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Influencing Commonwealth
policy on health:
the case of Para 55, the
Commonwealth HIV/AIDS
Action Group

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Abstract and acknowledgements

This is an account of a London-based Commonwealth advocacy campaign on HIV/AIDS which has had serious difficulties of continuity and finance. Effectively voluntary, it has sought to make Commonwealth Heads of Government live up to their 1999 pledge to give personal leadership in the struggle against the pandemic, and has taken a multi-sectoral approach. The pledge was made in paragraph 55 of the Durban summit communiqué, and gave its name to the advocacy group, but leaders themselves took no steps to audit their performance. The study notes problems in combining international advocacy with links with activist groups and Ministries in affected states, uneven relationships with the two official Commonwealth bodies (Commonwealth Secretariat and Commonwealth Foundation), and the challenge for an advocacy body when the inter-governmental Commonwealth has weak standing and influence in the health field. Because of anxiety about the scale of HIV/AIDS, particularly in Commonwealth countries, the campaign has struggled on, supported by a small number of Commonwealth-oriented persons who have other commitments. This analysis raises questions about the strategy, location and sustainability of a non-governmental group of this kind, especially after the official Commonwealth body concerned for civil society has patronised the creation of an alternative group, closer to activists and sufferers in HIV-affected states.

A first draft of this paper was discussed by persons involved in Para 55 at a workshop at the Institute of Commonwealth Studies in London on 13 June 2007 and revised in the light of those comments. The author would like to thank all those who attended this workshop, past and present members of Para 55 and other interested parties for their input, and Kirrily Pells, *rapporteur* at the June workshop.ⁱ

About the author

Richard Bourne is a senior research fellow at the Institute of Commonwealth Studies, London University, and was the first Head of the Commonwealth Policy Studies Unit based there (1999-2005). He has been involved in Commonwealth affairs since 1982, was the first Director of the Commonwealth Human Rights Initiative when it was based in London, and is currently chairman of the editorial board of the *Round Table*, the Commonwealth journal of international affairs.

1. Para 55: what it is

a) Initiation

Para 55 was set up in 2000, following two meetings in Durban in late 1999 organised by the Association of Commonwealth Universities (ACU), the Commonwealth Medical Association (CMA) and the University of Natal. These took place just before the Commonwealth Heads of Government (CHOGM) met in Durban in November 1999. Participants at these seminars debated the impact of HIV/AIDS on national development, and the need to control the pandemic. A joint submission from the ACU and seven Commonwealth health professional associations then succeeded in persuading the Heads to give personal leadership to combating HIV/AIDS.ⁱⁱ This was regarded as a considerable achievement because, although mortality and HIV infection were having serious impacts in Africa, the South African president who chaired the Heads' meeting had been casting doubt publicly on the scientific consensus on AIDS.

The submission pointed out that the consequences of the disease were affecting all sections of society, and called for a "dramatic increase world-wide in the human and financial resources that are devoted by governments to containing the pandemic." These resources could be targeted at: educational campaigns to change behaviour and stop the spread of infection; the care of persons living with HIV/AIDS; appropriate and affordable combination drug therapy; and continuing research and development of an affordable vaccine that will be effective against the strains of the virus that are present in developing countries.

The submission implored the Heads to take a leadership role in openly acknowledging the critical implications of HIV/AIDS; and to call for a *Global State of Crisis on HIV/AIDS*.

In paragraph 55 of their Durban communiqué the Heads responded. Although they made no comment on resources, they did offer personal leadership and acknowledge that a Global Emergency existed. The paragraph read:

"Commonwealth Heads of Government expressed grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa. They agreed that this constituted a Global Emergency, and pledged

personally to lead the fight against HIV/AIDS within their countries, and internationally. They urged all sectors in government, international agencies and the private sector to cooperate in increased efforts to tackle the problem, with greater priority given to research into new methods of prevention, the development of an effective vaccine and effective ways of making affordable drugs for the treatment of HIV/AIDS accessible to the affected population.”

The ACU and the health professional bodies were at the time London-based organisations, although with affiliates around the Commonwealth.ⁱⁱⁱ In 2000 they held a series of meetings in London which led to the setting up of Para 55, the Commonwealth HIV/AIDS Action Group.^{iv} It was to be a multisectoral advocacy coalition. Its aim was to ensure that governments, and the intergovernmental Commonwealth institutions, should realise the paragraph’s intentions, seeing HIV/AIDS as a multisectoral challenge.^v Its key player and coordinator was Dr Marianne Haslegrave, who had been Director of the CMA in the 1990s, but who left early in the new century to establish the Commonwealth Medical Trust (COMMAT).^{vi}

b) Membership, organisation, finance

Para 55 started with 12 member bodies. It grew rapidly to have more than 30. Some of the members were themselves umbrella bodies, and few were based in developing countries^{vii}. At the 2006 AGM of Para 55 the Commonwealth Medical Trust withdrew from membership, after Dr Haslegrave had ceased to be an active participant in Para 55. The same year saw the steering committee devise a new constitution, and in January 2007 Para 55 was recognised as a civil society organisation officially accredited to the Commonwealth.

From the start, supporting bodies did not pay a subscription, and funds for the campaign were in short supply. It acquired a modest grant of £10,000 from the Commonwealth Foundation, in each of its first two years, and Dr Haslegrave charged £200 a day as a consultancy fee for her work. Para 55 had no regular partnership funds from the Commonwealth Secretariat health section,^{viii} but it participated in a joint committee with the Foundation, the Commonwealth Secretariat and the Commonwealth Business Council. It had no other funding apart from the Foundation.

