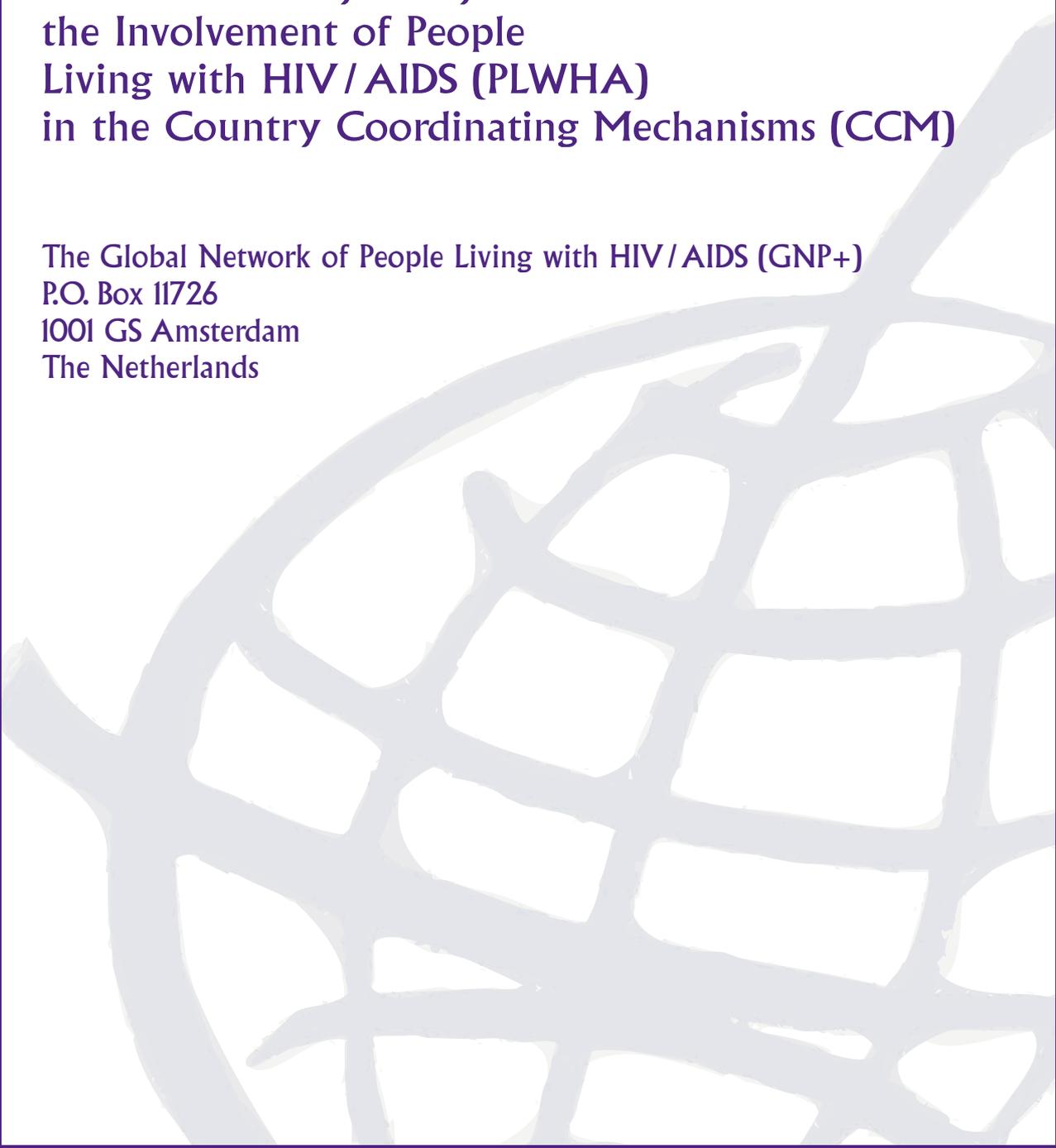




**A Multi-Country Study of
the Involvement of People
Living with HIV/AIDS (PLWHA)
in the Country Coordinating Mechanisms (CCM)**

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1. Introduction

This set of findings and recommendations is the synthesis of 74 completed questionnaires received from thirteen countries - Bolivia, El Salvador, Cameroon, Chile, Honduras, Haiti, India, Malawi, Moldova, Nepal, Nigeria, Peru, and Ukraine which have CCMs. The respondents included the President-Chair of the CCM, CCM Coordinator, ministry or government official, the Principal Recipient, PLWHA or NGOs on the CCM as well as PLWHA or NGOs who are not on the CCM. See Annex 1 for a country by country breakdown of respondents.

This analysis should be read in tandem with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Framework Document and Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms, 4 June 2003.

Please note that the findings and recommendations have been separated as much as is practically possible. Recommendations are to be found under the heading "Recommendations". Furthermore, in some instances answers to the same question by different respondents in a given country are at variance. These have been noted in the text; but it should be noted that many respondents outside the CCM process have sketchy information concerning the running of the CCM.

The bulk of the surveys were conducted between 15 August and 5 September 2003. In the cases of Bolivia and El Salvador the studies were undertaken by the Latin American Network of People Living with HIV/AIDS (REDLA+) at a later date.

The primary interviewers for this study were people living with HIV/AIDS from the recipient country (or neighbouring country, in the cases of Moldova and Malawi). Most participated in a review of the preliminary report while at the 11th International Conference for People Living with HIV/AIDS, Kampala, Uganda, 26-31 October 2003.

2. Background

The GFATM and the in country structure of the CCM and Principal Recipient is relatively new, and their operations, composition and legal status are evolving. Anecdotal evidence before this survey was undertaken indicated that there exists various obstacles to the involvement of PLWHA in the structure and operation of CCMs, including a need for capacity and skills building for members of the CCMs, governments and PLWHA as well as technical, financial and logistical support.

The surveys and this report is an attempt to capture the relationship between CCMs and PLWHA, how they are working together, what challenges face the various actors and what reforms institutionally need to be implemented. The overall aim of the report is to provide information to assist CCMs, and ultimately the GFATM, to function more efficiently, effectively as well as transparently so that the quality of life of those affected by AIDS, TB or malaria is improved.

3. Survey Findings and Recommendations

3.1 CCM Representation

3.1.1 Selection Process

In Bolivia, Cameroon, Chile, Haiti, India, Malawi, Moldova, Nepal, Nigeria and Ukraine, due to the short time frame for setting up the CCM, many current CCM members were simply appointed or nominated. In the case of Ukraine, according to the CCM Secretariat, each sector appointed a candidate; whereas the PLWHA respondent stated that there was voting but that the process was unclear. In Bolivia, where candidates were originally appointed, there now exists an election process.

From the surveys, in those countries where the Ministry of Health (MoH) or other government body simply appointed PLWHA or other representatives to the CCM, there have arisen issues of transparency, accountability, due process and independence; and whether the person is in fact representative as is the case in Malawi.

3.1.2 PLWHA Representation

All countries, with the exception of Moldova, have at least one PLWHA (or person living with TB or malaria) as a CCM member though in Malawi there are questions as to that person's suitability and in the cases of Nepal and Ukraine the manner in which the representative are being treated. In the case of Moldova, one respondent stated that HIV status should not be a criterion for selection to the CCM. In Bolivia, PLWHA were initially excluded from the CCM; however, after a process of lobby including with UNAIDS, they have been included. Respondents from Peru believe that the GFATM has mandated that at least one PLWHA representative be included on the CCM.

