

How do we make change happen? Lessons learned from the Community Advocacy Initiative on Investment Framework (CAI-IF) program in Vietnam

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How does change happen? Not without community action. Not by the effort of an individual or organisation working alone. Not without clear vision, strong leadership and commitment. And not in a linear, clean or clear-cut pattern. At least, this is what our experience from the Community Advocacy Initiative on Investment Framework program in Vietnam tells us, particularly regarding fostering an enabling environment for an effective country HIV response.

The Center for Supporting Community Development Initiatives (SCDI), and Vietnamese civil society and key affected community networks, have been working with the Asia Pacific Council of AIDS Service Organizations (APCASO) and the Australian Federation of AIDS Organisations (AFAO) to implement the Community Advocacy Initiative on the Investment Framework (CAI-IF) program in Vietnam. Supported by Australian DFAT via the Regional HIV/AIDS Capacity Building Program, CAI-IF aims to develop civil society and community capacity to critically engage with and use the investment framework (IF) to advocate for more effective financing of the HIV response.

CAI-IF formally rolled out in Vietnam towards the end of 2012. Within less than a year and a half of its implementation, it is proud to claim having enabled the following outcomes:

- **Active and critical engagement and leadership of civil society and community representatives in discussions to influence the future of HIV investments in the country**

The program has facilitated processes for civil society and community groups to take stock of, and strategise around, the country's HIV funding situation. This allowed for various groups to agree

on priority issues and concerns to collectively advocate for. These issues were then brought to high levels of government, both in smaller discussions and in national dialogues that were initiated by civil society itself.

This is significant in at least two aspects: 1) government and other stakeholders' decisions on HIV investments are informed by the perspectives of civil society and key affected communities, and 2) civil society and communities are able to exercise their right to influence decisions that affect them.

- **Increased buy-in from the government of the HIV investment framework principles¹**

At the CAI-IF 'Priorities for HIV Investment in Vietnam' workshop, co-organised in April 2014 by SCDI and the Vietnam Office of the Government, representatives of key state agencies², development partners and civil society and community representatives achieved explicit and publicly-stated consensus on:

- 1) focusing the country's HIV investment to address the needs of key populations – men who have sex with men, transgender, sex worker and people who inject drugs;
- 2) focusing on interventions that are proven to be effective and high impact; and
- 3) the need to mobilise increased domestic funding for the HIV response.

These points formed part of the formal recommendations submitted to the country's Deputy Prime Minister, who is also chair of the National Committee on AIDS, Drugs and Prostitution.

- **Catalysed civil society advocacy for greater domestic investment**

- **on the HIV response, including by advocating for ART coverage in national health insurance schemes**

Following the 'Priorities for HIV Investment in Vietnam' workshop, a meeting was organised by the Social Commission of the National Assembly to discuss amendments to the country's health insurance legislation. There was strong support for an amendment to have HIV treatment covered by the national health insurance. The amendment has been passed in June 2014, and meant meeting most of Vietnam's HIV treatment and care needs, which cost around 25 million US dollars per year.³

SCDI, representing civil society at that meeting, advocated for addressing barriers to community access to such insurance, including those arising from rigid registration requirements. SCDI continues to work with allies from key government offices to ensure provisions in the amendment address these barriers.

So how do significant changes like these happen? The following are lessons and insights gained from participation in the CAI-IF program in Vietnam:

1. Change comes out of collective community and civil society indignation and action over social injustices. Change comes from people collectively getting mad (enough) with, and challenging, the status quo. All over the world, civil society and community networks have been key driving forces behind reforms in discriminatory HIV and related policies, programs, frameworks and practices. The CAI-IF experience in Vietnam affirms the expertise of key affected communities in HIV issues and in determining the best solutions to these issues.

Any advocacy that does not have key affected communities at its heart, or that is not grounded in their realities, or that leaves them behind in the implementation, will never be effective, sustainable or truly meaningful. Investing in community capacity development and mobilisation should therefore be seen as essential to creating enabling environments towards effective HIV responses.

