

6

Participate in Global Fund Decision-Making

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SOUTHERN AFRICA

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing institution dedicated to attracting and disbursing resources to prevent and treat HIV and AIDS, TB and malaria and is one of the world's largest funders of HIV/TB and malaria, totaling 864 grants, worth US\$21.9 billion. The distribution of this money, approximately half (over US\$10 billion) has been granted to African governments, is decided by committees at national level called Country Coordinating Mechanisms (CCMs).

These decision-making committees are supposed to be made up of representatives of government ministries, non-governmental organizations, the private sector, technical specialists, academic institutions and affected communities, including women, girls and those marginalized by their sexual orientation and gender identities (SOGI). They are at the centre of the Global Fund's commitment to country ownership and are supposed to demonstrate inclusive and participatory decision-making as they select which projects and organizations get the massive amounts of funding available from the Global Fund.

However, there are huge gaps that exist in the representation of the most vulnerable and most marginalized groups in Global Fund decision-making on access funding. CCM decisions about what to include in their Global Fund proposals often reflect political imperatives rather than objective, community-informed assessments of what is really needed. This has meant that the needs of marginalized populations continue to be excluded and neglected due to lack of representation and documented evidence of existing needs.

Goals and objectives

In light of these gaps in representation on the CCMs in Southern Africa, AIDS Accountability International began a project called "Strengthening Country Coordinating Mechanisms through empowerment of marginalized communities: Promoting Meaningful Participation of Women and Groups Marginalized by Sexual Orientation and Gender Identity (SOGI) in County Coordination Mechanisms (CCMs) and Other Funding Mechanisms in the context of HIV, TB and Malaria in Southern Africa." The overall goal of this initiative is to increase the meaningful participation of women and girls as well as groups marginalized due to their sexual orientation and gender identity in funding mechanisms like the Global Fund. Meaningful participation of these groups is expected to make HIV, TB and Malaria programmes more effective, efficient, rights-based and cost-effective.

In order to achieve this goal the projects objectives were:

1. Increase Global Funds, CCM and grantee's accountability to women, girls and LGBT people.
2. Increase mutual accountability at CCM level amongst participants.
3. Increase accountability of civil society to women, girls and SOGI groups.
4. Promote greater engagement of women, girls and SOGI groups at country level in CCMs.

5. Develop capacity of women's, girls and SOGI groups to meaningfully participate in CCMs.

Apart from contributing to achievement of the Millennium Development Goals, and the Global Fund's strategies on Gender Equality and Sexual Orientation, this project speaks to AIDS Accountability's own goals of improving the inclusion and prioritization of accountability in the discourse in health advocacy and research debates. Accountability-based advocacy becomes a core skill and capacity among AAI's key partners in civil society and other stakeholder groups in the AIDS response.

Execution of the programme

To achieve these project goals, AIDS Accountability International conducted country case studies in Southern Africa on 'Who is really affecting the Global Fund decision making processes'. The outcomes of the study have highlighted several factors contributing to the neglect of these groups in the processes of the Global Fund. The research presents the results of interview and survey data from CCM members, key stakeholders and Global Fund Portfolio Managers. Data was collected from April-November 2012, representing the views of over 90 key informants from Botswana, Malawi, Namibia, South Africa, Swaziland, Zambia, Zimbabwe and the Global Fund Headquarters in Geneva.

Following this initial community consultation research, the project will continue with the production of a Needs Assessment Report, a Pathways Toolkit for civil society and a series of in-country capacity building workshops.

Accomplishments

Following the launch of the Community Consultation Report in March 2013, the research has been used to increase awareness of participation levels of marginalized groups on Africa's CCMs. The reports are featured online on such websites as: Aidspace; Health, Education, Social Protection News; AIDS Portal Global Fund Observer Live; Health and Development Networks' (HDN) eForums; Cross Perspective Collaboration Ning blog; Global Action for Trans* Equality; Science Speaks: HIV & TB News (A project of the Center for Global Health Policy); Association for Women's Rights in Development

(AWID) and more. AAI's CCM Reports have also been cited as a source in HLSP's recent publication "Five ways to begin the end of AIDS". The Community Consultation Report is also set to be short-listed to be published in the peer reviewed journal *The Review on Sexuality and Equality in Africa*.

Impact

There are some encouraging signs of increased participation of marginalized groups on CCMs in Southern Africa since the project started. For example, in 2011, Zambia's CCM was 24% women. In 2012, this number rose to 46%. In addition, Malawi's CCM had no key affected population seats in 2011. As of 2012, there are now two, one representing youth and the other representing other vulnerable groups.

"We have already started using the report to establish some gender transformative gaps in the MGFCC (Malawi Global Fund Coordinating Committee Chair) that the project by SAT (Southern African AIDS Trust) with support from GIZ is planning to support"

- CCM Member Ruth Mwandira, DFID, Malawi

Implementation, Efficiency and Sustainability

Following the uptake of the research within Southern Africa, AIDS Accountability International has also begun conducting advocacy at the Global Fund Secretariat in Geneva, Switzerland. In order to translate the research findings into useful capacity building implementation, AAI engaged senior technical specialists in gender, key populations, community systems strengthening, human rights and civil society at the Global Fund. Their technical expertise is integral in ensuring maximum efficiency for the projects goals. AAI has also brought Fund Portfolio Managers on board to be involved with the efforts to improve participation of marginalized groups on their CCMs. By working through these existing structures and relationships, the results of the project will also be more sustainable.

Replicability

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"I flew over Malawi for new latitudes and I'm serving now in Guyana, South America. Nevertheless, I believe I can use the reports here as well as we have many challenges with the local CCM."

- CCM Member Roberto Campos, UNAIDS, Guyana
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The replicability – as well as applicability – of this work in regions outside of Southern Africa is very apparent. AAI has involved Fund Portfolio Managers from countries outside of the project's scope, including Mali, Niger and Egypt, to expand the impact of the project as well as to discuss scaling up.

Challenges and Constraints

Despite the success of the project so far, there are certainly barriers that AAI faces in building the capacity of the marginalized in Global Fund processes. First of all, the cultural, legal and political contexts in Southern Africa are often a challenge when it comes to discussing certain SOGI groups, such as men who have sex with men and transgender individuals.

Way forward and recommendations

In order to overcome this key challenge, AAI has been working with civil society, government, funding partners and the Global Fund to strategize around how to advocate for SOGI participation, without compromising anyone's personal safety. This is of paramount importance in the way AAI conducts its advocacy and capacity building. Many have agreed that speaking from a right to health angle, rather than challenging peoples morals or political perspectives, is the best way to achieve better representation and access to services for these marginalized groups.

Lessons learnt

- Language is very important in SOGI advocacy. The way we speak about issues to do with gender and sexual orientation can have an enormous impact on the outcomes of that advocacy. It is important to always come from a human rights perspective and to communicate about culturally or politically sensitive issues in a manner that upholds these rights for all.
- Young people are not represented on the CCMs. Often times, the CCMs are not places where youth are invited to participate, despite being a key affected population that should have a voice in Global Fund proposal writing and funding decisions. Creating more informal spaces for 'conversational accountability' and 'intergenerational dialogues' is a key lesson for AAI as the project continues.
- Fund Portfolio Managers are not public health specialists. Along with building the capacity of CCM members and key stakeholders to participate meaningfully in Global Fund processes, there is also a need to build the capacity of Fund Portfolio Managers on issues of human rights, key populations and gender.