Organisation in the first two years was informal, reliant on monthly open meetings at Marlborough House, the headquarters of the Commonwealth Secretariat, and the personal energy of Dr Haslegrave. At this point a number of bodies from outside the health field, such as the ACU and the Commonwealth Magistrates and Judges Association (CMJA) were active players. But many of the member bodies are and were overstretched, in both human and financial resources. Since 2000, for example, the Commonwealth Trade Union Council has closed and the Commonwealth Journalists have moved from London to Port of Spain, and then to Toronto. Even at its most active the Para 55 has had difficulty in getting real involvement from more than a handful of its listed members. By 2007 the CMJA was no longer involved in the group, and unaware of its activities.^{ix}

Nonetheless, Para 55 achieved a degree of recognition in its first couple of years, with conferences in London and Melbourne; a scheme for Commonwealth Awards for performance in the AIDS struggle (arranged with the joint coordinating committee); a website, www.Para55.org, and attention to the risks of mother-to-child transmission and breastfeeding.

c) Changes since inception

A crisis blew up in early 2003, when the Commonwealth Foundation refused an application for monies towards a total two year budget of £31,000. It insisted on a strategic review, conducted by an outside consultant, Chris Mowles and Associates, with stakeholders. There was serious friction between Haslegrave and the Foundation over issues of governance and accountability. Haslegrave stepped down as coordinator in May 2003, citing a loss of autonomy. Para 55 itself had already established a committee to look at its future. The concerns of the Foundation were that Para 55 was insufficiently transparent, too London-based and not influential in developing countries, and institutionally weak. Rudo Chitiga, a Zimbabwean who was then Deputy Director of the Foundation, was personally aware of the scale of disease in southern Africa and thought the coalition should have more impact there. There was, of course, no conventional executive. Marianne Haslegrave was theoretically working two days a week as a consultant to Para 55 – in reality longer – and her son had built the website.

The consultant facilitated a strategy meeting on 11 July 2003, and distributed a questionnaire. His report stated that the coalition had weak formal links with its membership, and there was “no explicit linkage between Para 55 and, say, affiliates based in sub-Saharan Africa.”^x It pointed out the difficulty in widening funding support beyond the Commonwealth Foundation when the organisation had no bank account of its own. It was not clear by what mechanism Para 55 chose its priorities for work. However the report concluded that there was still a strong case for Para 55 and its advocacy, if only because of the significance of the Commonwealth for HIV/AIDS. While the Commonwealth had only 30 per cent of the world’s population it had and has over 60 per cent of the known HIV/AIDS cases.^{xi}

The outcome of the meeting and the consultant’s report confirmed the departure of Marianne Haslegrave and led to: the establishment of an elected committee with the involvement of “virtual” members from developing countries; the appointment of a treasurer; and renewal of Commonwealth Foundation funding on a reduced scale.^{xii} But the reconstruction had other consequences. Some who had been involved in the early days felt that Para 55 was becoming more of a bureaucratic and less of a campaigning body.

The new chair, Frank Davis, had had a background in hospital management and military health procurement in the UK, and had been a Principal Medical Adviser to the Crown Agents after 1992, working particularly in South Africa, Kenya and Zambia; he was older than Haslegrave, semi-retired, and without her wider familiarity with Commonwealth health ministries. He got involved with Para 55 as a representative of the AIDS Consortium – which he had joined on behalf of the Crown Agents – and had helped Haslegrave with funding applications. He had other AIDS-related interests and estimated that he was spending 30 per cent of his time on Para 55. He did not draw a consultancy income.^{xiii} At a time when Para 55 might have closed, he kept it alive.

In the new set-up the focus was less multi-sectoral, and involvement by non-health bodies, such as the Commonwealth Magistrates and ACU, was reduced. Davis was in charge until February 2006 and in his period the activities of Para 55 included advocacy over access to treatment and the migration of health workers; a joint meeting with the Commonwealth Lawyers Association in London on HIV/AIDS and asylum in the Commonwealth; joint activities on AIDS Day with the Commonwealth Secretariat; and

civil society lobbying of the annual meeting of Commonwealth Health Ministers.^{xiv} Much of the Para 55 lobbying was done in conjunction with other organisations; apart from one meeting in November 2004 with the Ghana Medical Association and Commonwealth Medical Association, it had not significantly deepened its activity in developing countries, and its profile as a Commonwealth network was modest.

Davis had made clear that his would only be an interim role, and at an AGM in February 2006 a new chair was elected, Dr Mandeep Dhaliwal, a medical doctor and qualified lawyer. She was supported by Anton Kerr as vice-chairman. Both had had substantial experience of HIV/AIDS campaigning, associated with the AIDS Alliance based in Brighton. Kerr had provided a consultancy report for the Commonwealth Secretariat on its own HIV/AIDS strategy in 2005, though this had not referred to the role or potential of Para 55. Both were familiar with the global scene, including the turf wars between WHO and UNAIDS, attended the international review conference on AIDS in Toronto in mid-2006, and were keen to see the Commonwealth play a bigger role in the policy debate. They met Don McKinnon, Commonwealth Secretary-General, after returning from Toronto, and appealed to him to speak out on AIDS, and to promote a multi-divisional approach within the Secretariat.

A policy statement for Para 55 in the summer of 2006 set out an ambitious programme to build a stronger pan-Commonwealth network: identifying lead organisations and key network members in the Caribbean and Asia; formation of two network steering committees to include people living with HIV and internationally recognised individuals and organisations already working on HIV in the respective regions; two launch events in the Asian and Caribbean regions; and identification of technical support needs of network members. The Community Health and Information Network, CHAIN, would act as a focal organisation for cross-regional initiatives. At the same time, over two years, Para 55 aimed to substantially increase its membership from southern Commonwealth countries.

It was not clear whether Para 55, under its new management, would get a new lease of life, and there was doubt as to how much time the new management would have to devote to its affairs. Dr Dhaliwal, for example, was working as a consultant. Certain issues – such as the relationship between international lobbying and grassroots connection, or between Commonwealth lobbying and global lobbying – remained unresolved. One immediate change, however, was that Para 55 acquired a temporary

part-time administrator, paid for from the Commonwealth Foundation grant during 2006; by 2007, however, she was working voluntarily.

In 2007 the Foundation, disappointed with a lack of communication and that Para 55 was unable to take a lead role in setting up its pan-Commonwealth civil society network on HIV/AIDS (see below), refused a grant request for £20,000 for 2007-8. Instead, in June, the Commonwealth Secretariat made a grant of £15,000 for capacity-building and other activities^{xv} – against the same application rejected by the Foundation.^{xvi} This lack of consistency between two official bodies both paid for by Commonwealth governments was remarkable, but not unprecedented. A small review meeting, to consider the draft ESRC study was held on 13 June 2007 at the Institute of Commonwealth Studies; participants were strongly of the view that Para 55 should continue.