2. Change does not come from the effort of one sole individual or organisation. The success of CAI-IF in Vietnam is based on effective partnerships and strategic collaborations between: SCDI and Vietnam HIV civil society and key affected community networks; SCDI and ally government agencies and officials; and SCDI and APCASO and AFAO. For all these levels of partnerships to be strong, it is essential that mutual trust, respect, and accountability principles are upheld, and that each partner's strengths be built on.

External partners like APCASO and AFAO need to be mindful of the facilitative role they need to play in the partnership – providing support and minimising barriers so that in-country partners accomplish their self-identified goals; providing guidance without taking control; sharing experiences without imposing views and methods; keeping program structures light and enabling; and paying attention to both outcomes and processes (believing that how things are done are as important as why they are done).

3. Change needs leaders within countries to inspire, unite, foster a shared vision and pave the way for the bigger collective of change-makers. These leaders are country-based individuals and organisations with a deep understanding of the local program and policy context as well as the country's culture and politics, enough to be able to strike the delicate balance between audacity/rebellion and credibility/diplomacy with decision-making institutions; who are known for integrity and are therefore trusted by civil society, communities and the government; and who have the clarity

of purpose, commitment, courage, resilience, and stamina to see the partnership through to the daunting work needed to accomplish change.

SCDI has been providing such needed leadership behind the CAI-IF work in Vietnam. Stripped down to basics, CAI-IF is all about advancing the rights of key affected communities. Any gains towards this (via and beyond the program) would not have been possible without SCDI and its facilitative support of Vietnam community networks.

4. Change takes time and usually happens in a non-straightforward manner. This necessitates keeping the advocacy partnership's eye on collective end-goals, while remaining adaptable to changing contexts and opportunities for interventions that present themselves. A good advocacy strategy is one where there is openness for Plan B, C, D and E (or more) in the likely event that Plan A does not work. CAI-IF Vietnam builds upon the work of SCDI and other in-country civil society and community networks. It also builds upon lessons from a former phase of CAI implementation and an earlier program partnership amongst SCDI, APCASO and AFAO.

The current phase of CAI took some time to start as SCDI was conscious of meaningfully implementing the program, rather than just implementing it for implementation's sake. The high level of trust within the SCDI, APCASO and AFAO partnership allowed for flexibilities around implementation timeframes as well as program activities; these paid off, with CAI-IF able to take advantage of organic advocacy opportunities from emerging national developments related to HIV financing and the national health insurance law amendment.

5. And when change happens ... we celebrate gains, big and small, then roll our sleeves and buckle up – freshly invigorated, to battle for further change. We do it because we know that more things need to change. And because we know that change is possible and that we can make it happen.

References

- 1 For example, basing investment decisions on evidence (funding the right interventions focusing on the right populations at the right locations); investing in critical enablers, including community mobilisation and work on protecting communities' human rights; and ensuring synergies between the HIV response and the other development agendas of a country.
- 2 Including the Advisory Group to the Chairperson and members of the National Committee on AIDS, Drugs and Prostitution; Commission on Social Affairs of the National Assembly; Office of the Government; Vietnam Administration of AIDS Control: Leadership; Finance and Accounting Divisions and Global Fund CPMU; Ministry of Labor, Invalids and Social Affairs (MOLISA) and members of the country's Global Fund Coordinating Committee Mechanism (CCM).
- 3 According to the government's "Project on Sustainable Financing For HIV/AIDS Prevention and Control Activities in 2013-2020 Period" approved 16 Oct 2013 by Decision #1899/QĐ-TTg of the Prime Minister, the estimated funding need for HIV care and treatment for the year 2014 is 1,204 billion Vietnamese Dong (VND), to gradually increase to 13,692 billion VND in 2020. The current exchange rate is around 21,000 VND per 1 US dollar.

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