

Goliath attacks back: Bureaucracy, the local capacity abilities and popular participation following Bolivia's Global Fund project approval

Gracia Violeta Ross Quiroga¹

Background: David and Goliath²

Some readers may remember my first article about the Global Fund in Bolivia. I told a story about the successful involvement of individuals who were HIV positive, at a time when the Country Coordinating Mechanism (CCM) was excluding us. At that time, I identified the giant that we had to fight as the Global Fund itself. At that moment the Global Fund (GF), seemed so powerful and entirely inaccessible to us, it seemed like a giant. However, once we got involved in the CCM, the proposal became real and it was approved. However, we did not realize at the time that our struggles and the real fight were only beginning.

Today, eight months after the Bolivian Principal Recipient (PR) has received the funds, we realize that Goliath has come to Bolivia. A new bureaucratic giant has been born with the project approval, and now the fight is even more difficult. We have to deal with our own Bolivian colleagues in the PR. At the same time, we must now participate in the Bolivian GF project as part of an "integrated proposal." We are often seen as *enemies* of the country, as result of our constant advocacy and numerous petitions in national and international arenas. However, this giant is more powerful than the other. This is a local in-country bureaucratic system that has been created with the GF proposal. I am going to share my concerns about this native Goliath.

Who can we blame for this giant?

In this paper I do not pretend to blame the Global Fund or the people working in the Global Fund project in Bolivia for the existence of this giant. I understand that all of us in Bolivia, those taking part in the preparation of the proposal and the implementation, are responsible for the giant's growth. This is a side effect, or adverse reaction that comes with the existence of a large amount of money, while the ability for team work does not simultaneously exist in a way that corresponds to the funds available.

¹ **Gracia Violeta Ross Quiroga** is a Bolivian woman living with HIV. She studied Anthropology in the University of San Andrés UMSA in La Paz- Bolivia. Currently she is undertaking the course of Master Degree in Gender, Sexuality and Reproductive Health, with a Research Grant from the WHO in the Peruvian University Cayetano Heredia in Lima, Peru. She advocates for the human rights of people living with AIDS, specially those of women living with HIV. Ross is the Andean Representative of ICW (International Community of Women Living with HIV/ AIDS), Delegate of the Latin American Network of PWAS (REDLA) to the 3 by 5 working group (WHO initiative). She is also member of the Bolivian Network of PWA (REDBOL), and a member of the Steering Committee of the Global Coalition on Women and AIDS (a UNAIDS initiative). She is the Focal Point in South America for the Global Youth Coalition against AIDS, and a member of the International Advisory Committee of BRIDGE.

² Readers can find the complete original article: *David and Goliath: PWAS and the Global Fund CCM in Bolivia* in the Global Fund Observer Issue #32 www.aidspace.org/gfo/docs/gfo62.pdf

Side effects from the Global Fund project in Bolivia

I can see some undesired side effects of the GF project in Bolivia. I cannot say if these side effects happened because we did not have previous experience working together, or came as result of the greed that was created for the money of the GF.

Side effect 1: Division of the movement of HIV positive people. We did not image that the money we had been requesting for many years which we knew was needed for an effective solution, was going to divide the movement of HIV positive people. In Bolivia, this division happened when we had to choose whether to present proposals as a single network or as regional groups. To have a single national project of the PWAS as an integrated proposal was going to make the accountability processes more clear. If we had separate groups of PWAS having projects by themselves, without a unified national network perspective, it was going to be more difficult to ask for accountability, because these groups could claim they did not have a network proposal but a *private* proposal.

REDBOL, the Bolivian Network of HIV positive people, is trying to keep the groups united despite the desire of some leaders to have their own access to the funds and contracts with the GF project. These kind of problems happened not only in Bolivia but in many other countries in Latin America. The problem started when some PWA or groups of PWA decided to write proposals in consortiums with other NGO or institutions. This fact is not harmful itself, but it becomes dangerous, when these groups or individuals lose the PWA network perspective due to the prospect of receiving the money.

