



**Latin America and the Caribbean Regional Platform of  
Support, Coordination and Communication**

**Community, Rights and Gender Strategic Initiative  
Global Fund**

**COMPARATIVE ANALYSIS OF PRIORITIZATION, OBJECTIVES,  
STRATEGIES AND ACTIVITIES RELATED TO THE OSC AND  
COMMUNITIES IN THE TRANSITION PLANS OF 8 LATIN AMERICAN  
AND CARIBBEAN COUNTRIES**



**Plataforma Regional**  
**América Latina y el Caribe**

Apoyo, Coordinación y Comunicación

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## 1. Introduction

Eight countries of the region, based on evaluation processes for the transition, have developed their transition plans against the financing of the Global Fund, whose general objectives are directed towards the autonomous financing and sustainability of responses to HIV, TB and malaria (depending on the type of subsidy that corresponds to each country).

The participation of civil society organizations (CSO) and communities both in the evaluation for the transition and in the formulation of the respective transition plans has been evident. Moreover, specific objectives, strategies and activities aimed at guaranteeing sustainability of this sector have been included, during and after the transition phase.

For the Global Fund (GF) and its different initiatives, the Country Coordinating Mechanisms (CCM), the CSO and communities, as well as for the partners of the FM technical assistance providers, it is very important to characterize and know the needs of the CSO and communities in terms of technical assistance, for their effective participation in the transition phase and in the future sustainability of responses to the three diseases.

This document describes the results of a comparative analysis of components related to the CSO and communities within transition plans for 8 countries of the region (Bolivia, Costa Rica, Panama, Cuba, Dominican Republic, Paraguay, Belize and Surinam), in order to be socialized during the first meeting with the suppliers of technical assistance of LAC and during the third regional meeting of LAC Platform, held between 13 and 15 of June of this year in the city of Lima, Peru.

## 2. Objectives

- To identify prioritization, objectives, strategies and common activities related to the CSO and communities in the different transition plans.
- To identify innovative activities and strategies in the different transition plans.
- To identify the link between the technical assistance strategies needed for the CSO and the access to services, especially for key and vulnerable populations.
- Describe the applications of capacity development and understand which specific types of capacity strengthening the CSO and communities throughout the transition plans are requiring.

### 3. Methodology

To achieve the objectives, the following methodological steps were followed:

- Detailed review of transition plans.
- Design of a data systematization matrix in order to organize the information.
- Identify common elements in prioritization, objectives, strategies and activities.
- Identify innovative strategies of the CSO and communities.
- Identify links between objectives, strategies and activities with the Access to services for key populations.
- Identify possible needs of technical assistance of the CSO and the communities.

### 4. Results

#### 4.1 Prioritization of the CSO in transition plans

With the exception of Cuba, all transition plans recognize and prioritize the articulation of CSO and communities with the state for a sustainable response, after the departure of the Global Fund.

*Table No. 1 Visibility of the CSO and communities in the objectives*

Country	Priority Area
Paraguay	Strengthening guidance and governance (in the operationalization of the objective this becomes evident)
Panama	Maintain sustained and growing investments in infrastructure, processes and human resources in health, including community systems for the response to HIV and TB.
Costa Rica	Sustainable civil society linked to the State.
Bolivia	Sustainable Civil Society, articulated with the State and with effective participation in the response.
Dominican Republic	Governance and participation of civil society group in response to TB.
Surinam	Support sustainable responses to HIV, TB and malaria through the creation and strengthening of systems (health and community) that support the provision of services: creation of blocks of health systems.
Belize	Support sustainable responses to HIV and TB by strengthening and building systems and collaborations between government and community for the provision of optimal HIV and TB services to everyone, all in the direction of defending the dignity and rights of those affected by the diseases.
Cuba	Not mentioned.

## 4.2 Strategic objectives

### Common elements

Within the strategic objectives of the different transition plans, it is considered to guarantee the participation of CSO in at least one of the following strategies:

- Political incidence and more effective participation in decision-making spaces and formulation of public policies.
- Provision of health services: promotion, prevention, diagnosis, adherence and access to health services for key populations mainly.
- Face the stigma and discrimination associated with HIV and TB and key populations.

*"Linkage of organized groups of civil society in strategic decisions on TB control"* (TWP Dominican Republic).

*"Civil society is more informed and involved in strategy and decision making, and can contribute to national responses through a strong community system"* (TWP Suriname).

*"Strengthen the articulation between public health and civil society with experience in TB, HIV, key populations, through the formulation of policies and plans that position civil society as an integral part of the response of TB and HIV"* (TWP Paraguay ).

