



Independent observer  
of the Global Fund

## CIVIL SOCIETY HAS HAD LIMITED IMPACT ON DRUG POLICY REFORM IN THREE FORMER SOVIET UNION COUNTRIES, RESEARCHERS SAY

Editor's note: In their paper, Andrew Harmer et al raise some interesting issues about the impact of Global Fund financing on civil society organisations not just in Eastern Europe and Central Asia, but also in other regions. Aidspan has created a Discussion Page on its website where GFO readers can engage in a discussion on these issues. Have your say at [www.aidspan.org/page/discussion-page](http://www.aidspan.org/page/discussion-page).

Civil society advocacy for health issues such as HIV transmission through injecting drug use is higher on the global health agenda than previously, but its impact on national policy reform has been limited. This is one of the conclusions of a study by several researchers published in an article in the journal *International Health Policy* on 4 July 2012. The article was written by Andrew Harmer of the Centre for Research on Health and Social Care Management, Bocconi University, Milan, Italy.

The study found that despite concerted efforts by the international community to raise the profile of civil society engagement in the health policy process, the Global Fund's financing of advocacy by civil society organisations (CSOs) in the former Soviet Union has been limited.

The study examined civil society advocacy efforts to reform HIV/AIDS and drugs-related policies and their implementation in three countries: Georgia, Kyrgyzstan and Ukraine. It also assessed the direct and indirect effects of Global Fund support for CSO advocacy in these countries.

The study was done through interviews conducted between February and August 2010 with representatives from CSOs who are recipients of Global Fund grants and who work in the field of harm reduction for injecting drug users.

The Global Fund has provided support for CSO advocacy as follows: Georgia \$507,000, Kyrgyzstan \$716,580 and Ukraine \$630,000. The money was used to fund conferences and meetings where CSOs exchanged information with government agencies and discussed policy; press conferences, communications and materials; advocacy training at summer schools; and working groups established to develop policy proposals.

Some interviewees were critical of the quality of the training, which consisted of one-off sessions rather than ongoing, systematic support. They said the training tended to focus on a limited number of topics that reflected the priorities of the grants rather than being grounded in the needs of vulnerable groups.

Interviewees said the HIV/AIDS programmes supported by the Global Fund appear to approach advocacy as a one-off training exercise instead of providing long-term support for CSOs. "Funding is mostly short-term, making it impossible for CSOs to establish long-term strategies," the researchers wrote.

The study found that there was a relatively strong CSO advocacy environment in Ukraine, which stemmed from the fact that two large CSOs – the International HIV/AIDS Alliance and the Network of People Living with HIV/AIDS – acted as principal recipients (PRs) for the Round 6 HIV/AIDS grant. Their status as PRs raised their profile and made them a powerful voice among CSOs, resulting in a number of successful national advocacy campaigns.

A key problem described by several CSOs in these countries was the perception that challenging government policies would prejudice their chances of receiving future Global Fund grants. Small CSOs receiving single grants in Kyrgyzstan, and to some extent Georgia, felt particularly vulnerable, and were more cautious about embarking on advocacy activities, especially at the national level, than those larger, more visible CSOs that received funding from multiple sources.

In Kyrgyzstan, an additional problem stemmed from breaks in Global Fund financing to CSOs, which created fragility and jeopardised both service delivery and staff retention. This undermined advocacy efforts because CSOs were forced to concentrate on maintaining a skeleton service with limited resources.

The study says that the Global Fund is beginning to recognise the importance of CSO capacity building. It also found that an indirect effect of capacity building from Global Fund grants has been to build an enabling environment in which communities can advocate for reform of government HIV/AIDS-related policies. The study provides examples of strengthened relations between CSOs and government officials that are beginning to erode the stereotypes each sector has of the other.

The researchers concluded that "whilst advocacy may now be a higher priority for the Global Fund Secretariat, there is a sense among CSOs that this has not yet permeated fully to the Fund's country-level governance mechanisms."

The researchers said that, given the Global Fund's principle of country ownership, it is not in a position to positively discriminate against grants with an explicit advocacy component. "However," they added, "if the Global Fund is serious about strengthening communities as a way to strengthen health systems, it could positively promote advocacy as an integral component of health systems strengthening."

A copy of the journal article is available on the Aidsplan website [here](#). On this same page, GFO readers can participate in a discussion of the many issues raised by the researchers.