Side effect 2: Excuse the government in their national response to the pandemic. As people coming from the civil society movement, PWAS always demanded the governments create policies to respond the pandemic. These policies had to include support of institutions like the Health Ministry, but also come with commitments from the Finance Ministry. The GF monies were supposed to be complementary resources for the fight against AIDS at country level, but nowadays some governments are actually excusing themselves of the response, saying “*we are waiting for the GF to buy the medications*” or similar responses.

This is a serious problem. We have had previous experience with the international cooperation in Bolivia. As long as the project was implemented, there were workers, activities, international support and national commitment to the issue (whether the issue is development, women’s health, etc.). Once the project was over and the cooperation agents were gone, only abandoned buildings remained for the country. Of course not all development projects had this sad ending, but this situation was true in several projects. The main problem with these projects is that they did not include local people and they did not build local capacities, in order to develop a sustainable strategy for the activities to continue after the project was over. It is unbelievable how we did not learn this lesson after so many bad experiences.

Side effect 3: Strengthening vertical structures. One of the most terrible side effects of the GF in Bolivia, is the strengthening of already existent vertical structures. In Bolivia most of the political decisions are negotiated in La Paz, the political capital of the country. This is one of the reasons why we now have problems regarding the permanence of the current President³. Cities that were

³ See current news of Bolivia in www.larazon.com

traditionally excluded from policy making are now claiming for autonomy. Some of the same problems happened with the GF project in Bolivia.

The most negative character of this side effect is that the CCM started to work as a mechanism of the government and not as a mechanism of the country. We used to have vertical authorities of the government, and now these vertical structures are leading the CCM. They make decisions that exclude the input from the civil society representatives.

This situation was worsened by the political instability in Bolivia. To date, the Health Minister has changed, and we have had 3 different CCM presidents at least, even though the implementation is just beginning.

Side effect 4: Concentrating on indicators while forgetting participatory processes. If the GF is rigid in the indicators, some of the projects will focus on having very good indicators but forgetting the participatory processes. This has not been the experience of Bolivia, because have yet to implement the project, but I have seen this side effect in other neighbor countries. Other countries had established ambitious goals, but now after one year or more of the implementation process, they need to review their goals and indicators because they are not realistic.

Side effect 5: Creating additional bureaucracy limiting access to treatment and care for HIV positive people. The worst side effect of the GF project in Bolivia and other countries in Latin America is that it created additional bureaucracy for the access to treatment and care for HIV positive people.

This is my own experience trying to have access to the antiretroviral medication in Peru. Since July 2004, I have tried to receive ARV drugs through a program implemented with money from the GF project in a Peruvian hospital. As the program demands several requisites in order to enter, I needed to provide several interviews with different specialists. I had two interviews with the psychologist and consequent evaluations, one interview with the social worker, one interview with the nurse and one with the nutritionist. I also needed several medical tests to examine the ability of my body to absorb the medications. All of these cost approximately \$30 USD. I spent money going to and coming back from the hospital several times. I also needed to have an agent of support; this is supposed to be a person who is going to support the HIV positive person in the adherence process. However when I brought my agent of support to them, nobody explained her role, until we asked what was she supposed to do.

As I was studying in Lima, I was living alone and my family was in Bolivia, so I did not have any relatives or friends who could sign those forms. I asked my friend living with HIV to do the role of agent of support for me. The technical team objected my choice, because the norm says that an HIV positive person cannot support another HIV positive individual.

I think this is a ridicule regulation. Most PWA know that the best support comes from those that have experienced the same conditions that we have. I also asked what were they going to do if a couple came and both of them were HIV positive, having no one else other than themselves. They said they would get a volunteer to this role. However, what happens if they do not feel like sharing their status

with a stranger, a volunteer, but a stranger to them. The reality nowadays is that most PWAS get a friend to sign, but these agents of support, are not doing the role of support at all.