In Malawi and Moldova, PLWHA organizations not currently members of the CCM stressed that it is not too late to bring them into the process. Such inclusion would fit with the reforms taking place in several countries on the representation as well as selection methods and criteria used for the composition of the CCM. However, Moldova (with no PLWHA representation) and Nepal (with weak PLWHA representation) stated that neither country has plans to reform the CCM. Respondents from Malawi acknowledged the need to include PLWHA representatives, who have community support.

In Peru there was some mention that there are people representing the TB constituency but there is a lack of communication between the PLWHA and the people living with TB. None of the thirteen countries mentioned people living with malaria.

Recommendation: Honduras, India Nigeria and Ukraine recommended increased PLWHA representation on CCMs. Honduras also called for increasing the representation of people living with TB.

Recommendation: India suggested that a sub-national CCM could be formed to broaden the scope for NGO participation.

3.1.3 Length of Terms

The length of terms which CCM members serve varies from country to country. Bolivia, Chile (some have one year terms others are open ended), El Salvador, Haiti, Honduras (two year terms), India (two year terms), Peru and Ukraine have initiated time, limited terms on CCM members. In Bolivia terms depend on what position a person has on CCM. In Chile some members have one-year terms while others are open ended. In Honduras and India members have two-year terms. Ukraine has introduced a one third annual rotation of CCM members though some of the respondents were not aware of this. Cameroon, Malawi, Nepal, and Nigeria are still to introduce time-defined terms of office. The respondents from Moldova do not know if there are time limits on CCM membership; similarly, some respondents from Cameroon do not know.

3.1.4 Size of CCM

Some countries noted that the size of the CCM affects its efficient functioning. One country, Ukraine, reported that the CCM has 45 members and India's CCM has 31 members. Some respondents from Ukraine stated that 45 members is unwieldy for efficient meetings. Moldova has set a limit of 14 CCM members. Cameroon reported that it intends to reform the composition of the CCM, though no details were provided.

Recommendation: Chile recommended that if the number of members is to be limited; this must be balanced with creating an inclusive membership which covers all sectors and voices within each sector.

Recommendation: One respondent from Ukraine suggested that if the CCM as an organisation worked in between the meetings discussing the issues over the internet then CCM members would know about the issues and possible solutions before coming to the meeting and would be able to propose a strategy for approval during the meeting.

Recommendation: India recommends that the CCM should not be more than 30 people and one respondent from Ukraine suggested that 25% of CCM members be PLWHA.

Recommendation: Honduras suggested that there be 2 PLWHA and 2 alternates on the CCM

3.1.5 Meeting Attendance

In some countries such as Cameroon, Honduras, Nepal, Nigeria, Peru and Ukraine there are members of the CCM (often from the public sector) who do not regularly attend CCM meetings. Chile reported 80% attendance by CCM members with the exception of the Universidad de Chile which does not attend regularly. Bolivia, El Salvador, Haiti, India, Malawi and Moldova all reported regular attendance of CCM members at meetings. Cameroon noted improvements concerning CCM meetings including special funds for meetings and notice is given well in advance.

3.1.6 Ministry of Health

Bolivia stated that the Ministry of Health should be offering better leadership. There was concern expressed by India, Nepal and Ukraine about the relative weight of the MoH in the CCM as well as the role of the Minister of Health, who is in many instances the Chair or the Vice-Chair of the CCM. Issues in Nepal centred on the amount of time the Minister would be able to give to the CCM (Chile and Peru also flagged as a problem for CCM members who have other positions) as well as the operating style of some Ministers in the CCM.

Recommendation: Nepal suggested that the Chair of the CCM be a member of civil society.

3.1.7 CCM Membership

Even though many countries had a limited time period in which to form the CCM, in Bolivia, El Salvador and Peru the PLWHA community did manage to select and elect their representatives on simple criteria such as technical skills in project handling as well as political and leadership capacity. In these countries, PLWHA both inside and outside the CCM report that members bring the voice and opinion of the organization they represent to their work on the CCM. In Moldova and Nepal, where selection was by appointment, some respondents questioned the transparency of the process and by implication the integrity and independence of the CCM.

Peru stated that it needs to develop criteria for selecting CCM members; while Nigeria has already created such criteria though little detail was provided. In Nepal, according to one respondent, candidates were recruited on the basis of involvement in HIV/AIDS, reputation and the non-controversial nature of the group or individual. However, Nepal stated that there was some political influence in the process. In Malawi, members were invited on the basis of their position, commitment and specialization, though respondents outside the CCM process complain that the PLWHA representative sits on the CCM in her personal capacity. In Chile and Cameroon, while the government or CCM invited or nominated organizations to the CCM, the actual representative was chosen by the sector itself. Chile reported that because the PLWHA comes from an organization background, his interventions are given more weight than an individual in CCM meetings.

Some criteria used to date to select PLWHA members on CCMs include:

- Member of the national PLWHA network or similar responsible body (Chile, Honduras, Nepal and Malawi)
- Leadership of existing organizations, (Bolivia), and leadership capacity, (Chile)
- Work experience and commitment, (Cameroon, Chile Honduras and Malawi)
- Communication and advocacy skills, (Malawi)
- Specialist in the particular area, (Malawi)
- Geographical location (appears to have been used in Bolivia, Nepal and Peru)

Recommendations: Within sectors, selection criteria are important so that representatives do in fact represent PLWHA structures and not themselves in their personal capacity, as occurred in Malawi.

Recommendations: Explicit criteria will also dispel claims of 'silent' criteria being applied as has occurred in Ukraine,

Recommendations: Criteria such as being able to undertake the work, as in Cameroon, means that competent people will serve on the CCM.

3.1.8 Lack of Technical Capacity

There were complaints by some respondents that there are currently CCM members who have no or little technical knowledge of the three diseases but have been appointed because of other considerations. For example:

- In Ukraine, both the Red Cross and "Ukraine to the Children" were singled out as NGOs who have seats on the CCM but are not working on any of the three diseases.
- Nepal reported that some NGOs have been selected as CCM members because of their relation with the Prime Minister or the Health Minister of the time.

Bolivia reported that the money which the GFATM is bringing into the country has resulted in many NGOs suddenly being involved in HIV/AIDS.

3.1.9 Lack of Geographical Representation

Geographical issues were also of concern in some countries. Nepal stated that representation is largely confined to the Kathmandu Valley and Peru reported that resources are concentrated in Lima. In Bolivia it was claimed that La Paz dominates the process with the international organizations and the Ministry of Health deciding the CCM Board with no recourse to civil society, even though the CCM Statutes require civil society involvement. In Ukraine, Kiev has 4 votes and Odessa 1 vote; meanwhile Ukraine has 22 other regions which have no representation.

Recommendation: Bolivia, Nepal and Ukraine all called for more balanced geographical representation.

3.1.10 Other Sectors

In some countries, there are sectors or organizations not represented on the CCM, who play a significant role in their society vis-à-vis the three diseases. Haiti highlighted the need to sensitize and integrate more PLWHA organizations into the CCM process. Chile intends to include the corporate sector and Principle Recipient in the CCM, and Honduras stated that it wants to include other sectors but was non-specific. Malawi has draft CCM Guidelines awaiting final approval and wants to include new organizations, though the replies were non-specific. Ukraine complained about the level of NGO representation. PLWHA from Moldova were critical of the lack of PLWHA representation on the CCM.

Recommendation: Ukraine recommended that the government as well as local and international NGOs should have equal representation on CCMs.

3.1.11 Marginalized Communities

The Nepalese CCM Secretary stated that the most affected groups such as men who have sex with men, sex workers and injecting drug users are generally not represented and should be. One respondent from Malawi noted that “we could do better if we listened to all different groups that are involved at community level and take them on board; CCM needs to be more inclusive”. In Ukraine, the Soros foundation represents interests of NGOs involved in harm reduction activities and sex work.