2. What were and are Para 55's objectives?

a) Immediate and longer-term

Many would say that the biggest objective was achieved before the Para 55 coalition came into formal existence – namely the persuasion of Commonwealth leaders that HIV/AIDS constitute a global emergency, requiring their personal commitment. Subsequent to the Durban communiqué the coalition focused on seeking to realise the aims of that paragraph, using devices such as the Commonwealth awards for action on AIDS. However there was no systematic audit of what Commonwealth governments, or their leaders, were doing about the pandemic, or attempt to establish their accountability. Their multi-sectoral performance was perhaps hard to evaluate. Undoubtedly some of the Para 55 strategies – such as the focus on mother-to-child infection and microbicides – reflected the interests of Dr Haslegrave, who was doing so much of the work in the beginning. The awards approach was picked up by the Commonwealth Secretariat, which subsequently promoted youth ambassadors for positive living. A major difficulty for the coalition was that so much of the AIDS war was being fought in-country, where its own capacity for lobbying was weak, and on the wider international scene its voice was not as strong as others.

While the group continued to quote Paragraph 55 of the Durban communiqué as its leitmotif, by 2007, under the Dhaliwal-Kerr leadership, it defined its activities as having four purposes:

- Informing and influencing Commonwealth Heads of Government and Ministers to focus more resources on HIV prevention, treatment and care.
- Increasing collaboration of all sectors including government, international agencies and the private sector in HIV prevention, treatment and care.
- Encouraging Commonwealth associations and affiliates to include HIV prevention, treatment and care activities in their programmes.
- Supporting the development of coordinated and strategic programmes of HIV prevention, treatment and care by civil society organisations in Commonwealth countries^{xvii}

b) Targets for advocacy

In theory Para 55 had several targets: the international AIDS policy debate, where it could contribute Commonwealth experience and insights; the short annual meetings of Commonwealth Health Ministers (the last longer triennial one was held in New Zealand in 2001)^{xviii}; biennial meetings of Heads of Government; the Commonwealth Secretariat and Foundation; and Commonwealth governments and opinion-formers of member countries. In reality this was a large range for what was, in spite of its appearance of a wide coalition, a small organisation when it came to advocacy. Indeed Para 55 was itself a coalition of small organisations.^{xix} There is little evidence that, after the first three years, more than a handful of Para 55's supporting bodies were involved in coordinated lobbying for its objectives.

It is worth providing brief comments on these targets. The international AIDS policy debate is complex and carried on at various levels, although campaigners have been united in urging universal access to prevention and care for all by 2010. In addition to the specific AIDS conferences and initiatives, such as the major UN review conference in Toronto in mid-2006, AIDS issues come up in the WTO and trade negotiations. For example the Doha Declaration of 2001 on Trade-Related Intellectual Property Rights (TRIPS) put the right to health above commercial profit, but has proved hard for AIDS campaigners to utilise (although both South Africa and Brazil have won battles over generic drugs). Given its small size, and without a substantial research and advocacy base of its own, Para 55 has in the past found it difficult to contribute much that is distinctive, apart from supporting its members. In 2006, for example, Para 55 backed a resolution at the World Health Assembly which sought to restrict the brain drain of health workers from developing countries. This was a field where Commonwealth governments had developed a significant protocol: a parallel protocol of 2002, governing the cross-border recruitment of teachers has had huge international importance. Para 55 is one of many bodies which have been fighting the brain drain.

The Commonwealth world is more coherent, and is where Para 55 originated. But there are rival health issues; the fact that the UN promoted a global fund to fight AIDS, TB and malaria in 2002 reflects the existence of other scourges affecting developing countries. Para 55 has helped to ensure that Commonwealth Heads continue to comment on the AIDS crisis in their biennial communiqués, but even here the concern is diluted. Recently,

in their Valletta Declaration, 2005, they “reaffirmed their commitment to combating HIV/AIDS, malaria, tuberculosis and other communicable diseases which all threaten sustainable development. They acknowledged that LDCs, Small Island Developing States (SIDS) and other vulnerable states face particular difficulties in responding to HIV/AIDS and other major diseases, and in reaching the goal of universal access to prevention, treatment, care and support for HIV/AIDS by 2010. They urged the Secretariat to continue to assist countries with prevention measures and strengthening health systems.”^{xx} Significantly, Para 55 was presented with a proposal to change its name to the “Commonwealth Health Consortium”, so that it could also work on TB and malaria, but by the 2006 AGM this had been set aside in response to members’ views. In Valletta, prior to the CHOGM, Para 55 organised a conference attended by 180 people to discuss the AIDS pandemic.

Commonwealth Health Ministers conferences and the Commonwealth Secretariat health section are much diminished in scope compared with 20 years ago. This makes the role of advocacy bodies, and indeed the requests of Heads of Government, harder to realise. Until 2001 the Health Ministers had met every three years in a Commonwealth location, devoting several days to issues significant to their Ministries and peoples. But the New Zealand meeting that year was the last of this type. Instead they have had to make do with a one-day gathering in the fringes of the World Health Assembly in Geneva, which tends to be dominated by that international agenda.

The reduced time available to Commonwealth Health Ministers is paralleled by the reduction in dedicated staff available within what is now the Strategic Programmes Transformation Division; although numbers go up and down slightly there were, in 2001, only two professionals in the Secretariat’s health section. Key donor governments have, since the early 1990s, targeted the health section for abolition on the grounds that WHO or national ministries could replace it. Tight financial constraints on the Commonwealth Secretariat have seen its staffing fall from around 400 in 1990 to around 250-280 only 15 years later.

