

POLICY BRIEFING

Community Systems Strengthening and the HIV Response

Introduction:

The resourcing landscape for the HIV response has witnessed a dramatic shift that is marked by a 10% decline in resources since 2010 and more recently the cancellation of Round 11 of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Within this landscape of diminishing resources for the HIV response there is an increased focus on ensuring that available resources are invested strategically and that resources are targeted at interventions and populations that will yield the highest impact. Civil society and community based responses have been a prominent feature of the HIV response over the last three decades. The engagement and participation of civil society and the community in shaping and driving the response forward has led to many of the gains that have been achieved. The recently launched Strategic Investment Framework identifies community mobilisation as a critical enabler for programmatic success in the AIDS response. In addition, the Community Systems Strengthening (CSS) Framework provides the blueprint for effective and sustainable investments in communities.

The aim of this paper is to highlight the importance of continued investment in community systems strengthening as a key component of health systems strengthening efforts, in order to achieve universal access to HIV prevention, treatment, care and support and to achieve the health related Millennium Development Goals (MDGs). The continued support for CSS related activities from funding agencies is essential to ensure an effective, quality assured and wide reaching HIV response.

Understanding Community Systems Strengthening:

CSS is centered on promoting the development and sustainability of communities and community based organisations (CBOs) and structures as a key mechanism through which health outcomes can be improved. CBOs and networks are generally best placed to interact with and respond to the needs of affected communities. The Global Fund has defined community systems and approaches to strengthening them.ⁱ The International HIV/AIDS Allianceⁱⁱ has been a significant contributor to the development of and helping to understand the CSS Framework.ⁱⁱⁱ

Core Principles of CSS:

- CBOs, key affected populations and communities have a significant and equitable role in all aspects of programme planning, design, implementation and monitoring;
- Programming is developed based on human rights, including the right to health and non-discrimination;
- Programming is informed by evidence and responsive to community experience and knowledge;
- Commitment to increasing accessibility, uptake and effective use of services to improve health and well-being of communities;
- Accountability to communities – for example, accountability of networks to their members, governments to their citizens and donors to the communities they aim to serve.^{iv}

The CSS framework provides a systematic approach for understanding and strengthening the essential components of community systems and interventions, with a strong focus on capacity building, human and financial resources and sustainability.

The development and promotion of CSS in Global Fund programming has been led by the civil society team. Following a wide scale restructuring at the Global Fund that has been recently completed, the civil society team as a standalone unit has been disbanded and mainstreamed into the grant management division. There is growing concern that this decision could jeopardise CSS at a programmatic level and could also undermine civil society engagement with the Global Fund. Civil society implementers are often treated similarly to governmental implementers, when there are marked differences in the realities of their capacity, resources, needs and assets. These differences and the dynamics and nuances around CSS needs to be well understood for effective programme implementation.

The Investment Framework and Community Systems Strengthening:

In 2011 a group of HIV specialists, came together to examine how a significant refocusing of HIV investment could bring about a more rapid decline in HIV. The Lancet published the work of the investment framework study group in June 2011. In its basic form the 'Investment Framework' (IF) is a model for HIV investment and HIV programming for the next decade.

The IF is an evidence based model to calculate financial needs and to guide resource allocation. It relies on the implementation of a range of interventions that have been proven to be most effective, and that target populations with the highest need. The six basic programme interventions emphasised are:

1. Prevention of Mother to Child Transmission (PMTCT);
2. Condom promotion and distribution;
3. Key populations interventions (sex work, MSM, IDU programmes);
4. Treatment, care and support to people living with HIV/AIDS (including facility-based testing);
5. Male circumcision;
6. Behaviour change programmes.^v

The IF articulates a number of critical enablers without which the programme interventions would not be possible. These are defined in two categories: 1) social enablers including community mobilisation, changing laws and stigma reduction; and 2) programme enablers, or efforts to make programmes work, such as community centered design and delivery, communication, management, procurement, research and innovation. Community mobilisation as articulated in the Framework can be divided into three categories: outreach and engagement activities; support activities and advocacy, transparency and accountability.

