Aidspan

Independent observer of the Global Fund

From having a voice to being heard: the case for professionalizing key population representatives

Among the recommendations of a recent report on the Representation and Participation of Key Populations on Country Coordinating Mechanisms (CCMs) in six African countries, Aidspan underlines the need to professionalize key population representatives (KPRs). It notes that “just because one is vocal does not necessarily translate into meaningful engagement”, that KPRs “have often in the past been seen as somewhat token CCM members” and that “their ability to contribute, and the quality of their participation in the processes of these bodies [is] unclear”.

We believe indeed that building the capacity of KPRs to contribute their indispensable share to the governance of Global Fund-supported programs is a central condition for achieving the vision of ending HIV, tuberculosis and malaria as public health threats by 2030.

Women and girls, men who have sex with men, people who inject drugs, transgender people, sex workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children… Giving those groups a voice by opening the doors of CCMs to their representatives is a major step in the right direction. But to unleash their potential to make a real difference, to be heard and become a trusted force for change, they need help to build essential skills and competencies.

A steep learning curve

The Global Fund and its success against AIDS, tuberculosis and malaria owe a lot to the extraordinary contributions of civil society representatives worldwide. Thanks to their relentless efforts in extremely difficult environments, those pioneers have reshaped international public health while putting people living

with disease at the center of healthcare systems.

With the new rules of engagement in the Global Fund governance systems, those highly educated activists are now making room to a new generation of civil society representatives whose level of preparedness varies considerably, as Aidspan's report highlights. These new arrivals must absorb a tremendous volume of information and data that is made available, at an increasing speed, about the Fund, its partners and health-related issues.

A variety of toolkits, manuals, guidelines, tutorials and training workshops has already been produced around Global Fund policies and processes. But these good initiatives are scattered, developed separately, written primarily in English, sometimes in French and Spanish, and generally not designed with a focus on the specific needs of low-educated or extremely marginalized groups. Let's face it: how many KPRs have been efficiently trained through sporadic two or three-day workshops? How many have excelled basing their knowledge and understanding of program implementation through Global Fund orientation sessions? Self-education and workshops cannot by themselves be substitutes for a better structured and adapted training curriculum for KPRs.

As was recently noted by the Board's Communities Delegation in a study on the engagement in the funding model of key populations from 11 countries, "In cases where community representatives had received capacity building over the longer term, KPs were empowered to engage, raise concerns, challenge existing power structures and decision making processes and influence final outcomes. In cases where capacity building was lacking, KP representatives were engaged only in a tokenistic way and faced stigma during the process, labelled as incompetent and seemingly reinforcing negative preconceptions about key affected communities".

What we suggest

KPRs are grounded in the daily reality of the people they represent. They have access to extended networks and an intimate knowledge of the needs and priorities of some of the most hard-to-reach communities. They bring a unique expertise that other CCM members, be they doctors, academics, government representatives or other high-level officials don't have. But to make the most of it, to enter CCM discussions confidently and influence public health decision-making in a credible way, they must learn to speak the language spoken at CCM meetings and in public health circles. They need to master the technical complexities of Global Fund procedures, to become fluent in the jargon of decision makers and fully at ease with using it to properly represent the interests of their groups. This can only happen with long-term capacity building.

We see four main components for such a curriculum, which could be conceived as a training-of-trainers program to reach out to members of marginalized communities in their own languages.

Program management, from design to evaluation, is an area where KPRs and communities can bring true innovation, especially in monitoring and qualitative program evaluation. Good governance of their own community organizations is another essential component of their credibility. Advocacy is a third area that requires special skills, especially in the context of a complex international multistakeholder partnership. To develop and implement effective strategies that attract attention to their cause or to play constructive watchdog functions, KPRs must be able to conduct data-driven needs assessments and evaluations of service delivery systems, notably public ones.

Underlying those three areas, the importance of information literacy cannot be overstated. To keep learning, KPRs must develop essential skills to navigate their way through a vast and expanding array of information resources (websites, social media channels, mailing lists, databases, etc.). This is critical to building their networks, understanding where their priorities fit in the bigger picture, and keeping a

strategic watch over the most relevant developments in their field of interest while avoiding information overload.

How it can be done

Where should we start from? When the needs are so vast, the target groups so dispersed around the world, speaking so many different languages, enjoying widely varying levels of education and understanding of Global Fund policies and processes, living in diverse epidemiological and cultural contexts, training KPRs may seem like a formidable challenge. Moreover, because of past abuses, the Global Fund and other international funders are understandably reluctant to support any more training initiatives.

The good news is that we don't have to re-invent the wheel. An important part of the solution lies in today's Internet which offers cheap and reliable channels to deliver certified courses in multiple languages at no cost to participants. Those services, called massive open online courses ('MOOC'), have proven their worth to connect to a global and diverse audience, providing the most flexible way to reach out to distant individuals at their own pace, with the additional incentive of offering a space for networking with their peers around the globe. In our global context, although face to face training will remain indispensable to provide more targeted support, open online courses offer an extraordinary channel to deliver the same formal training to very large groups, to monitor its results and to address the concerns over fake, ineffective and costly training. The KPRs' skills and knowledge gaps, as well as the technology to deliver a program that addresses them, can quite easily be figured out. For the Global Fund and its partners, it is mostly a matter of making this a priority and investing in the design and development of a curriculum for maximum impact, in a coordinated way.

Community leaders and KPRs represent the untapped 'human resources' of current and future public health efforts. By pooling together different capacity building initiatives and internet possibilities, public health training for KPRs is at our grasp. Let's not stop half-way through and offer them support to build their capacity to be heard if we really hope to win the fight against disease.

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