They also told me that during the first 3 months of the treatment, I had to go weekly to receive the treatment and bring back the empty blisters of the medications. I was astonished and thought that was a very naive way of controlling the adherence, so I told the nurse that I could also bring the empty sachets of the condoms I was going to use, if required. By saying this, I wanted the nurse to realize that it was a very simple and unrealistic way of finding out about the adherence. Some peer counselors even objected the possibility of me having medications in Peru since I am a foreigner. They said they had never discussed this point and some discussion may be required before having real access to the medications. For me, this meant more time without the medication.

After all these processes, that took over 6 months, while receiving my CD4 test showing 209 CD4 cells, I was told that the medication I needed (Combivir and efavirenz) was not completely available in that hospital. They had Combivir but not efavirenz. The medical doctor in charge told me that they never received this medication, even though they asked and complained several times with the Health Ministry.

I was once more astonished. What were HIV positive people doing to have the complete ARV cocktail? I asked. They told me others are buying efavirenz themselves. I asked why this hospital did not receive the efavirenz, since it was supposed to be purchased with the GF money. They did not have the answer, but said that it was the responsibility of the Ministry of Health and the PR to respond to this question.

So, in the end, I still do not have real access to the medication. At least not in Peru, because of several reasons, this medication that has to be bought with the GF money, is not available in the hospital I was attending. Not in Bolivia, because after 8 months of the disbursement of money from the GF to the PR, the implementation process is just starting and the ARV drug purchasing procedures will take even more time before the access medicines can become real.

What do I mean when I say “real access”? With **real access** I mean the reality of having those medications in the hospital, so they can be provided to me without unnecessary delays and so many bureaucratic procedures; so that tomorrow I can drink those pills with my breakfast. That is not happening right now. I can understand the bureaucracy if there is access to the medication, but I cannot understand this kind of *much unneeded* bureaucracy.

Lessons learned from the giant:

The GF project is also teaching us so much. Here some of the lesson I believe are crucial:

Lesson 1: To defeat the AIDS pandemic, we need not only funds but also the ability to work in coordination between different stakeholders. The governments always claimed that they could not respond to the AIDS pandemic, because of the lack of resources. Today, we face the reality of having huge amounts of money for the HIV/AIDS fight. Some countries never had so much money for a single disease. Even though we have the money, the coordination and participation processes are not well organized. Most of the problems in Latin America have their roots in the relationship

between the Principal Recipient and the CCM and within both of these, between with the civil society and those organizations that are going to implement the proposal.

The main barrier and obstacle in some countries in Latin America was the lack of experience in collaborative and coordinated actions between the government, the civil society movements, and the international cooperation agencies in the country.

I worry about those countries with GF projects under observation. After they have had the GF project and it is not successful, not even credibility will remain for them, because they already had the money and the coordination did not work any way.

In this sense, I wonder *which is the major legacy of the GF project for these countries?* I believe the GF needs to improve its monitoring methods. This is a must, because the situation is particular, we have several countries that never had so much money, in addition they did not have previous experiences working in coordination with other stakeholders. For the GF to abstain from control and to let countries alone in this process is a naïve action that directly ignores and denies the way decisions are taken at country level. Most of the people in the countries are expecting more guidance and support from the GF.

Lesson 2. Transparency and accountability are needed at all levels and processes. Once the proposal is approved, the PR has total control of the communications with the GF, and the civil society loses important direct channels with the GF, which could be used to watch the accountability of new and ongoing initiatives.

In Bolivia and some countries in Latin America, transparency has not been the norm in all levels governance and in the decision making process. In Bolivia, the Health Ministry designed several positions that were going to be paid for by the GF project, without having public selection process. Some workers of the Health Ministry resigned their jobs in order to have the GF consultancies. Some civil societies groups had the same experience. There were not any public calls for positions, while leaders appointed close friends for the jobs. I am not sure how many of the people working in the GF are really able to do the job they were appointed for. Because there was no evaluation process, this creates the risk of having people that do not have the necessary skills for the positions.