The IF emphasises that community mobilisation is a basis for many of the critical enablers and outlines why community mobilisation is a core component of an effective HIV response. Firstly, community driven outreach activities have successfully connected people with a broad range of HIV related interventions and have thus improved the uptake of basic services. Secondly, community mobilisation has been used to support activities, enhance the quality of care and service provision and improve treatment adherence. Thirdly, community mobilisation activities that have focused on advocacy, transparency and accountability have led to an increased focus on human rights based programming.^{vi}

The framework clearly assumes that shifting service provision to place greater emphasis on community mobilisation will enable major efficiency gains. The IF provides the first major opportunity to build on the

concept of community system strengthening and demonstrate that organisational and recurrent costs are affordable and enhance sustainability, ownership and accountability of the AIDS response.

3. Community systems strengthening at the country level

Civil society organisations (CSOs) have played a critical role in the AIDS response; they have been key providers of prevention, treatment, care, and support services. One of the primary challenges that CSOs consistently face is resource shortages. Most CSOs are able to secure (limited) funding for project level activities and direct service delivery, but they struggle to secure predictable core funding required to expand their scope work. Following the cancellation of Round 11 the Global Fund launched the Transitional Funding Mechanism (TFM) to fill the granting gap between January 2012 and 2014.^{vii} The TFM is established to allow continued funding for 'essential services' for any country experiencing a disruption of services between January 2012 and 2014.^{viii} The definition of 'essential services' has wide-ranging implications and it is likely that funding for CSS interventions will decline because CSS interventions may not be considered essential elements.

The CSS Framework articulates the need for comprehensive support to community organisations including core funding, organisational development, and direct funding for programme implementation. The role that CSOs play in terms of direct service provision is undisputed, however in conjunction with this role CSOs also need to be resourced to ensure that they are able to feed into and influence decision making and policy processes. Community organisations are best placed to advice on bottlenecks and implementation challenges and advising where improvements are necessary.

Alliance India – Pehchān Programme

On 1 October, 2010 the Alliance India^{ix} launched Pehchān, a new five-year project supported through The Global Fund Round 9. The core strategy is to strengthen CBOs and community systems to create local ownership of the HIV response, which will form the foundation for long-term interventions as they link up and function under India's National AIDS Control Program. Pehchān is the largest Global Fund grant to date to strengthen HIV prevention among MSM/Transgender/Hijra (MTH) communities, and is unique in the degree to which it is community-driven and focused on advocacy and policy activities. In addition the project is MTH community-driven and managed, and takes into careful consideration the rights and needs of the MTH community.

The Pehchān project applies the principles of CSS which rely on the development and sustainability of communities and community organizations and actors, and enables them to contribute to the long-term sustainability of health and other interventions at community level. In order to achieve the goals of the project, populations and community networks are mobilised and community-led structures and mechanisms are being put in place for prevention, treatment, care and support; advocacy; and the development of an enabling and responsive environment.

The Pehchān program is supporting the overall goals of the national HIV/AIDS program by increasing community responses to halt and reverse the epidemic. Key components of the program such as community preparedness, community friendly services and advocacy will lead to increased coverage and accessibility to health services and decrease in HIV and STI prevalence, risk behaviour and an increase in community preparedness for receiving services, and overall health and wellbeing.

STOP AIDS NOW! – MaxART Programme

On July 20th 2011, the MaxART: Maximizing ART for Better Health and Zero New HIV infections programme is a collaboration between the Dutch based STOP AIDS NOW! and the Ministry of Health in Swaziland. Swaziland has the highest HIV prevalence globally – 26% among 15-49 year-olds. Despite efforts to address challenges associated with HIV, including a robust national ART programme, the country continues to struggle to reverse its epidemic.

The aim of the programme is to translate into practice the scientific evidence that ARV treatment of People Living with HIV (PLHIV) in discordant couples reduces the chance of infection by 96% and that starting ARV treatment earlier could significantly contribute to a reduction in HIV incidence. Interventions include strengthening health facilities to provide high-quality decentralized HIV services with a specific focus on hard to reach groups, and strengthening support structures to improve patient follow up and treatment adherence. The Swazi community and its leaders are actively engaged to broaden understanding of the realities of PLHIV and to identify effective solutions to service delivery bottlenecks and increase community mobilisation and engagement.