*"Support the efforts of community-led organizations to address stigma and discrimination"* (TWP Belize).

### Political incidence and more effective participation in decision-making spaces and formulation of public policies

The strategic objectives of the different transition plans, propose to direct the actions of political incidence and effective participation towards: the expansion of State investments, in their different levels, to the response to HIV and TB mainly, the effective participation in the decision-making spaces related to the response, prioritization of key populations, and recognition as key actors for the sustainability of the responses.

Given the importance of political incidence and effective participation of the CSO and the communities in the sustainability of the response, the strategic objectives also include capacity strengthening in this area; among what stands out the design of political agendas or incidence plans, the deep knowledge of the national normative frameworks in the case of Bolivia, the empowerment of the leaders of the CSO and communities in the case of Panama, and the carrying out of political incidence specific plans for TB in the case of the Dominican Republic.

### **Provision of health services: promotion, prevention, diagnosis, adherence and access to health services for key populations**

Regarding the participation of CSO and communities in the provision of health services (promotion, prevention, diagnosis, adherence and access to health services for key populations), 5 of the countries emphasize the importance of doing so in an articulated manner with health services (Cuba, Bolivia, Panama, Paraguay and Belize), which will require, in addition to technical strengthening, incidence strategies with health authorities.

### **Fight against stigma and discrimination associated with HIV and TB and key populations**

In the fight against stigma and discrimination, two countries (Belize and Suriname) include in the strategic objectives oriented to CSO and communities, the data collection on stigma and discrimination associated with HIV, TB and key populations.

### **Different elements**

The different strategic objectives are those included only in the transition plan of a country. In this regard, three were found: access to justice for key populations and young people in the case of Belize; in the second objective, it is considered the importance of the participation of CSO and communities in the development and implementation of attention models for HIV, TB and malaria in the case of Suriname; and the third one proposes the active participation of CSO in the prevention of HIV for the general population in Panama.

### **4.3 Strategies and activities**

The strategies and activities emerge from the strategic objectives, so to describe them they will be based on these objectives

### **Common elements**

#### **a. Public financing of civil society for the provision of health services (Social contracting)**

The strategies and activities proposed in the transition plans related to the objective of providing health services: promotion, prevention, diagnosis, adherence and access to health services for key populations mainly, emphasize the issue of promotion and

implementation of public financing of civil society in the provision of health services<sup>1</sup> (Social contracting).

To achieve social contracting as a sustainable strategy in national responses, a series of activities described through the transition plans are required, which are organized by categories in the following table.

*Table No. 2 Activities included in the transition plans to achieve social contracting*

Strategies and activities	Country
Political incidence with health authorities.	Bolivia, Belize y Dominican Republic
Strengthening political incidence to achieve social contracting.	Bolivia
Normative analysis to look for legal frameworks for social contracting.	Bolivia
Promote the development of regulatory frameworks to guarantee social contracting.	Paraguay
Develop a diagnosis of CSO capacities, in accordance with national regulations to implement social contracting.	Bolivia, Belize y Surinam
Development of strengthening plans for CSO based on the capacity assessment.	Bolivia
Identification and lobbying with other sources of financing from the State, different from the health sector.	Costa Rica
Strengthening the financial management of CSO to manage public resources.	Costa Rica
Strengthening strategic planning for CSO.	Cuba
Design and costing of service packages in health promotion.	
Strengthening in monitoring and assessment of programs.	Belize
Design and costing of service packages in prevention with innovative key groups (includes behavioral interventions).	Surinam, Bolivia, Cuba
Design and costing of diagnostic service packages for key populations.	Surinam, Bolivia
Design and costing of service packages in detection of respiratory symptoms for TB.	Surinam, Bolivia
Design and costing of service packages looking for contacts for TB.	Surinam, Belize, Bolivia
Design and costing of service packages in DOTS administration	Belize, Bolivia

<sup>1</sup> Vía Libre (2017). *Lessons learned from the experience of six countries in the Latin American and Caribbean region in public financing to civil society for the provision of health services in HIV and TB.*

(directly observed treatment, for its acronym in English) in TB.	
Design and costing of service packages in accompaniment to adherence.	Belize, Surinam, Bolivia
Design and cost of service packages together with access to health services.	Belize, Surinam, Bolivia
Design and cost of services packages of psychosocial support.	Belize
Training in the development and implementation of health research strategies.	Belize y Surinam
Application of social contracting mechanisms with the State.	Bolivia
Development of a guide aimed at CSO working on HIV in order to submit applications for project financing before the Social Protection Board.	Costa Rica
Accompaniment for the design and implementation of projects before the Social Protection Board.	Costa Rica
Implementation and evaluation of social contracting pilots to obtain evidence of their effectiveness.	Belize
Design of draft agreements between public entities and CSO.	Dominican Republic

## **b. Strengthen alliances between CSO and other social movements**

Through the strategies and activities of the transition plans, there is evidence of the need for work in alliance by CSO, communities and other social movements with a view to implementing political incidence actions and participating in the coordinated response through the provision of health services (promotion, prevention, diagnosis, adherence and access to health services for key populations).