Recommendation: Nepal noted that not only should each sector be represented but the various voices within each sector must find representation on the CCM.

3.1.12 Effect of GFATM

One point reflected in the surveys is the goodwill that has been extended to the CCM and GFATM process. Even though many people lack basic information as to the purpose, structure and operation of the CCM, a large number of respondents answered that the CCM is the kind of forum where all stakeholders can be involved. Respondents from Nigeria said that they were appreciative of the multi-sectoral response that the GFATM had engendered, particularly given the difficulties that the public sector can have in understanding and working in a horizontal approach.

3.2 Ownership, Accountability, Monitoring and Evaluation

3.2.1 Ownership, Accountability

From the responses received from Cameroon, Honduras, Haiti, India, Malawi, Moldova, Nepal, Nigeria, Peru and Ukraine, there appears to be some confusion as to who is accountable for the CCM and who is accountable for the GFATM process in-country. The Principle Recipient is legally responsible, though the CCM is also responsible for the monitoring the functioning of the GFATM in country. In addition, according to the Global Fund Guidelines on CCMs, the CMM—above and beyond developing proposals and overseeing the utilization of GFATM resources, is, as the political body, the decision-making structure.

Of all the countries surveyed, only Honduras is legally constituted. The lack of legal status is a source of concern, particularly in Peru. A basic lack of communication both within the CCM and to external constituencies of the roles, functions and structure of the CCM is a primary cause of misinformation as to whom recipients are accountable. In the case of Malawi, the CCM structure was imposed and has been built onto existing structures in country with the result that the CCM is answerable to the sub-committees, which in reality is the National AIDS Programme and its equivalent for TB and Malaria.

Concerns in the CCM process over ownership and accountability in country have increased in Chile and Peru with the creation of a new partner—the Principal Recipient. The Principal Recipient is both responsible for the funds and legally accountable to the GFATM. This situation has created concerns within CCMs with regards to their own authority on proposal implementation, including technical decisions and their assessment of proposals.

3.2.2 Monitoring and Evaluation

With regards to a monitoring and evaluation plan for the CCM process, countries are in various stages of evolution. Cameroon, Chile, El Salvador, Haiti, Nepal and Peru have set up a system of monitoring and evaluation. However, some of the respondents from Cameroon, El Salvador and Nepal did not know of it. Bolivia, India, Malawi, Moldova, Nigeria and Ukraine have currently no plans for such a system. Honduras stated that it intends to develop a system of monitoring and evaluations.

Recommendation: India called for a monitoring and evaluation plan to be developed for the implementation phase.

Recommendation: Ukraine called for monitoring and evaluation to assess whether PLWHA receive ARV therapy and counselling.

3.3 Decision-Making Processes within the CCM

3.3.1 Decision-Making

In general, the decision making process for the CCM is either by consensus as in El Salvador, Haiti, India and Peru or voting as in Bolivia, Cameroon, Honduras, Moldova, Nepal and Nigeria; Chile decides through a process of consensus. In Nepal and Ukraine it appears the Chair is taking decisions without these being referred to the CCM. Furthermore, in Nepal the participation of PLWHA has been reduced to signing decisions. In Bolivia, respondents reported that the Chair is making decisions which are being influenced by large international and local NGOs. In India, one respondent stated that some officials in the government with vested interest play a dominant role in deciding what type of proposals to be submitted.

As in the case of Bolivia, if the CCM is not responsive to PLWHA, it is the role of all in the CCM to make their constituency aware of failures in the operation of the CCM. With the support of other CCM members and PLWHA as well as lobbying with external partners such as UNAIDS, it is possible for the PLWHA community as a whole to fight for an effective voice on the CCM.

Recommendation: Nigeria suggested that PLWHA CCM members create a system by which PLWHA opinions are recorded as a means of capturing ongoing issues concerning the operation of the CCM. This is in addition to the formal minutes of the meeting.

Recommendation: Ukraine has called for GFATM guidelines on the relevant voting percentages to be granted to the various stakeholders on the CCM.

3.3.2 Language Issues

The presence of INGOs and international functionaries on the CCM or as observers can create conflict between the use of local languages and English. In Nepal, English has become the language of business of the CCM to the detriment of some CCM members who do not understand that language. Ukraine also highlighted the need for better English language skills for some CCM members. In Nepal, as a remedial measure, English lessons are being provided to the PLWHA CCM member.

Recommendation: Nepal suggested that only international people, both component in the local language and with the requisite technical skills, be nominated to participate on the CCM.

Recommendation: Moldova and Ukraine called for information to be provided in Russian and Bolivia requested information in Spanish.

Chile, Nepal and Ukraine pointed out that English is a necessary skill for working more effectively on the CCM. While translation can facilitate the smoother operation of CCM meeting, the fact remains that much of the information disseminated concerning the GFATM is in English and as such knowledge of English and training to assist this would be welcome.

Recommendation: Chile, Nepal and Ukraine requested English training.

3.3.3 Access to CCM Meetings

CCM meetings in Bolivia, El Salvador, Cameroon, Chile, Honduras, Haiti, Malawi, Moldova, Nepal, Nigeria, Peru, and Ukraine are open to non-members. The CCM meetings in India are reported to be closed to non-members. Also under a new Minister of Health, CCM meetings now seem to be closed to non-members in Nepal. Even though CCM meetings in Malawi are open to non-members; non-members reported that they did not know of these meetings.

3.3.4 Transparency and Accountability

Cameroon has moved the CCM meetings from the Ministry of Health to the Hilton Hotel so that CCM members feel equal and not intimidated by being in the offices of a government ministry.

Recommendation: Honduras suggested that the meeting be held in a neutral location, which does not include government offices.

3.3.5 Executive Committee

The formation of an Executive Committee varies across the countries. Bolivia, El Salvador, Haiti, Honduras, Malawi, Peru have created Executive Committees; while Cameroon, Chile, India, Moldova, Nigeria and Ukraine have not. The responses from Haiti and Honduras are variable. Those CCMs with an Executive Committee do not approve the decisions of the Executive Committee. Bolivia and Peru have PLWHA representation on the Executive Committee; the other countries with an Executive Committee do not.

3.3.6 Sub-Committee

Bolivia, Cameroon, El Salvador, Haiti, Malawi, Nepal, Nigeria and Ukraine have set up one or more sub-committees. Chile, Honduras, India, Moldova and Peru do not have a sub-committee structure. The response from Haiti is variable. Committees include financial, procurement, proposal development, and monitoring and evaluation as well as committees working on each of the three diseases. In the case of Nepal, the sub-committee is informal and merely advises the CCM.

Sub-committees with a PLWHA presence are found in Bolivia, El Salvador, Nigeria and Ukraine. Decisions need to be approved in the cases of Bolivia, Cameroon, El Salvador, Nigeria and Ukraine. In the case of Haiti there is no information on the question of CCM approval. With regards Malawi, approval of the sub-committee's decisions is not required as the sub-committee is superior to the CCM in the country's hierarchy.

In Peru, there exists a system of alternates to ensure a continuous PLWHA presence. This is particularly important given that often the future directions of the CCM as well as proposals are decided in such fora.

3.3.7 CCM Secretariat

Of the thirteen countries, only Nigeria and Ukraine has appointed a Secretary to the CCM. Nepal is in the process of establishing one. These Secretariats are responsible for the day-to-day functioning of the CCM including paperwork, organizing meetings and have the potential to be the focal point for internal and external communications. Cameroon noted that voluntary work to run the CCM is not sustainable in the medium to long term.

Recommendation: The interviewer for Ukraine stated that there needs to be a body – possibly the CCM Secretary - to do the minutes, updates on the CCM activities, meeting agenda and organization of working groups.

