

Interviewer is free to change the order of these questions as long as s/he gets responses to all of these questions by the end of the interview.

Some interviewees will not have relevant background to answer some questions, so those questions can be skipped as appropriate.

PREREQUISITES FOR MEANINGFUL INVOLVEMENT OF CIVIL SOCIETY

Background: meaningful involvement of civil society is only possible if certain prerequisites are fulfilled, i.e. access to information; financial and technical assistance; capacity building; proper representation on the CCM; acceptance by other actors on the CCM, and communication between civil society representatives and their constituents.

1.1 Could you please give me your opinion about civil society's involvement in the CCM and in the working groups? Could you especially highlight the strong and the weak points of their work on these bodies? Do they have access to all the relevant information in order to play an active part during discussions and decision-making?

1.2 Are civil society representatives perceived as equal partners on the CCM and in the working groups? If not, why?

1.3 Do you think that civil society is adequately represented on the CCM? Should there be more (or fewer) civil society representatives?

1.4 Are civil society representatives supported by the CCM or by the GF? Do you have any examples of financial or technical support (e. g. trainings)?

1.5 What are the three most important capacity development needs of civil society members of the CCM?

1.6 What is the Chair or other CCM leaders doing to actively include civil society participation in CCM decision making? What should they be doing?

1.7 Do any civil society CCM members represent organizations that receive a substantial share of their revenue from GF projects or from the government? If so, how do you think this may affect the members' participation and capacity to represent civil society on the CCM?

1.8 Do you think that the presence of government officials on the CCM affects the decisions of the CCM? If so, how?

1.9 How are women involved in the CCM process? Do women face particular challenges in participating in CCM activities? Are they able to address issues of gender in a meaningful way?

QUESTIONS OF REPRESENTATION

2.1 Do you think that civil society representatives on the CCM are selected in a fair way by their constituency?

2.2 In your opinion, do civil society members on the CCM act in the interest of health care consumers (people needing services to address HIV/AIDS, malaria or TB)? If not, what may be the reasons? Are their qualifications to represent the interests of health care consumers considered in the selection process?

2.3 What can be improved to ensure that civil society members on the CCM represent their constituency effectively?

2.4 Do civil society members on the CCM seek input from and regularly report back to their constituencies on CCM issues? If so, how? Do you see the need for improvement of this consultation process?

EXAMPLES OF CIVIL SOCIETY'S INVOLVEMENT IN GF SUPPORTED PROGRAMS

Background: Involvement in programs should include the planning, the implementation and monitoring of the programs.

3.1 What role does civil society play in evaluating the programs and the implementation of grants?

3.2 What role does civil society play in developing proposals to the GF? Could you identify proposal components which you like and which wouldn't have been developed without civil society's contribution?

3.3 Have the civil society members on the CCM influenced the selection of principal recipients and sub-recipients? Have they lobbied for principal and sub-recipients from civil society? And if so, have they been successful?

3.4 What kind of role does civil society play in reprogramming existing grants, applications for phase 2 and applications for rolling continuation channel?

CASES WHERE CIVIL SOCIETY COULD OR SHOULD HAVE INTERVENED TO IMPROVE PROGRAMMING

Background: This section aims at identifying the main obstacles for civil society's involvement in GF supported programs. The obstacles can either be external, i. e. civil society wasn't allowed to do something, or internal, i.e. civil society wasn't interested or didn't have the capacity to get involved.

4.1 Can you recall any instances in which civil society representatives on the CCM or the broader civil society did, or should have, intervened in order to improve GF supported programs? In answering this question, please think of the proposal development as well as of the implementation and the monitoring of programs.

4.2 Can you identify the reasons for the non-intervention? Can you point out if it was more due to external constraints or the lack of interest or capacity on the part of civil society?

4.3 Do you know any civil society organisations who are very capable of delivering GF-support services but who don't receive any GF money? What are the reasons? Have these organisations been able to submit proposal components?

4.4 What changes have to take place in order for civil society to play a more active and meaningful role in improving the quality of GF programs? What can civil society itself do to improve its role in planning and monitoring GF program implementation?

4.5 What should the GF Secretariat, UNAIDS, WHO and other global agencies be doing to encourage the meaningful engagement of civil society in developing, evaluating and monitoring GF programs?

PART B: Written survey

Country:

Name and position of the respondent:

Sector or activity:

Name of the interviewer:

Date:

Contact phone number of the respondent:

Organisation if applicable:

Sex:

THIS QUESTIONNAIRE IS GIVEN TO THE RESPONDENT JUST BEFORE THE INTERVIEW AND SHE CAN FILL IT IN IN A FEW MINUTES.

1. Civil Society representatives attend meetings of the

	ALWAYS	OFTEN	RARELY	NEVER
CCM				
WORKING GROUPS				

2. Civil Society representatives contribute to discussions on the

	VERY OFTEN	OFTEN	RARELY	NEVER
CCM				
WORKING GROUPS				

3. Please rate the quality of the contributions of civil society representatives to discussion on the CCM and in the working groups

	VERY GOOD	GOOD	NEUTRAL	NOT GOOD
CCM				
WORKING GROUPS				

4. Please rate civil society's involvement in design and monitoring of GF supported programs:

	VERY GOOD	GOOD	NEUTRAL	NOT GOOD
DESIGN OF PROGRAMS				
IMPLEMENTATION OF GF PROGRAMS				
MONITORING OF GF PROGRAMS				

5. In your opinion, is there sufficient funding available for civil society representatives in order to attend meetings of the CCM and the working groups and to participate in a well informed way on these meetings?

	SUFFICIENT	NOT SUFFICIENT	NONE
FUNDING FOR CIVIL SOCIETY			

INTERNATIONAL TREATMENT PREPAREDNESS COALITION
Treatment Monitoring & Advocacy Project

CCM Advocacy Report, October 2008