Liaison between Para 55 and the Secretariat’s health section fell away between 2003 and 2006, with the group unable to attend meetings, so that officials felt that the coalition missed chances to influence the Ministers’ agenda.^{xxi} Nonetheless the coalition regularly submitted papers to the ministerial meeting; in 2006, for example, it submitted the case

for universal access to HIV treatment, was proposing a civil society initiative, and reporting on the impact of brain drain for the fight against HIV/AIDS.

Influencing Commonwealth governments and countries' own opinion-formers was, on the whole, left to member bodies and their national affiliates. However the member bodies of Para 55 were sometimes in a position to make a real impact. The Association of Commonwealth Universities, after 1999, ran two workshops in Lusaka and Goa to awaken the academic community to the wider effects of the disease. Immediately after the Durban workshops at the time of the CHOGM a Zambian Vice-Chancellor returned home saying that his eyes had been opened to the range of implications.^{xxii}

c) After the Durban CHOGM, 1999

As late as the 2006 AGM of Para 55 it was being stated that the key object of the coalition was to hold governments to account for delivering on the CHOGM paragraph. Although some evaluations would be difficult it would not be hard to assess the extent to which leaders had provided the personal commitment they promised, for what they recognised as a global emergency. Implementation of governmental and international commitments is often weak. Para 55 has done little in this field so far. But the Kampala CHOGM of 2007, in a country which was one of the first to tackle the pandemic, did offer a timely opportunity for an audit of the 1999 commitments.

3. The policy and practical environment in which Para 55 works

a) The changing scene

The fact that Para 55 has gone through three changes of management in a little over six years is paralleled by changes of personnel in Ministries of Health, and in understanding of and fashions for combating HIV/AIDS. A key ally for the embryonic Para 55 in Durban was Timothy Stamps, then Minister of Health for Zimbabwe; by the end of 2003 Zimbabwe had left the Commonwealth. Attitudes to AIDS, and the fighting of AIDS, have also gone through big changes over the past 20 years. They have involved struggles for public education appropriate to different cultures, for cheap generic anti-retroviral drugs and care of patients and families, and against stigma, fatalism and an unjust distribution of resources. It took a while for governments and AIDS experts to realise that whole societies were affected by the disease, with collapsing life expectancy, AIDS orphans and specific damage to education systems and other requirements for development. Commonwealth countries have varied problems and possibilities both with regard to development and their response to AIDS. AIDS campaigners persuaded the G8 meeting at Gleneagles in 2005 in the United Kingdom to allocate more resources. Developing countries have had to navigate the neoconservative policies of the US Bush administration, which have given finance to governments stressing sexual abstinence and hostility to sex workers.

There have also been developments of significance to the Commonwealth. A Commonwealth/UNESCO chair on HIV/AIDS has been established at the University of the West Indies. Its first holder, Professor David Plummer, told a London conference in July 2006 that, by the end of the year, his university would offer a part-time, two-year Masters programme in health promotion, focusing on HIV/AIDS. He looked forward to inviting experts from around the Commonwealth to share their knowledge with students.

In June 2007, shortly after the ESRC/NGPA review of the Para 55 case study in London, Secretary-General Don McKinnon announced a £162,000 grant to educate young Swazis about HIV/AIDS. Swaziland has the highest prevalence in the world, and the project was built on the scheme for peer education – Young Ambassadors for Positive Living – which had been pioneered by the Commonwealth Youth Programme.

Many who were involved in the early years of Para 55 believe that its unique contribution was to look at the wider implications of the pandemic, and to call for a multi-sectoral response. This would have required, for example, representations to meetings of Commonwealth Education Ministers as well as to those of Health Ministers. Anton Kerr's strategy report for the Commonwealth Secretariat of 2005 pointed out that several of its divisions should join in a holistic approach to AIDS – Political Affairs, the Human Rights Unit and Legal, the developmental divisions operating with the Commonwealth Fund for Technical Cooperation. But in the early years of the new century it looked as though Para 55 itself had withdrawn into a separate silo marked Health; in this it had mirrored the Commonwealth Secretariat.

Another change, calling for examination of the spending, was that more funds were being made available to tackle the pandemic. These could be international, as with UNAIDS, or private, as with the Bill and Melinda Gates Foundation and the initiative of former President Clinton. While campaigners united behind the call for universal access to prevention, drugs and care there was a growing policy task in Commonwealth countries to discover how much money was really reaching them, and how it was used.

b) The nature of lobbying

The success of the lobbyists in getting paragraph 55 adopted in Durban owed much to personal lobbying of contacts in the CHOGM delegations. One of the problems faced by Para 55 after Marianne Haslegrave left was that few involved in the steering committee had her contacts among Commonwealth Ministers and officials. Mandeep Dhaliwal and Anton Kerr, who met many of them in Toronto in 2006, may breathe new life into this advocacy by personal contact. However Para 55 set its sights wider than Health Ministries. Cross-departmental policymaking usually requires leadership from president, prime minister or cabinet. To persuade people at this level requires not only quality material but a kind of persistence, authority and contact that can only work where the whole of a coalition pulls together. Where organisations are happy for their names to be listed as coalition members, but are actually not contributing advocacy or policy, it is unfair to expect too much of a one-man band in London.^{xxiii} There is little doubt that many of the organisations listed as members of Para 55 were out of contact by 2006. One of the strongest Commonwealth bodies is the Commonwealth Parliamentary Association, which has played a sterling role in promoting the Commonwealth Human

Rights Initiative and the Latimer House guidelines on the proper relationship between the executive, legislature and judiciary. However in June 2006 an official stated that “After some investigation here, it would appear that CPA has had no contact with Para 55 since its formation.”^{xxiv} Turnover among the staff or voluntary councillors of supporting associations has added to the difficulty of advocacy for Para 55.

c) Competition within the Commonwealth

The relative lack of success of Para 55 in recruiting participating organisations from the South, and the external perception that this is a London lobbying group, have been among its handicaps. But by the mid-years of the decade Para 55 was facing a more direct challenge to its Commonwealth legitimacy and effectiveness: the appearance of a pan-Commonwealth Civil Society Network on HIV/AIDS, supported by the Commonwealth Foundation. Founded in 2006 the aims of this Network appeared to overlap with those of Para 55, though they were possibly less adversarial towards governments.^{xxv} They were: to foster greater cooperation between governments and civil society; to ensure that national HIV strategies are formulated and implemented in partnership with civil society; and to ensure that civil society interventions complement national strategies for prevention, treatment and care.^{xxvi} They did not explicitly aim to hold governments to account.

