



## “COUNTRY OWNERSHIP” – THE SHIFTING STRATEGIES OF DEVELOPMENT ASSISTANCE

### What is “country ownership” or “country-led development”?

Over the past few decades, development assistance has been gradually “going local”—shifting strategies to give recipient country governments and civil society stakeholders more ownership and control over development priorities and the types of programs that receive funding.<sup>1</sup> According to a recent study, 74% of donor nations and 94% of recipient nation governments affirmed the trend towards greater country ownership in the area of development assistance.<sup>2</sup>

Currently, many high-income nations have foreign assistance programs that directly fund the health/HIV sector, such as the:

- ▶ U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), mainly through the United States Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC)
- ▶ Australian Agency for International Development (AusAID)
- ▶ Canadian International Development Agency (CIDA)
- ▶ Dutch Ministry of Foreign Affairs
- ▶ Japanese International Cooperation Agency (JICA)
- ▶ Norwegian Agency for Development Cooperation (NORAD)

- ▶ Swedish International Development Agency (SIDA)
- ▶ U.K. Department for International Development (DfID) or UKaid

These countries also contribute to multilateral efforts like the Global Fund to Fight AIDS, Tuberculosis and Malaria.

### Bilateral vs. Multilateral Donors

Bilateral donors are donor nations offering development assistance directly to individual countries or projects. Multilateral donors provide funds that are channeled through United Nations agencies, the World Bank, and nongovernmental organizations (NGOs), such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

### What are the benefits of country ownership or country-led development?

In the past, decision making regarding the use of donor funds was conducted almost entirely by the development agencies themselves; however, more development aid is now being given directly to governments and civil society organizations in low- and middle-income countries. This shift is positive and necessary for the long-term sustainability of programs.

Ultimately, HIV programs must be directed and controlled by in-country stakeholders, regardless of whether the resources supporting them come from domestic or international sources. Making this transition towards country ownership properly, through a phased and deliberate plan, can increase program efficiency in many ways, such as helping to ensure that funds reach areas in greatest need. It also promotes more sustainable health systems and community responses in recipient nations by decentralizing decision making and putting it in the hands of those most affected by adverse health outcomes.

## What are some challenges and opportunities for GMT-led HIV programming?

While this strategy has some positive benefits, it can also have negative consequences. For example, in countries where same-sex sexual behavior is criminalized and/or LGBTI individuals are highly stigmatized and discriminated against, it can be challenging for governments to support NGOs and community-based organizations that serve the needs of gay men, other men who have sex with men (MSM), and transgender individuals (collectively, GMT). To date, most funding for GMT programs has come from international sources. According to UNAIDS estimates, in low- and middle-income countries, over 90% of total spending on HIV programs for sex workers, MSM, and people who inject drugs comes from international sources.<sup>3</sup> Organizations serving the needs of transgender individuals are also unlikely to receive funding from domestic sources.<sup>4</sup> In many instances, therefore, it is unlikely that local and national governments will step up and provide assistance to GMT populations without GMT community action.

In fact, opportunities are growing for GMT leaders to take action. For example, each nation receiving support from the Global Fund is required to form a country coordinating mechanism (CCM) to develop proposals for submission to the Fund. CCMs were originally designed to guarantee input from various stakeholders, including affected populations, in national and local decisions regarding priority areas and issues, implementing partners, and funding allocations. Now, as the focus shifts towards country ownership or country-led development, other donor agencies are developing similar processes. For example, in early 2015, PEPFAR started seeking more community input in developing its country operating plans (COPs).

## What actions can GMT organizations and leaders take to benefit from country ownership?

### ▶ Get educated on donor funding

In order to sustain their current program levels and increase them to meet demand, GMT advocates need to become more educated on where national HIV/AIDS funding comes from and how much of it is currently being transitioned to local or domestic control. Knowledge is power.

### ▶ Get involved in national HIV/AIDS agencies, COP processes, CCMs, and more

If you do not already participate in meetings hosted by national and local AIDS agencies, demand to be included. Many donor agencies, such as the Global Fund and PEPFAR, have mandates to ensure that community leaders are involved in their decision-making processes, so be sure to reach out to their representatives in your country and find out how you can be more involved.<sup>5</sup>

### ▶ Develop evidence that community-delivered services are effective

One of the most effective ways to show that GMT community-delivered health services are working is to prove it. GMT community-led organizations should request funding to monitor, evaluate, and document their programs' impact, so they can demonstrate to policymakers and donors that they are making a difference.

### ▶ Urge your national and local government to support HIV programs targeting GMT individuals

Recognize that your national and local ministries of health and other ministries will most likely be assuming a larger role in funding HIV programs. Be sure to inform them about the success of the work you are currently doing and impress upon them the need to enhance and expand your programs to reach more GMT individuals in need. Be sure to reach out to "GMT champions" within embassies, in-country offices of development agencies, and UN agencies who can be helpful in linking you to key stakeholders in your national or local government.

## Where can I find more information?

Several articles and reports have been written on this subject. Check out the references below.

- 1 United States Agency for International Development. [Issue Brief: Country Ownership](#). 2013.
- 2 Global Health Strategies. [Going Local: The Promise & Challenge of Aid Localization](#). 2015.
- 3 UNAIDS, [Global Fact Sheet: World AIDS Day 2012](#).
- 4 Eisfeld, J, Gunther, S and Shlasko, D. [The State of Trans and Intersex Organizing: A Case for Increased Support for Growing but Under-Funded Movements for Human Rights](#). New York: Global Action for Trans Equality and American Jewish World Service. 2013.
- 5 MSMGF. [Successful Engagement of Key Populations in the Global Fund Country Dialogue Process: The Experience of Cameroon](#). May 2015.