The civil society in Bolivia, particularly REDBOL and other NGOs protested about this decision, expressing our disagreement. The Health Ministry said we needed to implement the project as soon as possible; therefore, there was not enough time to select the staff in a normal public process. After some letters and much public opposition, the Health Minister decided to change this decision.

As members of the civil society movement, we feel embarrassed for those groups of PWAS that did not make a public call for the GF positions.

Lesson 3: The Civil Society Movement needs to improve its abilities. Another important lesson from the GF project in Bolivia is the need to strengthen civil society groups to become serious institutions, able to administrate and implement projects like the ones of the GF.

Throughout this process we realized we needed to improve our abilities to design, implement and evaluate social projects. Our ability to work with the government and other decision makers at the international level also needs to be strengthened. Often, the groups of people with HIV/AIDS concentrate on protests and denouncing the mistakes of the government. Only a few leaders are ready to work in effective coordination with the government. Some leaders also need to learn that we can still critique and analyze the government policies at the same time that we work with them. Some leaders in Bolivia now act more like employees of the government than members of the PWA networks. We do not need a condescending attitude towards the government but need to be proactive and have the ability to propose creative solutions.

Lesson 4: The resources of international cooperation should not reinforce vertical structures.

Some agencies of international development and cooperation do not even have the time and staff to visit the country. They rely upon what the government officially informs them about the country. Sometimes the civil society movements are not consulted for the project proposals.

Regarding the GF specifically, once the proposal is approved the PR has total control of the decisions and communications to the GF. What if they PR is also at the same time some vertical representative from the government? What if the CCM is understood as a governmental institution more than a mechanism of the country? If the GF strengthens vertical structures, then its contribution to the countries becomes a harmful for people at the grassroots levels, because their participation will be limited more than before the project. We also have the problem of power and control of financial resources in the middle is this situation, and this is something the GF has to think about.

As civil society movements, we need an open communication channel with the headquarters in Geneva. The GF cannot rely only in the information provided by the PR.

Lesson 5: The PR needs to have an integral perspective, concentrate not only in the indicators but also in the participatory processes.

We started to see the PR worried so much about the indicators and the possibility of loosing the GF project. In some neighboring countries, we saw the organizations desperately calling for more people to be on treatment or to attend the various workshops, in order to fulfill the goals established in the proposal. Some organizations may even make up fake participants and workshops in order to have the right indicators.

The government representatives of the GF project in Bolivia and other countries in Latin America are worried about the international perception of the CCM and the project. They are also afraid of the negative consequences of the protests of the activists.

There should be an open space for all of us to discuss honestly and openly what is working well and what needs to be improved. This is a learning process for the GF itself. There is fear to say what is actually happening in some countries, and some activists were prompted to keep quiet about the problems. The GF partnership forum is functioning as space for discussion regarding the GF projects in different parts of the world. However, most Latin American people cannot participate as long as it is only published in English.

Lesson 6: The GF is not a bank. The GF is a financial institution with a social mission. One GF representative once told me: *“think of the Global Fund as Citibank”*.

I thought of this and realized that the GF is a financial institution that has some regulations it needs to survive. However, the GF is not a bank. A bank has the ultimate goal of profit. A bank wants to increase its income and they do not really care for the people's lives but for their money.

The GF cares for the people. The GF is supposed to save lives of those affected by Tuberculosis, AIDS and Malaria. This is the mission the GF received when it was founded.

I wonder if something changed in the process. Did someone decide to abandon this mission and make the GF like a bank? I believe most of us who were somehow involved in the GF projects know that we are working because we want to save lives. We are advocating for the GF to keep receiving the contributions of the participating countries because we do not want more people to die and suffer due to these three diseases. ***When did we lose this perspective?***

Please, let's remember the GF is not a bank. The GF is a financial institution with a social mission.