The Foundation supported a three day workshop for African HIV/AIDS activists in Uganda in April 2007, opened by the Ugandan Minister of Health. It brought together civil society actors from 16 countries, and was the first stage in the creation of the pan-Commonwealth network; similar meetings to complete the network were scheduled for Asia, the Pacific and Caribbean later in 2007. The Foundation and the Sri Lankan government facilitated a meeting between the nascent network and Commonwealth Health Ministers at Geneva in May 2007.

The appearance of this network created a rival Commonwealth advocacy body, claiming authenticity because it was built round local activists often suffering from the condition, and closer to national governments. However, there were also links with Para 55, because the key civil society body in the African Commonwealth network is the Community Health and Information Network (CHAIN), which Para 55 had also designated

as a significant partner. Nevertheless, by mid-2007 it was doubtful whether this partnership was effective.

4. Policy formation in Para 55

a) How policy is made

Policy formation at the start of Para 55 reflected the excitement of an urgent campaign, mediated by open meetings. By the era of Frank Davis this was more measured, linked to upcoming ministerial and other meetings, and dependent on his own time and the willingness of member organisations to take particular opportunities. The steering committee of nine, elected in 2006, included three Africans resident in Africa and one Jamaican. The new team of Dr Dhaliwal and Anton Kerr put forward their proposals for agreement by this committee. Para 55 was not in the habit of going back to member organisations for approval of policy directions; elected officials, who were recognised to be volunteering their time and energy, were authorised to make decisions on behalf of all. The one exception recently would appear to be the decision not to change the name of the organisation.

b) Impact of finance etc on policymaking

Para 55 is not obviously influenced in its policymaking by its weak financial status, except that its key officers are voluntary and may be unable to give sufficient time to its affairs. In reality it was, until 2007, almost wholly dependent on Commonwealth Foundation funding and, in 2005-6, most of its grant was spent on its website. However, the Commonwealth Foundation was able to insist on an organisational review which had some policy consequences. Some civil society interviewees and some officials agree that the Commonwealth Secretariat also had an interest in the survival of Para 55, as a way of demonstrating that the Commonwealth cares about the AIDS issues even though its specialist health staff were so few. Indeed, Secretariat staff have argued that Para 55 should campaign for more funds to be devoted to HIV/AIDS, where the health section had a total budget of only £85,000 to spend in 2006-7. It had not been a GONGO (government-organised NGO) but its continuing existence was at least convenient.^{xxvii} Whereas other advocacy coalitions in the Commonwealth, such as the Commonwealth Human Rights Initiative, have found financial stability by undertaking projects this path has not been followed by Para 55. Some Para 55 steering committee members have, however, advocated that training and the encouragement of best practice should be part of the mandate; this could attract funding.

5. What policy impact has Para 55 had?

If one was to visit any cabinet office or Health Ministry of a Commonwealth country one would certainly learn of the national strategy for AIDS prevention, treatment and care. But officials could not be objective about the effectiveness of such a strategy, and would be unlikely to give much credit to international AIDS campaigners for its existence. A campaign restricted to the Commonwealth, London-based, poorly funded and overwhelmingly voluntary, would be even less likely to receive recognition. The fact that Commonwealth countries provide so many victims of the pandemic would make this paradoxical and sad.

At the international level AIDS campaigners from the Commonwealth have clearly been important – whether in leading the battle for cheap generic anti-retroviral drugs, in fighting for more resources, or in struggling for universal access in poor countries and against stigma everywhere. But the hard question remains, how far is this anything to do with Para 55? Beyond the initial mobilisation prior to the Durban CHOGM and up until the Coolum CHOGM in 2002, it is difficult to trace significant policy impact. Para 55 has survived because enough organisations think it **ought** to have an impact, for its potential more than its reality.

This is partly due to the assessment of the Commonwealth of Nations in the early years of the 21st century. It has overlapping reputations: as an ideas and information exchange (the “gabfest” attacked by journalists); as a can-do organisation, which has suspended member governments for breaking its “Harare Principles”, launched debt write-off for poorer states, and made international agreements which limit the poaching of teachers and health workers; and as an important cog in international machinery – what Shridath Ramphal meant when he said “The Commonwealth cannot negotiate for the world, but it can help the world to negotiate.”

Innocents, looking at the 53 Commonwealth states with their cultural and economic range, assume too readily that they can be corralled by lobbyists into a single, powerful strategy. In reality this is extremely difficult in any policy field. It took the Commonwealth Human Rights Initiative eight years, from inception in 1987 to the adoption of the Millbrook Programme in 1995, to persuade governments to take a tougher line on military takeovers and egregious human rights abuse. Even then the crucial trigger was the

execution of Ogoni leaders by the military dictatorship in Nigeria, and governmental horror that led to the Commonwealth Ministerial Action Group which can suspend abusive governments. It took six years of advocacy before the Latimer House principles became the Commonwealth principles endorsed by leaders at Abuja in 2003. In both these examples, of course, advocacy of an agreement had to be followed by advocacy for implementation.

One of the problems for Para 55 is that it has itself changed as a coalition, and the health policy world has been changing too. It has yet to win recognition, for instance, for any persistent pressure to implement paragraph 55 of the Durban communiqué. It does not publish an annual audit of government or Commonwealth-wide action. The Commonwealth, prodded by Para 55, could take more of a lead in the AIDS discourse. It has yet to do so.

6. What lessons can be drawn from the policy work of Para 55?

a) A short-term or longer-term campaign

Para 55 was a classic case of an instant response to what was felt to be a terrific crisis. It was not a standard civil society response, for those responsible for organising workshops in Durban in 1999 and lobbying the CHOGM were professional bodies with links around the Commonwealth. But they were working in a southern African context where HIV/AIDS was causing grave consequences, and at a time when the South African government itself was in denial. The policy achievement in 1999 was to win the paragraph which gave its name to the campaign. However, only some of those involved in Durban were then involved in creating a campaign to realise the paragraph's objectives; this was partly because the subsequent Commonwealth effort was run from London, rather than southern Africa. Para 55's links with the active campaigners in southern Africa became weaker over time.

