

Democratising Global Health Governance?

Network dynamics, Civil Society and the Global Fund



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INTRODUCTION

The Global Fund represents a new model of aid delivery and has drawn on the input of individuals, organizations and networks from different sectors for its policies, health governance functions and distribution of resources. NGOs/CSOs have played a fundamental role in the institutional processes and operational functions of the Global Fund, unlike other institutions of global health governance.

This on-going study analyses global processes and mechanisms by which the different sectors or constituencies have interacted, negotiated and shaped the Global Fund, with a particular focus on the role of NGOs/CSOs. Network analysis is applied as a framework for analysing the strategic interactions between different actors, network dynamics and mechanisms of engagement.

METHODS

Stakeholder Mapping

- Identification of priority stakeholders and policy makers
- Classification of stakeholders :i) GHIs; ii) Bilateral donors; iii) Recipient Countries; iv) Multilateral Orgs; v) Civil Society; vi) Private Sector; vii) Foundations; viii) Research/Academic

In-Depth Interviewing

- 35 semi-structured interviews, purposively selected to include people with multi-constituency experience
- Conducted by phone
- Digitally recorded with additional notes taken

Thematic Analysis

- Transcription of recorded interviews
- Anonymising and coding transcriptions
- Refining themes and developing analysis

SELECTED FINDINGS – STAKEHOLDER PERSPECTIVES

1. Building networks

Historical legacy: Initially shaped and informed by the experiences of Northern AIDS activists, many of whom had little experience of developing country contexts. Transnational and small trust networks formed during the 1990s.

Accessing Institutional mechanisms and financial resources:

- A. Accessing institutional mechanisms provided political space for NGOs/CSOs to engage in global decision-making, incl. International Council of AIDS Services Organisations (ICASO), UNAIDS Programme Coordinating Board (PCB).
- B. Well-resourced Northern NGOs established ties with individuals in Foundations/bilateral/multilateral organisations, and accessed financial sources for network building.
- C. Donors in lower-income countries created financial channels for NGOs/CSOs, though much went to northern AIDS, health and broader development NGOs/CSOs

2. Formation of the Global Fund

Network positions: Key CSO individuals, some with UNAIDS PCB experience, had ties to similarly positioned individuals in other constituencies and gained direct access to negotiations creating the Global Fund.

Communication technology: Extensively utilised by CSO networks (e.g. UK AIDS Consortium, Break the Silence) to gather CSO perspectives for input into the shape of Global Fund operations and policy priorities.

Contested politics: Global Fund structure and priorities reflected the interests and goals of influential networks with strong ties across constituencies and geographic locations. Skeptical individuals in bilateral and multilateral agencies gradually came to consider the Fund as an entry point for broader health systems strengthening .

3. Network Dynamics in the Evolution of the Global Fund

CSOs as Institutionally Embedded Actors:

- A. Individuals from NGOs/CSOs became embedded in Global Fund operations through the Board and committees while people with NGO/CSO experience took up key positions with the Secretariat.
- B. Enhanced ties developed with other institutional political actors to influence policy, and intensification of information flows to 'downstream' actors tied to the networks.
- C. Support structures between Northern/Southern NGOs and Affected communities, and representative systems for electing Board members were developed by NGOs/CSOs.

Legitimacy: CSO delegations acquired greater legitimacy and trust, including among formerly sceptical high-level GHI executives. A small number of new CSO brokers emerged.

Affinities & managing conflicts: Tensions within the networks managed within the Global Fund structures (e.g. CSO mechanisms of support and representation) and through external mechanisms (e.g. International Civil Society Support brokerage). However, issues of trust, legitimacy and representativeness emerged with respect to some NGOs.

Increasing Network Ties: Overtime, a small network of people with AIDS advocacy experience have developed relations with non-AIDS peers, creating opportunities to learn and gain increased access to decision making structures for some. The shifting terrain towards health systems strengthening also opens up opportunities for non-AIDS NGOs/CSOs. Resource and capacity deficits continues to limit engagement of many Southern NGOs/CSOs in global policy dialogue.

DISCUSSION

Northern NGOs/CSOs still dominate global policy dialogues, while individuals from some Southern NGOs/CSOs suggest they are not in a position to engage on the global level. Institutional mechanisms like the IHP+ are providing additional access points for CSO participation and network building.

The research project is continuing to conduct interviews and analysis in order to follow up on some of the issues raised here.