Recommendation: Cameroon, Chile and India noted the need for an independent CCM Secretariat.

Recommendation: Peru called for a paid Secretariat to facilitate the work of the CCMs.

3.4 Communication

3.4.1 Communications within the CCM

All thirteen countries indicated the strong need for better communication. While the discussion as to the methods of communications varied; there was an overwhelming consensus that there is a lack of communications within the CCMs as well as from CCM, NGOs or PLWHA on the CCM to the PLWHA organizations not part of the CCM. Respondents from Cameroon, Haiti, Malawi, Nepal and Ukraine stated that there exists a general lack of information on the vision, goals and objectives; the structure, composition and roles as well as the operation of the CCM and GFATM. Ukraine noted that communication with the CCM chair is infrequent and when it does occur it is formal and bureaucratic.

All CCMs with the exception of Nepal are keeping minutes of meetings which are circulated to CCM members. With regards Nepal, the questionnaires produced no information on this question. In Cameroon, Moldova, Nigeria, Peru and Ukraine there is a smaller group of CCM members, generally including the Chair or the Vice-Chair, who are communicating more frequently on various issues. In Peru and Ukraine this arrangement includes a PLWHA; while in Moldova it does not. No information was provided as to the composition of these groups in Cameroon and Nigeria.

One strategy employed in Peru by civil society in CCM meetings is to take a position on difficult issues as a group. Outside of the CCM, the same group has held meetings to draft petitions or letters to the MoH in connection with particular concerns and demands. The single difficulty has been to maintain communication with members of the TB civil society.

In all countries, communication is generally by email, telephone, fax and post. In Malawi, where funds have not been received; this translates into minimum communication. Respondents from Malawi also expressed a need for up-to-date information on the GFATM combined with capacity building so the CCM members understand the significance of developments.

Recommendation: Ukraine suggested the creation of a mechanism to facilitate communication but provided no specific proposal.

Recommendation: Nepal recommended that communications concerning the CCM should be timely; the agenda should be developed with greater involvement of CCM members (rather than by a selected few) and be shared prior to the meeting by using faster modes of communication such as email and fax rather than mail.

3.4.2 Communications outside the CCM

Bolivia and Chile reported that the on-going flow of information on the performance of the CCM has greatly assisted those outside of the process. This has gone hand in hand with electing representatives who are qualified for the task from both a technical and representative point of view. Malawi reported that PLWHA not on the CCM first heard of the existence of the CCM, while attending a meeting in Cape Town, South Africa. They reported a total lack of information on the CCM selection process.

In Cameroon, Nepal, Malawi, Nigeria and Peru, it was reported that luck and word of mouth are the main means of communication to those outside of the CCM, sometimes producing unfounded rumours.

Both Honduras and Nigeria have websites and they are planned for El Salvador and Peru. All other countries indicated that there are currently no plans for a CCM website or that they did not know. In Nigeria the website contains information on the CCM and is housed in the MoH; while the Honduras website http://www.undp.un.hn/fondo_global.htm is housed by UNDP and contains the Honduran agreement with the GFATM and supporting documents.

Recommendation: Chile stressed the implementation of the web page and India called for a website and email forum.

There are many countries where the internet is being used as a tool to facilitate either the work of the CCM or to disseminate information. For example India sends a monthly email providing information on the CCM.

Recommendation: Cameroon, Malawi, Moldova, Nepal, Nigeria and Peru indicated that they require assistance in basic equipment provision, which includes computers, and IT training and support. Bolivia and Chile reported a need for increased access to email.

Recommendation: Peru suggested that internet forums or email be used to share experience for increasing the knowledge PLWHA outside of the process of the CCM. Such a forum could be used regionally or internationally to assist CCM members from all sectors.

Modes of communication which have been used to date to publicize the work of the CCM and to create transparency in the public domain include meetings and public forums as in Honduras, Moldova and Ukraine; telephone is used in all countries; email is reported to be used by El Salvador, Honduras, India, Moldova (limited), Nepal, Peru, and Ukraine); a regular newsletters is produced in Ukraine; newspapers are used in Malawi, Nigeria and Peru; press releases are used in Malawi; radio in Malawi, Peru and Ukraine; television is used in Malawi

Recommendation: The interviewer from Ukraine noted that a means of assisting the publicizing of the work of the CCM is to employ a person or set up a body with the role of ensuring communication between PLWHA on the CCM and outside the CCM as well as liaising with the media in order to place information.

Recommendation: India suggested studying how other sectors in country and how other CCMs, other sectors and PLWHA representatives in other countries are disseminating information concerning the CCM and the GFATM. The role of collecting and disseminating good practice fits with in the GFATM's mandate.

In Malawi, a successful communication campaign concerning the CCM process raised expectations in the general public of additional resources for the country which have not materialized leading to a loss of momentum, which was reinforced by the fact that the CCM structure was imposed externally when the existing structures were operating well.

4. Meaningful Participation

Meaningful participation of PLWHA was variously described by the interviewees as:

- “Being part of the decision making process and being considered as key partners in planning, implementation and monitoring and evaluation of programs.”, Malawi
- “Having practical roles and responsibilities that are clearly spelt out.”, Malawi
- “Making decisions at the governmental level with PLWHA involvement.”, Ukraine
- “PLWHA are part of the planning, implementation, monitoring and evaluation. It is a wholesale involvement at all levels and with different types of involvement unlike the situation where PLWHA are simply used.”, Malawi
- “To be able to design their own projects for GFATM and be represented at every level and on every sub-group.”, Cameroon

As the above statements attest, PLWHA can take a leading role in the CCM structures and increase their participation. However, to do so PLWHA must earn a reputation for being professional. Some respondents from India, Nigeria, Ukraine criticized PLWHA for their lack of professionalism. In the situation of Moldova where there is not one PLWHA on the CCM, there is no meaningful involvement of PLWHA on the CCM.

5. PLWHA Involvement

PLWHA participate in decision-making through discussions, making proposals, expressing their opinions and arguing their positions as well as through voting or by consensus. In Bolivia, Chile, Cameroon, El Salvador, India (only involved in reviewing proposals), Nigeria, Malawi, Moldova, Peru and Ukraine, PLWHA have been involved in proposal writing. In Cameroon, Haiti, Moldova, and Ukraine, PLWHA have been involved in selecting the sub-recipients for grants. In the case of Peru and Ukraine the PLWHA organization on the CCM is a sub-recipient. In Cameroon, Chile, El Salvador, Haiti, Nepal and Peru where a monitoring and evaluation process exists, they have been involved in the monitoring and evaluation of activities. In addition, PLWHA in Peru have been involved in the planning stages of disbursements through assisting in the design of operative and purchase plans.

However, Honduras and Nepal reported that PLWHA representatives have been excluded from all proposal writing, choice of sub-recipients as well as monitoring and evaluation activities. Furthermore, in Nepal, the PLWHA CCM member did not participate in the proposal formulation and writing; yet the person's name appeared as one of the authors on the final document. For Haiti there was no information provided.