Different temperaments and skills are required for short-run rather than longer-term campaigns, and the initial structure of Para 55 was one appropriate to a short-term effort leading to the Coolum CHOGM, 2002. It is now the view of Marianne Haslegrave that Para 55 should not have sought a long-term existence.^{xxviii} It is a perfectly valid argument that an instant campaign is worthwhile for itself, and it should not "officially strive to stay alive." However others in Para 55 disagreed, on the grounds that the pandemic and its wider impacts were themselves long-term, that Commonwealth countries are specially vulnerable, and that a coherent long-term campaign is appropriate.

A long-term campaign is of a different nature, inevitably requiring a regular organisation, funds, agreed roles for member bodies, periodic review of campaign objectives, and authoritative expertise relevant to the policy being advocated. Para 55 has struggled to make the transition to this longer-term campaign, and the main problems have been the lack of money and committed person-power; nearly all of those involved in the last four years have been stretched in their own organisations, with little time to devote to the common campaign. Funding applications take time to prepare and, for members of the Para 55 executive, there could be conflicts of interest when their own bodies needed money.

b) The Commonwealth and HIV/AIDS policy

The Commonwealth has yet to play a distinctive role on the world scene for HIV/AIDS, and its recent bundling of the issue with TB and malaria at the Valletta CHOGM suggests that it will require persuasion to do so. In a numbers game it may be true that more people in the Commonwealth are dying prematurely from malaria than from AIDS, but the case for HIV/AIDS is that it deserves a special response due to its societal impact and stigma, . Currently the CHOGM position reflects a “me-too” approach to the international discourse – supporting prevention, treatment and care – which fails to draw on the tough experience of member countries. At a country level, for instance, it would be possible to exchange information on policy approaches between South Africa and India.

There are real difficulties in getting Commonwealth action in this field, due to the brevity of Health Ministers’ meetings, and the smallness of the human resource at the Commonwealth Secretariat. The review meeting on the ESRC study in June 2007 heard complaints by Para 55 members that “accreditation to the Commonwealth,” a status obtained after a bureaucratic application process, has meant little extra access. Further, there is a lack of drive and coherence in the HIV/AIDS response by the Secretariat and Foundation. But the role of non-governmental coalitions is often to challenge complacency and inertia among Ministers and officials. In other areas, such as human rights, Commonwealth coalitions have helped to drive international policy. There is still plenty of scope for Para 55. When a draft of this review was discussed at the Institute of Commonwealth Studies on 13 June, 2007, this was a unanimous view.

c) Location

This analysis has referred to the difficulty of running a campaigning coalition from London, when most of the Commonwealth AIDS pandemic is far away, and the official Commonwealth capacity is modest. Contact between Para 55 and affiliates in the developing world has been infrequent, and made harder by the lack of dedicated person power in Para 55. The logic of running the campaign from London relates to the presence there not only of the Commonwealth Secretariat and Foundation but also of offices for the supporting bodies, such as the Commonwealth Nurses Federation and Commonwealth Lawyers Association. Para 55 could, according to the Commonwealth Foundation, have been more closely involved in setting up the pan-Commonwealth civil society coalition, but was unable to do so.^{xxix} There seems to have been no serious consideration of a

headquarters for the coalition in South Africa, or another severely affected Commonwealth country; almost certainly such an office would have found it easier to raise funding, and might have become involved in projects as well as international advocacy. One participant in the case study review argued that, because of the difficulty of getting funds for a purely advocacy body in London, Para 55 could turn itself into a think-tank for HIV/AIDS in the Commonwealth.^{xxx} Another argued that a more dynamic, informative and campaigning website could alone justify Para 55's future existence.^{xxxi}

d) Accountability to coalition members

The sample survey and interviews conducted as part of this research have exposed the weak accountability of the campaign to its listed membership. Both the reconstruction of Para 55 after the Mowles report, and the change of leadership in 2006, stressed the need to involve member bodies more effectively. Undoubtedly, the lack of a full-time coordinator and the competing duties of elected committee members, have made such involvement and accountability difficult to manage. Only enthusiasm for a cause, which encourages people to work with dedication, can make such contact real. The concept of "virtual committee members" embraced by Para 55 as a way of involving participants outside the UK by email only succeeds where the parties concerned can build trust and see that their views matter.

Infrequent contact with member bodies has meant that Para 55 has found it harder to organise Commonwealth-wide advocacy, and has been less grounded in its campaigning. In principle, the arrival of a pan-Commonwealth Civil Society Network could help solve this problem, if Para 55 can build a working partnership with the network.

e) Finance, organisation, advocacy

This study has not hidden the financial weakness and organisational problems which have limited the effectiveness of Para 55 as a unique Commonwealth-wide campaign. It is ironic that Para 55's small funds have come from an inter-governmental source, its reorganisation precipitated and assisted by the Commonwealth Foundation. Even its somewhat mysterious name – mysterious to all those unacquainted with Commonwealth communiqués - was adopted in 2000 at the suggestion of Sharon Robinson, then an

official with the Foundation. Inevitably, questions have been asked as to how far the coalition is independent of the association it seeks to influence, and whether the interest of inter-governmental bodies has not been crucial to its survival.

Many governmental systems in the Commonwealth do permit “arms-length” finance, where grants go to bodies which may criticise the government. The problem for Para 55 was that, in a field where large sums became available for AIDS work in the 1990s, it failed to obtain separate funding for its work, additional to finance from the Foundation or Secretariat. Again the weakness of the coalition scored against it, and many of the key organisations supporting it were also fighting for funds, so there could be conflicts of interest. In general, NGOs find it easier to raise monies for project work than for policy development and advocacy; good advocacy does not come cheap. Para 55 also faced a problem of “branding”, so that a member body which was promoting a Para 55 objective tends to be recognised for itself, rather than Para 55. Furthermore, while Para 55 members have argued that its participation in international AIDS consortia has made a contribution, there is always a question as to how far the junction of umbrella bodies with umbrella bodies actually means that fewer victims are rained on.

f) What lessons might be learned for other health campaigns?

