



Civil society accreditation in pursuit of
improving CSO access to domestic funding:

The case of Thailand





At a glance

Population	68,863,514 [1]
GNI per capita (US\$)	5,640 [1]
HIV epidemic type	Concentrated
HIV prevalence	
Adults (15–49)	1.1% [2]
Men who have sex with men	9.2% [3]
Sex workers	1.0% [4]
People who inject drugs	19.0% [3]
Transgender	No data
Domestic HIV expenditure (US\$)	256,762,062 [5]
Int'l HIV expenditure (US\$)	30,516,721 [5]
Domestic to int'l HIV expenditure ratio	8.4:1
Latest GF disbursement, HIV/AIDS (US\$)	
HIV prevention expenditure to KP	20.0%

»The issue

In Thailand, HIV is transmitted predominantly through sex between men, sex work, and injection drug use [6]. International donors have long focused their HIV prevention support to key populations, generally employing a strategy of contracting civil society organizations (CSOs) to deliver essential HIV prevention services. As the Global Fund and other international donors reduce their HIV investments in Thailand, it is unclear the extent to which the Thai government will be able or willing to continue to support CSOs financially.

The Thai government has been wary about contracting or funding CSOs because of alleged misappropriation of government-issued funds. Currently, there is no system in place to evaluate CSOs for their leadership, organizational structure, or ability to deliver services effectively and efficiently. This places CSOs in a difficult position of needing to sustain their involvement in the response while facing a reputational crisis and growing funding challenges.

»The context

Thailand is among the most severely affected countries by HIV in region. The country has a population of more than 68 million, an estimated 450 thousand of whom have HIV [1, 2]. Although the national HIV program responded quickly and adequately to HIV among female sex workers, HIV among MSM was neglected for many years, leading to an explosive HIV epidemic with prevalence estimates in Bangkok as high as 28.6 percent in 2014 [5]. Sex between males accounted for 40 percent of new HIV infections in 2015 and is expected to rise to 53 percent of new infections in 2019 [7, 8].

Though Thailand made the decision to transition out of Global Fund funding ahead of schedule, Global Fund still supports HIV prevention programs for key populations. As Shreehari Acharya of Raks Thai Foundation (Raks Thai) put it in a 2015 interview: “We understand transition, but we want the Global Fund to focus on particular populations that will not [have] been taken care of by the government, so that they provide really great support, continually and sustainably” [9]. Under the Global Fund, key populations programs are largely delivered by contracting out CSOs to provide services to their respective communities.

CSOs in Thailand are key partners to the national program and have a long history of setting epidemic control and resource allocation priorities, as well as monitoring service quality and performance” [10, 11]. The Thailand National Operational Plan Accelerating Ending AIDS 2015-2019 also recognises CSOs as central to its health system strengthening strategy to close the gap between the current and optimal response. According to Raks Thai, “Preventing the disruption of activities currently managed by CSOs will be essential in Thailand’s transition from donor funding, however the adversarial relationship and bureaucratic rigidity that exists between the Thai Government and some local CSOs must first be resolved” [10].

In 2015, the government subjected CSO activities to stricter monitoring after the Office of the Auditor General found that the Thai Health Promotion Foundation (ThaiHealth) misappropriated funds in 2015. The National Assembly was assigned to investigate the work of all CSOs with registered initial capital of more than one million Thai baht (about US\$31,000) to ensure transparency in spending [12]. Many CSOs have since refused to register in order to avoid the National Assembly’s review process, which requires extensive, time-consuming paperwork. Some of the CSOs investigated were shut down for conducting activities that were deemed unrelated to the objectives stated in their registration papers [13].

Early experiments with CSO accreditation

The emergence of civil society on the international stage, and its gradual integration with state and multilateral dialogues, brought with it calls for an evaluation of its legitimacy and rules for its participation [13]. While identifying the first formalised arrangement for CSO participation depends on the definition of civil society used, one of the longest standing is the Association of South East Asian Nations (ASEAN)’s accreditation system established in 1979 [13]. Under ASEAN’s accreditation system, CSOs apply to be recognized as affiliates, making them eligible for specific forms of participation.

The criteria and requirements for CSO accreditation by ASEAN have been criticized as stringent, burdensome, and privileging middle-class institutions that are already linked to national and international financiers [14]. In doing so, it excludes those without robust administrative and financial infrastructure and overtime generates an elite segment of civil society that is antithetical to principles of inclusiveness and representation espoused by civil society itself.

Another example is the International HIV/AIDS Alliance’s accreditation system that aims to promote HIV programming that is effective, targeted, and human rights-based [15]. Organizations apply to be recognised by the system by satisfying 38 standards that cover governance and sustainability, organizational management, and HIV programming every four years. The Alliance assembles a team of peer reviewers to carry out the assessment and it recognizes organizations that are “linked” but not yet accredited to promote capacity development and future attempts at accreditation.

» Rak Thai Foundation

In 1997, after nearly 20 years of varied development work in Thailand, CARE International's Thailand office was converted into an independent local foundation called Raks Thai Foundation. Today, Raks Thai manages a large number of activities and serves as a Principle Recipient (PR) for the Global Fund under the Stop TB and AIDS through RTTR (STAR) Program. Similar to SHIFT, the STAR Program facilitates the transition from international to domestically funded disease responses.

