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## KEY POPULATION NETWORKS CALL FOR STRENGTHENING ENGAGEMENT IN GRANT-MAKING AND IMPLEMENTATION

An independent review of the engagement of civil society organizations (CSOs) and key populations in processes related to the Global Fund's funding model has found significant lapses in inclusion. The [report](#), published by the [Community Leadership and Action Collaborative](#), or CLAC, a network of global and regional key population and advocacy organizations, provides key insights into what is, and what is not, working for “communities” at country-level as the Fund embarks on its new strategy and the 2017-2019 allocation period.

The Fund's [2017-2022 Strategy](#) elevates gender and human rights concerns to a top level: One of the four core objectives is to “promote and protect human rights and gender equality.” This objective is further operationalized by a sub-objective: “Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes.”

While demonstrable progress has been made in the representation of key populations on country coordinating mechanisms (CCMs) and in country dialogues, questions remain about how meaningful or impactful some of this representation ultimately is. Thus, the Fund's Community, Rights and Gender Department commissioned this study to look more closely at what it means for engagement to be meaningful, and how the Fund and its partners can better support that.

The research undertaken for the report had two main objectives: to learn from communities themselves about barriers to meaningful engagement in Global Fund processes, and to understand what strategies are working and have promise to overcome those barriers. The authors conducted a review of existing literature and about 50 interviews in September and October of 2016. In addition, seven “country consultations” were held in Cameroon, the Dominican Republic, Kenya, Moldova, the Philippines,

Suriname and Tunisia, each including advocates, implementers and people living with or affected by HIV, TB and malaria. “These consultations and community interviews provided an invaluable opportunity to bring the most important voices and analyses to bear on this research – those of communities themselves,” said Liesl Messerschmidt, one of the authors of the report.

Entitled “Independent Multi-Country Review of Community Engagement in Grant Making & Implementation Processes,” the report focuses on the later parts of the funding model: grant-making and implementation. As one person quoted in the report put it: “The community is meaningfully engaged during two stages – country dialogue and concept note development –while afterwards their engagement is reduced dramatically.”

Grant-making is the phase during which a concept note (now known as a “funding request”) is translated into a grant agreement. As described on the Fund’s [website](#), this is when the principal recipient (PR) and the Global Fund identify capacity gaps, review and agree on implementation arrangements, and negotiate key grant documents such as a work plan and budget. Traditionally, grant-making has been a mostly closed-door process between the PR and the country team. The report details community complaints that their inputs and priorities are vulnerable to cuts during this process because the next time the grant sees daylight is when it is signed – at which point communities have no recourse to protect their priorities.

Exclusion of communities often continues during grant implementation, according to the report, when the PR is functionally making most of the important decisions and is not currently required to involve communities. CCMs, which in most cases have some level of community representation, are supposed to supervise PRs throughout implementation, but the report’s authors did not find this to be sufficient to induce meaningful engagement.

(A note on terminology: The authors of this report employ the term “community” as an umbrella term which includes people living with and affected by the three diseases, key populations for each disease, and various CSOs working at the local level. A discussion of the definition of “community” is included in the report.)

## Recommendations for the Fund

The report contains a number of recommendations and “strategic actions,” to use the terminology of the report, to achieve more meaningful engagement of communities in Global Fund processes. We discuss a selection of these below.

One recommendation is to “define, enforce, and support community roles in governance and decision-making structures.” The following strategic actions for the Secretariat are proposed to achieve this:

- strengthen CCM guidance on community engagement;
- ensure engagement of very marginalized communities (e.g. sex workers, people who use drugs); and
- support communities with predictable funding for capacity strengthening, on the one hand, and greater transparency and accountability for selection and monitoring of community representatives, on the other.

Another recommendation is to “mainstream community engagement in quality improvement mechanisms.” One proposed strategic action to achieve this is to implement “community taskforces” at country-level. These taskforces are described as collective organizing mechanisms whereby a range of communities – i.e. different key population groups, networks of people living with the diseases, and civil society organizations – can develop a shared agenda and channel that agenda into Global Fund processes via CCM representatives, and perhaps also during grant-making and implementation. This concept has been

implemented before, with generally positive results, according to those involved. The paper calls for community taskforces to be further piloted in a number of countries, with funding from the Global Fund.

A third recommendation is to “standardize accountability and communications channels between communities and the Global Fund.” A proposed strategic action is to establish a “community communications hub” at the Secretariat. The hub would be a place for communities to turn for information and to report grievances, and it would also be responsible for monitoring community engagement across countries and grants. In addition, the authors recommend that specific performance measures related to community engagement be implemented for Grant Management Division staff, such as fund portfolio managers and country officers.

The recommended actions range from plain and practical, to lofty and aspirational. They appear to be backed by a growing consensus that not only is greater community engagement a moral imperative, but it is also critical to maximizing the impact of its grants.

“Strengthened community engagement results in stronger health systems. That’s because communities are central to programmatic effectiveness and response sustainability. We have to do more to ensure communities are in the driver’s seat in disease response,” said George Ayala, executive director of the [Global Forum on MSM & HIV](#) (MSMGF), a founding member of CLAC.

In addition to the formal report, MSMGF has published a [series of “thematic case studies”](#) on topics germane to the overall questions addressed in the report. These thematic studies serve as deeper dives on some key issues raised in the course of research for the report.

Charlie Baran is one of three listed authors of the report discussed in this article.

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