The key lesson from Para 55 is the need to be clear about short and long-term objectives. There is nothing discreditable about a coalition that gathers for a particular object, and then disperses. The skills, organisation and finance required for a long-term campaign, focused on changing policies and implementation, are quite different from the needs of the short-term. The transition is often fraught. Many organisations – such as Save the Children, a charity born out of concern for “enemy” children in Austria-Hungary at the end of the First World War – have gone on to perform a world-wide role. In the excitement of an immediate campaign it is often hard to know whether the objectives are really short-term or long-term. But those involved would be wise to ask questions from the start.

The need to target is a second lesson. HIV/AIDS is a global pandemic and many campaign bodies in Commonwealth countries do not see the Commonwealth itself as a valuable policy target. There is no doubt that the acquisition of paragraph 55 in the Durban communiqué was a considerable victory, of potential significance to people in all

Commonwealth countries. However it had to be made meaningful. Lobbying at an international level can be easier than following up an international decision by governments in 53 countries; this latter course was perhaps beyond the capacity of Para 55 as it was first constituted. There remains a need to think clearly about the health policy objectives in different Commonwealth countries, and how the capacity of the over 30 member bodies of Para 55 can be harnessed to achieve change. There remains an issue for these bodies: do they see Para 55 as a substitute for work by themselves on HIV/AIDS, or an addition to it?

7. Appendix: sample survey of Para 55 members

As part of the research a sample survey was conducted in 2006, to which ten organisations – nearly a third of the website listed membership – responded.^{xxxii} Only two of these, the African Association of Universities and the Australian Reproductive Health Alliance, were based outside the United Kingdom. It would be wrong to place too much weight on the opinions of such a small sample, but bodies which took the trouble to respond were probably those most interested in the potential and history of the anti-AIDS campaign. Even among some of these, such as the Commonwealth Lawyers Association, staff turnover meant that it was not easy to establish their rationale for initial support for Para 55 six years earlier. Nine bodies were able to respond fully, and all of these had been engaged with Para 55 since the start.

The reason all gave for joining Para 55 was that they saw Commonwealth countries as specially affected by the pandemic; they were realistic enough not to imagine that Commonwealth governments could achieve a common health response. Respondent bodies were almost evenly split between those who were more involved during the first (Marianne Haslegrave) phase, and the second (Frank Davis) phase, and several were involved in both.

Asked what had been the most effective contribution since 1999, the answer was the lobbying of Commonwealth summits and Health Ministers' meetings, though impacts at the Commonwealth Peoples Forum (which is coordinated by the Foundation, and runs alongside the political summit) and the World Health Assembly were also mentioned. Two specific "missed opportunities" were suggested: that Para 55 could have been more active, and that it could have been involved in training primary health workers.

Where respondents thought that opportunities had been missed by Para 55, the majority considered this to be a function of an absence of fulltime staff, adequate funding, wider visibility and an independent office space. But a minority also thought that other campaign bodies had more recognition, that the Commonwealth might not be a sufficiently useful framework, or that Para 55 suffered by being centred in the UK where the pandemic is less significant than in other member countries.

Overwhelmingly, this sample saw the future effectiveness of Para 55 as lying in the lobbying of individual governments and their Health Ministries, and in stimulating a multi-sectoral approach. One respondent argued that a multi-sectoral approach now must look at issues affecting HIV positive people – employment, the role of carers, and the infrastructure for community development. Beyond the maintenance of a multi-sectoral approach, the sample saw links with grassroots activists as particularly important. There is clearly the potential for an electronic link between different scales of activist, comparable to the Commonwealth Human Rights Network, which is run electronically for around 400 organisations and individuals by the Commonwealth Human Rights Initiative. Para 55 could work with the pan-Commonwealth Civil Society Network on HIV/AIDS to create and service such an electronic link, which could well attract funding.

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ⁱ The revised draft was presented to the Institute of Commonwealth Studies International Workshop: 'The impact of transnational non-governmental public actors (NGPAs) on policy processes and policy outcomes: translating advocacy into sustainable policy engagement' held at the Brunei Gallery, SOAS, 11th – 12th September 2007. The Workshop was funded by the ESRC-NGPA Programme and the Commonwealth Foundation.

ⁱⁱ The seven were: the Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHADD); the Commonwealth Association for Paediatric Gastroenterology and Nutrition (CAPGAN); the Commonwealth Dental Association (CDA); the Commonwealth Medical Association (CMA); the Commonwealth Nurses Federation (CNF); the Commonwealth Organisation for Social Work (COSW); and the Commonwealth Pharmaceutical Association (CPA). The submission was dated 10 November 1999; the CHOGM ran from 12-15 November.

ⁱⁱⁱ Subsequently the office of the CMA has rotated round Commonwealth countries; in 2007 it was in Malta.

^{iv} The name was suggested by Sharon Robinson, then responsible for liaison with Commonwealth professional associations at the Commonwealth Foundation. "Action Group" was a title in vogue, following the setting up of the Commonwealth Ministerial Action Group in 1995 to oversee enforcement of the Commonwealth Harare Principles, including the suspension of nonconforming governments.

^v The two principal intergovernmental bodies are the Commonwealth Secretariat, responsible for political, economic and developmental coordination, and the smaller Commonwealth Foundation, responsible for liaison with professional, civil society and cultural organisations.

^{vi} There was some controversy regarding the separation of COMMAT from the CMA. The CMA, which had been housed in the offices of the British Medical Association, London sought affiliation from all doctors' organisations in the Commonwealth; its staff was accountable to a Commonwealth-wide executive. COMMAT, which was project-based, did not aspire to a universal, professional membership. Its breakaway from the CMA may be compared with the establishment of the Overseas Records Management

Trust in London in the 1990s by someone who had earlier been executive secretary of the Association of Commonwealth Archivists and Record Managers.