The Development of CSO Accreditation in Thailand

Starting in 2017, Raks Thai has been working to develop CSO accreditation guidelines that aim to promote accountability and increase the management capacities of CSOs working in the area of HIV and tuberculosis (TB). The initiative operates under the name The Development of CSO Accreditation and is funded with assistance from Global Fund's New Funding Model. By participating in the CSO accreditation initiative and adhering to its guidelines, CSOs are expected to be better prepared to submit future funding requests to domestic and international donors.

The CSO accreditation initiative was conceived after noticing that the private sector was increasingly taking it upon themselves to implement health promotion activities while neglecting to involve CSOs. Raks Thai saw accreditation as a way to build trust and credibility of CSOs in the eyes of the of the private sector and Thai government—a distrust they knew would eventually jeopardise the critical work that civil society is often best suited to implement.

The main objective of the initiative is to develop a CSO accreditation system based on models already present in Thailand and other countries, complete with insights and recommendations about the capacities CSOs need to stay competitive in the field of HIV and TB control. Accreditation aims to “increase CSO capacities and management systems with transparency and good governance based on an impact-driven approach” [16]. Growing these capacities would be expected to result in increased trust and, consequently, increased paid CSO engagement by private and public entities around diverse areas of health and social welfare.

Raks Thai defines accreditation as a “certification of competence in a specified subject or areas of expertise, and of the integrity of the organization in question awarded by a duly recognised and respected accrediting organization/entity” [16]. Broadly speaking, Raks Thai recognises two areas of competence that are central to the notion of CSO accreditation: organizational accreditation and health-service delivery accreditation.

The former certifies a certain standard of organizational capacity through the administration of organizational capacity assessments (OCAs), examining such functions as governance, accounting and finances, project management, implementation, communications, and monitoring and evaluation. The latter instead refers to the technical aspects of service delivery, certifying high standards of quality for clinical research and services. Raks Thai envisions its greatest contribution to developing a system of accrediting a CSO's organizational capacity. Specific criteria and requirements for such accreditation are still in development.

The key challenge of finding the right accrediting entity **» Lessons**

The accrediting entity is perhaps as important as the methods used for CSO evaluation. In the context of HIV and TB, Raks Thai believes a public institution is probably well suited to grant accreditation to CSOs because it might stand the best chance of being impartial and having the requisite management capacity for the task. However, there is a perception held among CSOs that Thai regulations allow for government entities to favour CSOs that are well aligned with government policies, effectively putting those at odds with government views at a disadvantage.

No matter the entity selected, there must be unanimous recognition of its legitimacy and impartiality for the strategy to function at all. The decision will require substantial consensus building and discussion—possibly resulting in a very different model (e.g., an independent accrediting body akin to the International Organization for Standardization (ISO), an accrediting body that is peer reviewed like the Alliance’s, or even self-accreditation). In the situation where the accrediting institution is not affiliated with the government, the government nevertheless needs to recognise the accreditation.

ASEAN and the Alliance’s experiences with accreditation demonstrates that it is possible to establish criteria, through consensus building, that simultaneously identifies strong performers and promotes capacity development across existing and prospective members. ASEAN’s challenges with inclusive-ness, elitism, and administrative burden are important lessons for any actor seeking to create a CSO accreditation system.

Given that Raks Thai’s accreditation initiative began in 2017 and is still in development, there are not yet results to review. The aforementioned risks notwithstanding, there is reason to believe that multiple stakeholders would benefit from the presence of an accreditation system. Communities would likely benefit from more competent CSOs that are better equipped to offer opportunities for their engagement; hospitals would likely benefit from a reliable compendium of capable partners to assist in the implementation of Reach-Recruit-Test-Treat-Retain (RRTR) activities; private and public donors would likely benefit from a method of assessing risk while selecting implementation partners; and CSOs themselves would likely witness improvements in their management capacity [10, 16].

Despite the anticipated benefits, the success of this initiative will depend on the amount of stakeholder buy-in and the ability to anticipate and resolve challenges with its implementation. This will in turn determine the extent to which accreditation increases financial opportunities and sustainability for CSOs. Ultimately, CSOs will need to consider the benefits against the burden of adhering to evolving accreditation requirements before agreeing to participate.

THAI NATIONAL AIDS FOUNDATION

Aside from Raks Thai's CSO accreditation process, SHIFT has been working with its Thai country partner, Thai National AIDS Foundation (TNAF), to advocate for increased domestic funding availability. Under SHIFT, TNAF has plays a key role examining various channels of domestic funding that could support CSO activities once the Global fund transitions out of Thailand. Recently, TNAF reviewed corporate social responsibility (CSR) channels and local administration organizations at the community level which, similar to Raks Thai's work on CSO accreditation, may ultimately help local CSOs increase access to domestic funding streams for their work.

¹Recruit-Test-Treat-Retain refers to an HIV service framework sometimes called a "cascade" that is intended to describe and thoroughly examine the continuum of HIV services in such that enables the identification of losses and missed opportunities to engage PLHIV. It was adopted by Thailand in its National Strategy to End AIDS, 2017-2030.

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