5.1 What do PLWHA Contribute to the CCM?

The following are views expressed by respondents:

- Human face to the epidemic, Moldova
- Reinforce mobilization campaign against stigma and discrimination, Haiti
- Knowledge on the stigma and discrimination, El Salvador
- PLWHA link scientific data with personal experience and are a bridge between physician and community, Malawi and Nigeria
- Direct life experience of living with HIV and in many cases experience of working with HIV and its impact, Bolivia, Chile, El Salvador, Honduras, Peru and Ukraine
- Awareness of PLWHA's position in society, Ukraine
- Advocacy for human rights, review of proposals, skills to make objective decisions, manage funds, monitor and evaluate what is being implemented and community mobilization, Bolivia, India and Malawi
- Representatives who, have no fear of the government since many people perceive themselves as having nothing to lose, as well as skills in advocacy and lobbying, Ukraine
- Advocacy for access to ARVs and other medications as well as treatment literacy, though treatment literacy varies from person to person, Bolivia, Malawi, Peru and Ukraine.
- Knowledge on strategies to improve access to treatment, Peru
- Treatment programme implementation experience, Malawi and Peru and treatment literacy, Malawi
- First hand experience of programmes that have worked or have not worked, Nigeria
- Propose concrete project proposals, Chile
- Capacity for public speaking and participation in designing public policies, Chile
- Critical analysis of CCM activities and procedures, Bolivia
- Rather than abilities, one could say PLWHA contribute principles: transparency, dedication and active membership, Bolivia

5.2 Obstacles

The following are obstacles encountered by respondents to PLWHA involvement in the CCM:

- Stigma and discrimination, Chile, Bolivia, Haiti, Nigeria and Malawi
- People are denied opportunities and there is no empathetic support from governments, India and Malawi
- Lack of recognition of PLWHA structures in the country, Moldova
- Lack of trust on behalf of the government, Bolivia and Ukraine
- Lack of confidence by opinion leaders, Cameroon
- Some PLWHA are still evaluating their status and are able only to contribute what they feel comfortable with, Nigeria
- Health problems, Bolivia, Chile and Haiti. Mortality, Haiti and Malawi
- Lack of proactive PLWHA participation, India and Malawi
- Lack of self-confidence by PLWHA's in their own capacities, India and Moldova
- Limitation in quality membership with technical skills, Nigeria
- Education level and lack of professional skills, Cameroon and Honduras
- Lack of skills and knowledge, Cameroon.
- Some PLWHA need technical knowledge concerning ARVs, Moldova and Ukraine
- Limitation in quality of membership with technical skills, Nigeria
- In the case of Bolivia, PLWHA lack capacity to manage financial resources, empowerment, deep knowledge of HIV/AIDS in all its aspects i.e. human rights, epidemiology, treatment, transmission, legislation, etc.
- Some PLWHA need improved technical knowledge HIV/AIDS, Chile

(5.2 Obstacles continued)

- Internal differences between PLWHA that are encouraged by some organizations to serve their own interests. Some organizations want to get a hold of self-help groups, Bolivia
- Lack of dialogue between PLWHA leaders, Honduras
- Some CCM members do not want to include PLWHA, Moldova
- There is resistance from certain health services to incorporate PLWHA in some programmes, Chile
- Biased attitude of professional doctors towards PLWHA and lack of trust from the government as to the meaningfulness of PLWHA work, Ukraine
- Some PLWHA are made to feel like a minority on the CCM, India
- Voice is not heard in CCM, Nepal
- In Malawi, working with individual PLWHA in their personal capacity prevents PLWHA participation and the problem is compounded because the national networks are not members of the CCM. Furthermore, the PLWHA on the CCM is assumed by some to represent all PLWHA.
- Limited PLWHA representation, India, Malawi, Moldova, Nepal and Ukraine
- Lack of transparency on the part of some CCM members and fear by them that PLWHA will hijack the process, Nigeria
- Opinions of PLWHA are not weighted and find that decision making does not necessarily have respect for PLWHA opinions, Nigeria
- Lack of communication and information from CCM to PLWHA. See 3.4.1 Communications within the CCM and 3.4.2 Communications outside the CCM
- Lack of information flow and time dedicated to the work as most CCM members have other positions, Chile and Peru. It also seems to be a problem with the PLWHA representative from Malawi.
- Information on proposal submission or meeting dates does not reach PLWHA on time, India
- Lack of clarity over the role of PLWHA, Peru
- No clarity of on role of PLWHA on CCM and in monitoring and evaluation of approved projects, India
- A weak and non-structured commitment from the government, rivalry between sectors and fighting for funds, Peru
- Continuity of the membership of the CCM with multiple representatives in a matter of months creating obstacles for relationships with other sectors and hinders rapid decision making, Peru
- Some CCM members have little interest in the process, Moldova
- Lack of dedication since CCM members are not paid, Peru
- The level of government bureaucracy, Ukraine
- Lack of informatics equipment and IT skills, Cameroon, Malawi, Moldova, Nepal and Peru. Bolivia and Chile want more email access
- Costs incurred in attending CCM meetings, Bolivia and Peru.
- Lack of finances (sometimes), Bolivia

6. Capacity Building and Skills Building

Bolivia, Cameroon, El Salvador, Haiti, Honduras, India (only involved in reviewing proposals), Malawi, Moldova, Nepal, Nigeria, Peru, Ukraine indicated that PLWHA do have proposal writing, project development, budget, implementation and monitoring of implementation skills to varying degrees.

Recommendation: India noted that proposal review and evaluation capacity building is needed.

Recommendation: The overwhelming majority of respondents indicated an absolute need for more systematic training and capacity building in proposal writing, project development, budget, and implementation and monitoring of implementation skills. As one respondent from Chile stated “I believe they can always be improved”. El Salvador noted that capacity building should be on-going.

All thirteen countries stated that PLWHA need programmatic design knowledge, budgeting skills, evaluation design knowledge and personal/ meeting skills in order to be effective on the CCM. One respondent from Malawi summed up the situation, stating that “PLWHA need a crossbreed of skills and capacities to help them take on responsible roles other than the educator role for prevention as we use them currently”. There were suggestions from Cameroon, Nepal and Nigeria that some of the current PLWHA members do not have the requisite personal skills (these were not defined) to be members of the CCM.

Recommendation: Malawi indicated PLWHA need capacity building in advocacy campaigns against stigma and discrimination, including advocating for policies and laws that are PLWHA friendly

Recommendation: Peru recommended that such capacity building and skills training should be by guided practical training rather than academic courses.

Recommendation: Malawi indicated that PLWHA need networking, communications, life, public speaking and advocacy/lobbying, leadership skills as well as micro finance links.

Recommendation: Cameroon, Chile, Haiti, Honduras and Moldova highlighted the need for leadership skills and in the case of Haiti, decision-making and spokesperson skills.

Recommendation: Chile, Malawi and Ukraine recommended that PLWHA on the CCM receive training in and communication skills.

Recommendation: Haiti and Nepal indicated that PLWHA need communication and presentation skills.

Recommendation: Bolivia recommended that PLWHA require capacity building in management, project elaboration, discipline in fund management, participation of grass-root organizations, establishing alliances, setting priorities and empowerment.

Recommendation: Peru recommended that PLWHA require improvement in proposal, broadcasting and evaluation of projects techniques as well as administrative capacities and to extend public relations to businessmen.

Recommendation: Ukraine indicated PLWHA need capacity building in advocacy skills

Capacity building in understanding the three diseases, proposal development and implementation was also an issue. In Bolivia, one respondent noted, “Although the Global Fund can give excellent opportunities to PLWHA, they must also understand that the other two diseases are important and need their spaces in CCM. The expansion of CCM in favour of PLWHA cannot go against the participation of the other two diseases.”

Recommendation: Malawi indicated the need for information needs to be provided in a less technical language on objectives and goals, expected financing as well as terms of implementation including timing. India requested training on GFATM roles and application process.

Recommendation: Ukraine reported a need for programme related information on:

- medications and ARV therapies in Russian
- training possibilities for PLWHA and healthcare workers
- the GFATM, including programme execution time lines and evaluation methods, as current information is often general.

Recommendation: Moldova requires latest developments from WHO on treatment methods in Russian language, methodology on organizational development as well as information on successful experience of other organisations from other countries in advocacy and lobbying for their interests.