Think before the implementation

The panorama does not seem hopeful, but I believe in Bolivia we still have the opportunity to review the way we are acting and we have the power to change the impact of the GF project in Bolivia.

However we have to think carefully before implementing. Some of these questions may help us in realizing what needs to change:

What will be the impact of the GF in Bolivia and other developing countries?

I have been discussing this question with some Latin American activists. A Peruvian woman said:

“The Global Fund could be like a Tsunami, a big force, but comes without control, so instead of building it will actually destroy weak structures”

These huge amounts of money, aren't they needed in our countries? Yes they are. We need the money of the GF but we also need the participatory processes and the technical support. If the GF cannot itself provide this support, other cooperation agencies like UNAIDS can.

How can such a big force (amount of money provided to the country) actually destroy the weak structures in the country?

- Creating dependency on the funds
- Not building local capacities
- Strengthening vertical structures
- Excluding those affected by the diseases due to several administrative ToR
- Closing channels of direct communication with the implementers at country level

What about the PR?

The responsibility of this actor is as important as the GF itself. The PR is the main candidate to become the giant Goliath of bureaucracy.

In Bolivia, in order to get the ToR for the proposals, the PR prepared a CD that had to be bought at the price of 50 Bs. (50 Bs = \$7 USD in March 2005). This CD was a requirement to present proposals, this means every person or organization willing to present a proposal, had to buy this CD but this requirement was not explained any where but in the CD itself. How were people going to know they had to buy the CD? What is more questionable, what was the PR going to do with the money collected with the sale of the CDs? Were the administrative costs were covered in the overhead percentage? We asked these questions and did receive satisfactory responses from the PR.

The PR designed a very rigid document of Terms of Reference (ToR) for the sub recipients. The ToR were so rigid that the first call for proposal was declared void. They had to make the ToR more flexible for the second call.

This was the moment when the GF in the country can actually exclude HIV positive people and other community based organizations. None of the Community based organizations had the requirements the PR was asking in the first call. One of the direct negative effects of these rigid requirements was the delay in the whole project, as it had to take the time to have a second more flexible call.

The power the PR gets after the proposal is approved is quite important. If the PR is not in harmony with the civil society, then it will become a Tsunami force in the country, and it will actually harm the community based organizations.

These questions may help in the examination of the role of the PR and the CCM role in the country:

- Is the GF project in Bolivia is strengthening REDBOL and other civil society organizations or is it splitting the movement?
- Is it increasing the leadership of PWAS (as the GIPA principle dictates) and other civil society leaders?
- Is it strengthening the countries abilities and capacity to respond to the three diseases or is it creating dependence on the funds?
- Is it making the access to treatment and care for HIV patients and those suffering with TB and Malaria more accessible, or is it creating additional bureaucracy?
- Is it strengthening counterproductive systems and structures in the country?
- Are the resources going to benefit those who with experience working in with these diseases or is it going to distribute the money between friends and influential people?
- Is the GF in Bolivia going to create a new elite that controls the decision making processes?
- What capacities will remain for the country after the GF project?
- Is there a list of how the proposals are going to strengthen the capacities of the country?
- Is the CCM working as a democratic institution of the country or as another traditional governmental office?
- How are decisions taken in the CCM?
- What is the role is of HIV positive people and others affected with the diseases in the CCM?

- How are the needs of communities represented and expressed in the composition of the CCM?
- Is the PR fulfilling its role efficiently or is it another bureaucratic institution?
- Why has the PR still not disbursed the funds to the sub recipients, 6 months after the signature of the contract?
- What will the PR do with the interest that the GF money gains in the bank?
- Who is responsible for the six months delay in the implementation?
- How are the civil society and NGO groups going to be able to request of the project achieves the goals if there is already a 6 months delay?
- ***What do we have in Bolivia after the GF project?***