^{vii} The list included: ActionAid, UK; the All-Party Parliamentary Group on HIV/AIDS, UK; the Association of African Universities; the ACU; the Australian Federation of AIDS Organisations; the Australian Reproductive Health Alliance; the Commonwealth Association for Science, Maths and Technical Education (CASTME); CAMHADD; CAPGAN; the Commonwealth Dental Association; the Commonwealth Journalists Association; the Commonwealth Lawyers Association (CLA); the Commonwealth Magistrates and Judges Association (CMJA); the CMA; COMMAT; the CNF; COSW; the Commonwealth Pharmaceutical Association; the Commonwealth Society for the Deaf (SoundSeekers); the Commonwealth Trade Union Council; the Commonwealth Working Group on Traditional and Complementary Health Services; the International AIDS Vaccine Initiative; the International Planned Parenthood Federation; the International Union Against Sexually Transmitted Infections; the Lawyers Collective HIV/AIDS Unit, India; the Macmillan Brown Centre for Pacific Studies; the Malaysian AIDS Council; the NAZ Foundation (India); NAZ Foundation International; and the UK Consortium on AIDS and International Development.

^{viii} The health unit is a small section within the Strategic Transformation Programmes Division in the Secretariat, which is also responsible for gender and education.

^{ix} The CMJA, with the Commonwealth Lawyers Association conducted a survey to assess awareness of HIV/AIDS in the administration of justice, and has regularly included relevant issues in seminars and conferences since 2003. A number of countries have adopted codes of conduct for the avoidance of discrimination and employment of HIV positive people.

^x Chris Mowles and Associates, "Strategy Review for Para 55", August 2003, p 8.

^{xi} The picture of HIV/AIDS infection in the Commonwealth is constantly changing. Whereas received wisdom focuses on infection rates in southern, central and eastern Africa there are also major concerns in Nigeria, India and pockets of the Caribbean. In Nigeria, where Fela Kuti the musician was a prominent AIDS victim in the 1990s, Pat Matemilola, coordinator of the Network of People Living with HIV/AIDS in Nigeria, stated in Geneva in May 2007 that his country has 2.94M people living with HIV, the third highest total in the world.

^{xii} The Commonwealth Foundation, itself with limited budgets, had been cutting grants to many Commonwealth associations. It awarded £5,000 to Para 55 in 2004-5, and £4,500 in 2005-6.

^{xiii} "Chair expenses" were listed as £1000 in the 2005-2006 accounts.

^{xiv} Commonwealth Health Ministers, which had formerly had three day meetings in Commonwealth countries at three yearly intervals, moved after 2002 to one day annual meetings in Geneva at the time of the World Health Assembly.

^{xv} The grant covered: advocacy on universal access to HIV prevention, treatment and care, including regional civil society consultation prior to the Kampala Commonwealth summit and an activity there; capacity building for Commonwealth actors at an international meeting in Sri Lanka; and an expansion of Para 55 membership among "southern" countries.

^{xvi} The Secretariat grant was made immediately after the London review of the Para 55 case study, at which Dr Joseph Amuzu, of the Secretariat health section, was a speaker.

^{xvii} Quoted from section 4 of the proposal for funding, March 2007, sent to the Commonwealth Foundation; rejected by the Foundation, this resulted in a grant of £15,000 by the Commonwealth Secretariat in June 2007.

^{xviii} See CPSU Policy Brief 7 by Preeti Patel for the Commonwealth Policy Studies Unit, London (www.cpsu.org.uk) 2001.

^{xix} The Commonwealth Lawyers Association, for instance, normally has only one paid staffer, as does the Commonwealth Nurses Federation. Para 55 has never achieved the take-off of another Commonwealth coalition – the Commonwealth Human Rights Initiative, which was set up by five Commonwealth non-governmental bodies, and now has a staff of 50 in three capitals.

^{xx} Paragraph 77 of the Valletta communique. This was the first of four paragraphs relating to health and HIV; others referred to brain drain, the health of women and children, and the need to control counterfeit drugs. The particular reference to small states reflects their strong weight in the Commonwealth. By 2006 it was reported that India is the Commonwealth country with the largest number living with HIV/AIDS.

^{xxi} Joseph Amuzu, interview with author.

^{xxii} Dorothy Garland, Deputy Secretary-General, ACU, interview with author.

^{xxiii} Both Marianne Haslegrave and Frank Davis were described in interviews as “one man bands.”

^{xxiv} Email to author, 26 June 2006.

^{xxv} After Dr Mark Collins became Director of the Foundation in 2004 he reorganised its objectives; among other changes, Ms Anisha Rajapakse was appointed as a programme officer to promote sustainable development and a civil society response to the HIV/AIDS pandemic.

^{xxvi} See press release from the Commonwealth Foundation, 14 May 2007.

^{xxvii} Dr Amuzu, in an interview, argued that the AIDS crisis is so big that any organisation which combats the pandemic is valuable, however small. The Secretariat grant in mid-2007 followed some criticism by Health Ministers in May 2007 that its health section was not doing enough.

^{xxviii} Her view is that it is hard to sustain short-term campaigning coalitions; interview with author.

^{xxix} Interview with Anisha Rajapakse, Commonwealth Foundation, June 2007.

^{xxx} Suggestion from Professor Richard Crook, Director, Institute of Commonwealth Studies.

^{xxxi} Suggestion from John Pollock, Turquoise Frog consultancy.

^{xxxii} Those responding were: the Commonwealth Lawyers' Association; the Australian Reproductive Health Alliance; the Association of African Universities; the Commonwealth Pharmaceutical Association; the Association of Commonwealth Universities; the Commonwealth Association of Paediatric Gastroenterology and Nutrition; the Commonwealth Nurses Federation; the Commonwealth Association for Mental Handicap and Developmental Disability; the Commonwealth Organisation of Social Work; and the Commonwealth Parliamentary Association (which stated that it had had no contact with Para 55 in recent years, and was therefore unable to complete the questionnaire). The author records his thanks to the organisations which took the trouble to reply.