Recommendation: There were requests for training from Chile, Haiti, India and Ukraine to improve technical abilities concerning information on scientific advances regarding HIV/AIDS, TB and Malaria. Also in Moldova and Ukraine, where the HIV epidemic is fuelled by drug use, training on rehabilitation methods for PLWHA with chemical dependencies was requested.

Recommendation: PLWHA require technical and legal training on project management, Bolivia, and project execution including programme requirements and objectives, Chile.

Recommendation: PLWHA require training on health policies including reforms at a country level, Chile and India. In Moldova, PLWHA require training on HIV/AIDS programmes.

Recommendation: India requested training and capacity building on policy analysis.

In Cameroon, Honduras, Nigeria and Malawi, the education levels of PLWHA are such that basic reading and writing skills are lacking, which compromises people’s ability to be able to communicate on an informed basis at the CCM and to read the necessary documentation, which can be extensive.

Recommendation: Nigeria noted that this requires that either the criteria for selection to the CCM includes basic education or that the CCM provides oral explanation of what is contained in documents together with on going education.

Organizational development of PLWHA organizations and networks is essential for building longer term capacity in a significant number of people. One respondent from India stated that PLWHA need to work more professionally to make a difference in CCM meetings.

Recommendation: Malawi recommended that organizational development be used to strengthen existing PLWHA structures so as to improve the participation of PLWHA on the CCM and as a strategy for creating the financial sustainability of these organizations and networks.

7. CCM Can Foster More Effective PLWHA Participation Through:

- Creating an enabling environment including stigma reduction, Nigeria
- In Moldova, where PLWHA are not involved in the CCM; they should participate as equal partners in the decision-making process
- Greater involvement in decision making process, Nigeria
- In Bolivia, having more democratic participation and being more open to PLWHA diversity from Bolivian regions.
- Recognition from the government, Chile and Peru
- Projects that develop sustainability for PLWHA organizations - such projects would provide the financial security for the organization so that they can concentrate on prevention and political issues, Chile and Peru
- Specific training in achieving economic sustainability and resources for prevention activities, Chile
- Strengthen and build upon existing PLWHA structures including economic empowerment and capacity building, Nigeria
- In some countries, practical support in the form of transportation and per diem as well as accommodation for out of town members of the CCM, is being provided by the CCM. All of these forms of practical support can be critical for PLWHA involvement in CCMs. (see section 9, CCM Support for PLWHA Participation in Meetings)
- Better infrastructure. Peru requested that PLWHA organizations and their representatives be provided with logistical support and resources for strengthening this role, which implies support to implement a basic infrastructure for communications and development of capacities (an office with computing tools and systems and permanent access to internet, travel allowances, opportunities for training).
- In Bolivia, providing offices, because the PLWHA organization does not have. They lack computers, desks, chairs, tables, desk material, that is, they have nothing.
- Providing financial support, Bolivia
- Providing more time, El Salvador
- PLWHA work on all sub-working groups, Cameroon
- Organizing forums, public meetings and integrate more PLWHA, Haiti
- In India, ensuring that information on proposal submission or meeting dates is provided in advance, initiating an email forum, facilitating sharing experiences at the international level and encourage PLWHA participation at all levels.

8. CCMs in Other Countries–Sharing Lessons Learned

Recommendation: Ukraine requested that information concerning the operation of CCMs as well as the role and participation of PLWHA on CCMs in other countries be collected and disseminated.

Recommendation: Moldova requested that methodology on organizational development as well as successful experience of other organisations from other countries in advocacy and lobbying of their interests be made available.

9. CCM Support for PLWHA Participation in Meetings

PLWHA from Bolivia, Cameroon, El Salvador, Honduras, India, Malawi and Nigeria receive transport costs to cover costs to travel to CCM meetings; while those from Chile, Haiti, Nepal, Peru and Ukraine do not. Per diems are paid to PLWHA attending CCM meetings in Cameroon, El Salvador, Honduras, Malawi and Nigeria; while PLWHA from Bolivia, Chile, Haiti, India, Nepal, Peru and Ukraine are not paid. PLWHA on the CCM in Honduras receive money for internet. In India, accommodation costs are covered. Note Moldova has no PLWHA on the CCM.

Recommendation: El Salvador recommended that travel be subsidized.

10. Training for Government about CCMs

“There is need to understand the concept CCM, it is like we have planted something in the middle of the desert that has money but no one can access it”. Malawi.

There were varying views on whether governments require training on CCMs. All countries had at least one respondent, who believed that governments require training on CCMs. In the cases of Bolivia, India and Peru, there was at least one respondent, who thought that governments did not require training.

With regards, which should carry out training, there was a variety of suggestions. At least one respondent from Bolivia, Cameroon, Malawi, Moldova, Nigeria, Peru and Ukraine suggested the GFATM. At least one respondent from Chile, El Salvador, Haiti (CCM President), Honduras and Peru suggested the CCM. At least one respondent from Cameroon and India nominated UNAIDS. International organizations (non-specific) were nominated by at least one respondent from Bolivia, Chile, Moldova, Nigeria and Ukraine. The National AIDS Commission was suggested by at least one respondent from Chile, Honduras, Nepal and Nigeria. NGOs or PLWHA organizations were nominated by at least one respondent from Chile, Moldova, Nepal, Peru and Ukraine. At least one respondent from Haiti indicated the Ministry of Health.

Recommendation: India indicated that training should be an on going process.

Recommendation: India noted that capacity building of CCM is necessary. CCM members should have a common understanding to address national priorities, “We believe that ARV-intervention would minimize the other interventions. The Government does not seem to understand this.”

11. Training for CCM Members Working with PLWHA

All countries with the exceptions of Chile and Moldova indicated that CCM members require training concerning working with PLWHA. Note that Moldova does not have a PLWHA on the CCM. Some respondents reported some inappropriate responses and behaviours from some CCM members. Nepal reported that the treatment of the PLWHA member of the CCM is tokenistic being required to rubber stamp decisions. Peru reported that “Another obstacle to a higher (level of) PLWHA participation is the biomedical approach of the public sector, which reduces the role of the PLWHA to beneficiaries and ‘patients’.” Respondents from Cameroon, India and Nigeria variously described the views of some members of their CCM as being paternalistic, dismissive or ignorant. In Honduras, there was a complaint that some members of the CCM were using discriminatory terms towards PLWHA.

12. Orientation Sessions for New CCM members

Cameroon and India indicated the need for CCM members to undertake an orientation session on the three diseases, which is also be an opportunity to explain the GFATM as well as the purpose, structure and operation of the CCM. Cameroon indicated that PLWHA require knowledge of the GFATM so as to be able to work effectively on the CCM.

13. What Kind of Support Do CCM Members Need from the GFATM in Order to Do Their Jobs More Effectively?

13.1 In general

- More time, El Salvador
- More flexibility in the GFATM’s policies, Chile and Honduras. “One difficulty we have felt lately is the lack of flexibility of the Global Fund, to contextualize. The political decision cannot be given to the Principal Receiver, at least not in the Chile Country Committee”, Chile
- GFATM to run CCM process and Secretariat in country, Cameroon and India. One respondent from Ukraine requested more GFATM involvement.