The MaxART programme has strong leaders on community based interventions. These include the Swaziland Network of People Living with HIV (SWANNEPHA) which is technically supported by the Global Network of People Living with HIV (GNP+) in assessing the human rights situation and realities on the ground of PLHIV and SAfAIDS which technically supports 17 national partners on community mobilizing efforts. Linking and supporting community based interventions both technically and financially including community mobilization, human rights monitoring, and evidence gathering on local needs and realities with simplified facility based service delivery is an effective mechanism to turn the tide on the HIV epidemic in Swaziland.

Key Recommendations:

- **Programme development and implementation that is community centred is essential to an effective AIDS response.** The active participation of NGOs, CBOs, communities, key population groups, and networks of individuals who are directly affected by HIV – in all stages of programme development, implementation and evaluation – is paramount to the implementation of effective HIV interventions. Governments and donors must ensure that local civil society groups are financially and technically supported to enable them to be meaningfully engaged in these processes.
- **The principles of the CSS Framework should be incorporated into broader development programmes.** The CSS Framework which articulates the importance of comprehensive support to community organisations including core funding and organisational development needs to be broadly endorsed by governments, donors and UN agencies.
- **Governments and donors must ensure that there is adequate space and opportunity for community organisations to participate in policy making processes.** Community organisations need to be resourced and their capacity built to enable them to feed into and influence local and national decision

making and policy processes. Community organisations have the first hand knowledge of the needs within communities and also have intrinsic understandings of system processes at community level.

- **Governments and donors must support the implementation of all components of the Investment Framework** as an evidence based model to guide prioritisation of efforts. Community mobilisation is a critical component of the Framework that will enable major efficiency gains and ensure that interventions are grounded in reality and based on the principles of universal human rights.
 - **The Global Fund must prioritize civil society collaboration and programmatic implementation within its new structure.** There are distinct differences between civil society implementers and government implementers; the achievement of effective and efficient programmatic results is dependent on understanding these differences and addressing them accordingly. With a third of Global Fund grants currently being implemented by CSOs the Global Fund must ensure that there are appropriately skilled and experienced interlocutors for civil society implementers to engage with within the Global Fund secretariat and broader structure.
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ⁱ For example: Global Fund (undated) *Framework to Support Community Systems Strengthening*; Global Fund (2010) *Community Systems Strengthening: Information Note*; Global Fund (2010) *Community Systems Strengthening Framework*.

ⁱⁱ The International HIV/AIDS Alliance is a global partnership of civil society organisations supporting community action on AIDS in developing countries.

ⁱⁱⁱ For example: Global Fund and International HIV/AIDS Alliance (2008) *Civil Society Success on the Ground: Community Systems Strengthening and Dual-Track Financing: Nine Illustrative Case Studies*; International HIV/AIDS Alliance (undated) *Community Systems Strengthening Framework: We've Read it for You... A Summary*; International HIV/AIDS Alliance and ICASO (2010) *Civil Society Consultation on the Draft Community Systems Strengthening Framework*

^{iv} UNAIDS 2011, Supporting community-based responses to AIDS, tuberculosis and malaria: a Guidance tool for Including Community Systems Strengthening in Proposals for the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

^v UNAIDS 2011, Supporting community-based responses to AIDS, tuberculosis and malaria: a Guidance tool for Including Community Systems Strengthening in Proposals for the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

^{vi} Schwartlander B et al, Towards an Improved Investment Approach for an Effective Response to HIV/AIDS, *The Lancet*, June 2011.

^{vii} This is essentially an extension of the already existing 'Continuation of Services' mechanism

^{viii} TFM information Note, Global Fund, P.3

^{ix} Alliance India is a regional secretariat of the International HIV/AIDS Alliance, bringing together committed organisations and communities to support sustained responses to HIV in India.