- The present technical review panel that reviews proposals in Geneva comprises some researchers who do not have any expertise in programme experience and they are largely guided by their theoretical background which needs to be reviewed. People who have sound knowledge on practical experience of implementing the programme need to be involved to review the proposals from that perspective. GFATM may look into this matter. CCM Chair, India
- More emphasis on the work processes than the formalities, Chile

13.2 Clarity on Roles and Responsibilities

- A more effective flow of information concerning what are, and what are not, the functions of the GFATM, Honduras, Nepal and Nigeria
- Clarity and clarification of the relationship of the Global Fund and the Country Committee, Chile
- Clear and permanent rules, Chile
- Nigeria requested more sessions on or guidelines for operations, and criteria for determining acceptance and success of country proposals.
- Provide guidelines though this is problematic there are already existing structures, Malawi
- All CCM members need to understand the mission, vision, goals and objectives of the GFATM and how it functions, Nepal
- Indicate what duties and roles CCM should have, once the proposal is approved, Bolivia
- Timely information regarding planned evaluations and controls, Chile
- There should be recommendations, not very long to avoid bureaucracy, but very detailed, Moldova

13.3 Communications

- Direct communication with the Fund. Now communication with the Fund is limited to the Main Receiver, Peru
- Communications with the GFATM to be more open and better involvement of PLWHA, Ukraine
- GFATM to facilitate a dialogue between government and grass root level NGOs which is not happening at country level, India
- More fluent communication channels with representatives of the GFATM, legal recognition of the CCM by the government, Peru
- More frequent communication, clear and in Spanish, Bolivia

13.4 Good Practice

- Successful experience of other CCMs, best practice, Chile, Honduras India, Malawi and Moldova
- Seminars for CCM members from countries in the same region, Ukraine
- It would be interesting to know about other CCMs' composition and percentage, Moldova

13.5 Technical and Logistical Support

- More involvement in CCM work, initiation of meetings for CCM members from the post-Soviet countries, written recommendations regarding percentage of votes in CCM composition by sectors, Ukraine
- Maintaining the levels of project implementation, Chile
- Constant coordination, monitoring, evaluation, financial support for logistics, and technical support for the technical aspect, Bolivia
- Supervision following evaluation, Cameroon, UNAIDS (no further details were provided in the response)
- Technical support, counselling and technical works sessions, Haiti, Nepal and Peru
- Train the CCM in handling the GFATM, Chile
- Training (Bolivia), information and financial support, Cameroon and Nepal
- Training, (Nigeria) and clarity on and evaluation of projects of this magnitude, including the evaluation process, Cameroon
- Increase capacity for monitoring and evaluation, Honduras and Moldova
- PLWHA require technical support to strengthen their skills in project management and administration, Bolivia and Peru
- Advice, recommendations on difficult issues, involvement of experts to provide technical assistance, Moldova
- Knowledge of the organizations experienced in HIV/AIDS and of the work they performed. Information on HIV/AIDS in its different aspects, especially on HIV and Development, Bolivia

- Communication tools, transport, infrastructure to enable CCM members to be able to give feedback to their constituencies, Malawi
- Secretarial and support services, Nigeria
- Access to training on computing tools, Peru
- Regular meetings, Nepal (no further details provided)

13.6 Financial Support:

- Financially strengthen the CCMs, Bolivia, Cameroon, El Salvador and Peru
- Support from GFATM so that members can give CCM work the time needed, Malawi and Peru
- Funding. In Nigeria, there is no funding base for CCM activities.
- Logistics and financial support to sustain a basic infrastructure, Peru.
- Financial support for strengthening organizational aspects and positioning the CCM as a country response, Nepal
- A Secretariat should be established, Cameroon and India
- Salaries are necessary for a group of people dedicated to this job, in this case the Executive Secretariat. They are taking their own time, but it has limits. The job is demanding and for most of them facing the music under these conditions is not possible, Peru
- Secretariat should be well established first. For that we are planning to hire 3 Staff: Program Officer, Physical Officer and Secretary, Nepal
- Funds for all CCM members, Honduras
- Transport and per diem costs for attending CCM meetings, Cameroon
- Budgetary allocation of resources to cover PLWHA expenses for communication, Malawi
- GFATM could review the proposal to redistribute items in the budget in view of PLWHA being part of CCM, Moldova
- CCM meeting should be held at least one day so that priority areas and other issues can be discussed at length. GFATM could budget some fund for this, India
- CCM members need funds for regional meetings/state level meetings for NGO consultation. These meetings may be initiated first in the high risk states as they have been proactive in addressing the HIV/AIDS issues, India.
- Transfer activities funds on time and as planned, Honduras and Malawi
- In the financial area, reduce bureaucracy, Chile

14. Plans for Involving the CCM Including PLWHA in Proposal Implementation

14.1. Plans in general

- Legal recognition of the CCM, Peru
- Guidelines which will include greater participation of PLWHA and communities on the CCM, Malawi
- Integrated collaborative relationship between projects and Principle Recipient, Cameroon
- Plan of monitoring and evaluation, El Salvador and Ukraine
- Plan for periodic trainings, El Salvador
- Involvement of all CCM members directly in GFATM project implementation, Ukraine
- In Nigeria, ensuring that the monitoring and evaluation plan is completed and in place and that all CCM members are involved, which is the CCM's main role
- In Peru: concluding the Organization and Functions Handbook and regulations; proposing new elections with new rules for the game; finishing the agreement between the main beneficiary and the CONAMUSA; searching for legal recognition of the CONAMUSA; finishing the monitoring and evaluation's proposal; hiring the team for management of the proposal.
- Supervising visits and review of reports by CCM members, Nigeria
- Regular meetings, training for committees, Haiti
- Create a multi-sector forum for sharing lessons, skills and plans, Malawi

14.2. Plans Vis-à-Vis PLWHA

- Increase representation of PLWHA in all activities and decision making, Haiti, Honduras, Moldova and Ukraine
- Ensure that programme operating smoothly and then think about the participation of other stake holders, including people living with diseases and NGOs, Nepal
- Involvement of all stakeholders who are fighting HIV/AIDS, TB and malaria. Current CCM needs to be recomposed. We need more member in the CCM from PLWHA, MSM, Sex work, harm reduction, civil society etc. No manipulation or control from the government, Nepal
- In Nigeria, funds are available for institutional capacity building, which will benefit the national PLWHA network.
- CCM is involved in developing the projects of the GFATM with PLWHA fundamentally involved in project implementation specifically on a relevant HIV/AIDS issue, Chile
- PLWHA taking charge of projects and forming more sustainable groups, Chile
- Identify potential PLWHA, NGO and beneficiaries and involve them in monitoring the programmes at local level. The level may differ but we must ensure their participation at all level, India
- At this moment in Peru discussions are underway to define an agreement between the CCM and the Principal Receiver for determining the role of the CCM in the implementation and monitoring of the proposal. One of the principles is to guarantee the participation of the PLWHAS at decision making levels and as receivers.
- In Peru, during the initial phases of proposal preparation PLWHA were involved in the design of the proposal sent to the Fund. Since approval they have been involved in the design of operative plans and going with the design of the purchases plan. In the future their participation is expected in the selection of sub-receivers or submitting proposals.
- Maintain and support the current CCM members, access funds besides those of the GFATM, solicit technical assistance for the GFATM proposal and involve more people directly affected, Honduras and Peru
- The new guidelines will provide for a greater participation of PLHA and communities on the CCM, Malawi
- Over the next 18 months, Honduras intends to concentrate on PLWHA, sex workers and men who have sex with men.

15. CCM Links

15.1. What Are the CCM Links to Other Existing Structures in Country?

In Peru, respondents stated that links with existing structures in country are weak; in India, they are isolated and in Cameroon they are non-existent.

Links are common to networks, major AIDS institutions as well as organization working on HIV/AIDS in Bolivia, Chile, Honduras, Nigeria, Peru and Ukraine. Ukraine with 45 CCM members is well positioned to disseminate information widely with the Church being the only major social entity not represented. Other NGOs focusing on different issues can also be used to disseminate information. For example, a National Association of Women in Honduras, and Youth NGOs and the Soros Foundations in Ukraine are conduits of information concerning the CCM in these countries. In Nepal, some large NGOs are linked to the CCM.

In Malawi and Nigeria, some CCM members are ministerial representatives. In Bolivia and El Salvador, CCM members sit on other technical working groups and organs, thereby linking the CCM to these. In Honduras, a CCM member has links to UNDP. Often the CCM Chair is a member of the National AIDS Commission or the Minister of Health as in Nepal. Haiti is using the links CCM members have to those involved in HIV/AIDS.

In El Salvador, Honduras, Malawi, Moldova, Nigeria, Peru and Ukraine, the CCM relates to other structures as part of National implementation framework or is attached to a Governmental Committee. The CCM forms part of the National response to HIV/AIDS and shares membership with different technical working groups. In the cases of Haiti and Nepal there is no clear information on this issue. India's CCM dissemination information but wants multi-sectoral links at State and National levels. Chile uses a communications committee to disseminate information. Peru is in the process of inserting the CCM into the group of community and political initiatives that affect formulation of health policies.

In Malawi and Nigeria the CCM uses the opportunities provided by stakeholder meetings to communicate. In Chile, PLWHA not on the CCM make HIV an issue with the Government, in Parliament and with business

15.2 How Can the CCM's Links to Other Existing Structures Be Improved?

- Give legal and social recognition to the CCM, Peru
- Build capacity of structures to communicate and share information, Malawi
- Ensure more communication, Cameroon and Nigeria
- Strengthen public relations, Chile
- By being transparent and accountable, Honduras and Nigeria
- Manipulation or control of the CCM by a government should cease, Nepal
- Share information, including to vulnerable populations, about Committee activities, Nepal
- Through consultation and dialogue with stakeholders at every level, India
- Mass communications, Bolivia
- Regular meetings, Nepal and Nigeria (no further detail provided)
- Continued dialogue, information exchange and appraisal, Nigeria
- Integrate information into regional meetings on poverty, health forums or other multi-sectoral spaces, Peru
- Establish strategic alliances in key areas of the proposal, Peru
- Appropriate, active participation in CCM by members and they should receive orientation on HIV/AIDS, TB and Malaria, Nepal
- Harness partnerships and expertise in the groupings, Malawi
- Expand CCMs, Nigeria
- Through cross representation of CCM members on other existing structures, Cameroon
- Involve PLWHA from support group level, Nigeria
- Involve other vulnerable populations, Nepal
- CCM itself is very powerful structure but need to be awaked and functioning properly. Means CCM needs members, who are from grass root level, members representing civil society, members from highly affected/infected groups like Sex Workers, MSM, IDUs etc. NGOs working directly working on HIV/AIDS, TB, Malaria, Experts on HIV/AIDS, TB, Malaria, prevention and treatment, Nepal
- In Peru, when the CCM becomes formalized through a decree from the government and the legal designation of its members.
- First, CCM has to be internally strengthened in accordance with regulations and then possibilities of union and coordination with other structures can be assessed, Bolivia
- CCM can link up with Reproductive and child health programme-RCH like TB and Malaria, India

Country	CCM President-Chair	CCM Coordinator	Ministry or government official	National HIV/AIDS Control	Principal Recipient	PLWHA and NGOs on the CCM	PLWHA who are not on the CCM	Other	Survey Report	Total Num. of respondents
Bolivia	President				CIES Executive Director, GTZ National Coordinator – Interational Services	1. Director of the Institute for Human Development 2. REDBOL National Representative, Director of REDVIDA, PSF REDLA 1. Asoc Atlacatl 2. PLWHA focal group 1. Chair, RECAP+ 2. Programme Coordinator, CARE	Responsible person for Vivo en Positivo and Esperanza Positiva	1. Associated Professional Officer, OMS 2. Technical Support Officer for the HIV/AIDS Programme, OMS	Yes	7
El Salvador		UNDP				1. Asoc Atlacatl 2. PLWHA focal group 1. Chair, RECAP+ 2. Programme Coordinator, CARE	Executive Secretary, RECAP+		Yes	3
Cameroon		Technical Secretariat				1. Chair, RECAP+ 2. Programme Coordinator, CARE	Executive Secretary, RECAP+	UNAIDS CPA	No	5
Chile	President	Vivopositivo (acting)	Soporte Técnico del Ministerio de Salud en Comité País		Executive Secretary Fondo de Las Américas	In charge of Unidad Redes y Asociatividad de la Corporación Chilena de Prevención del Sida	1. Tesorero Agrupación Posi+ and member of Vivopositivo 2. President, Grupo Amigo de los Jueves and member of Vivopositivo. 3. Integrante Agrupación "Vida Optima" and member of Vivopositivo. 4. Pukara and responsible for gender for Vivopositivo regionally. 5. Unidas por la vida and member of Vivopositivo	WHO Consultant	Yes	11
Honduras	Presidenta de la Fundación de Lucha contra el SIDA/TB/Malaria, Vice Ministra de la Presidencia.	Coordinador Unidad Técnica del MCP	Soporte Técnico de la Secretaría de Salud		Representante Residente PNUD	1. Coordinadora ASONAPV/SIDAH 2. Representante de ONGS, Fundación Fomento en Salud	Presidente, Vicepresidentes, Fiscal, Miembros del Grupo de Autoapoyo Juntos por la Vida		Yes	7
Haiti			Ministry of Health, Responsible person for Coordination Unit		Sogetbank Group, Economist		PLWHA support group member, Promoteurs Objectif Zerosida		Yes	3
India			Secretary of Health, Ministry of Health and Family Welfare	Additional Project Officer, National AIDS Control Organization		1. President, Indian Network for PLWHA 2. Chief Executive, Voluntary Health Association of India	President, Positive Women Network of South India	Consultant, World Bank	No	6
Malawi	CCM Chairman, and Principal Secretary, Ministry of Health and Population	CCM – Coordinator, National AIDS Control Executive Director, and Principal Recipient				Ms Chaitinkha Nkhoma (personnel capacity and no NGO affiliation)	1. Programme officer and the Programme manager of Malawi National Network of PLWHA (combined interview) 2. 5 Support groups members of National Association of PLWHA in Malawi (combined interview)			2 interviews covering 7 people plus 3
Moldova				TB and AIDS program Manager		Soros Foundation, Public Health Programs, Director	Head of NGO Kreedinst		Yes	3
Nepal		Department of Health Secretary – CCM Secretary		Director National Centre for AIDS and STD control		1. Director, Prarena. 2. President, Nanghan (Local NGOs collaboration in Nepal)	Coordinator National Network of PLWHA in Nepal		Yes	5
Nigeria		Secretary		NACA		Coordinator, NEPMHAN	1. Coordinator-Restoring Hope and (HARHC) Trust Nigeria 2. Ex-Director, QPP	UNAIDS CPA	No	6
Peru			1. Ministry of Health	National Coordinator for the Control of STD and AIDS (Ministry of Health.)	Care Peru	1. NGO Rep - Red SIDA Peru 2. PLWHA – alternative CCM representative and Executive National Coordinator of Peruvian Positives	1. Coordinator-Restoring Hope and (HARHC) Trust Nigeria 2. Ex-Director, QPP	UNAIDS CPA	Yes	6
Ukraine		Executive Secretary				1. Head of "Faith, Hope, Love" Public Movement Organization 2. Board Member of the All Ukrainian Network of PLWHA 3. President of NGO, "Time to Live" 4. Head of the All Ukrainian Network of PLWHA	1. Project Director, the All Ukrainian Network of PLWHA. 2. Vice-Chair of the All Ukrainian Network of PLWHA		Yes	7