It highlights Belize's initiative to coordinate a "hub" of CSO and communities, as a unified coordination mechanism, which seeks to be part of the continuous attention on HIV and TB issues, through i) political incidence and work in human rights; and ii) the provision of health services: promotion, prevention, diagnosis, adherence, attention, treatment and psychosocial support; in an articulated manner with the authorities and health services. It includes the implementation of a pilot project, in order to generate evidence about its effectiveness and use it as a political incidence strategy.

Another country that proposes this strategy of alliances between CSO is Suriname, with emphasis on political incidence and the exchange of experiences.

We also find a proposal from Panama that suggests a CSO platform (SCUV: Unified Civil Society in HIV), as a coordination space, for the implementation of political incidence actions, with emphasis on the development of regulatory frameworks.



Finally, two countries, Belize and Suriname, propose to explore and generate alliances with faith-based organizations, mainly to participate in the implementation of health actions.

### c. Participation and use of health information systems

The transition plans include common strategies and activities related to information systems, such as participation in the analysis of health information for decision making, from a perspective of social determinants in health, as is the case of CSO from Bolivia and Suriname; participation in the collection of information that feeds the national information systems in Suriname and Belize; and the use of epidemiological information for social control and political incidence as mentioned in the transition plan of the Dominican Republic.

## Different Elements

Within the framework of the strategies and objectives related to CSO and communities, those included only in the transition plan of a country were considered different. In this regard, the establishment of alliances between State programs and CSO in the case of Paraguay was found; contribute to improving the quality of attention, through the awareness and training of health personnel in HIV and TB with a human rights perspective; certify CSO for the provision of health services by the competent authorities; and the development of attention protocols in order to accompany people from key populations, victims of sexual or family violence; these last three proposals in the Belize plan.

## 4.4 Innovation

Although there is no specific definition of an innovative strategy or activity in the context of the responses to the HIV, TB and Malaria epidemics, for this analysis we used the operationalization of this concept made for the studies carried out by the LAC Platform in the provision of technical assistance for civil society organizations in three countries of Latin America and the Caribbean in 2016<sup>2</sup>, where innovation is understood as the application of new and practical approaches, which achieve positive social changes, with emphasis on strengthening the strategic capacities of the most vulnerable populations, in which the following dimensions were included: originality, cost-effectiveness, replicability, development of new knowledge and skills and responding to unmet needs.

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<sup>2</sup> Regional Platform for Latin America and the Caribbean, Vía Libre and Regional Alliance (2016). Access, efficiency and innovation in the provision of technical assistance to civil society in the framework of the global fund grant in the Dominican Republic, El Salvador and Bolivia.

Below we identify some cases that, although they do not meet all the dimensions of innovation, are close to the definition.

#### 4.4.1 Public financing of civil society for the provision of health services (Social contracting)

**Originality:** In many countries, it is not common to transfer public resources for the provision of health services implemented by civil society, permanently and under some regulations, so that the strategies and activities of the transition plans propose that this practice is institutionalized.

**Cost effectiveness:** CSO, through the implementation of FM projects, have developed experience and skills in addressing key populations, thus covering a deficiency that health services have, intervention strategies through pairs have shown cost effectiveness in the response to the three health problems.

**Replicability:** The experiences of social contracting can be replicated, both in the national context and in local areas and in the approach of other social and health problems.

**New knowledge and skills:** In order to achieve social contracting, CSO must evaluate their capacities, develop strengthening plans, produce information and in general receive training, both in the provision of services and in other related aspects, such as incidence and administrative, financial and legal issues.

**Needs not covered:** The objectives that arise with social contracting respond to different needs, beginning with ensuring the sustainability of the response once the support of the Global Fund is withdrawn, guaranteeing the effective participation of CSO in the response and bringing health services to hard-to-reach populations.

#### 4.4.2 Strengthen alliances between CSO and other social movements

While working in alliances and networking has been a feature of the response of the CSO sector, the proposal of Belize stands out as innovative, establishing a "hub" of CSO as a unified coordination mechanism, which seeks to be part of the continuum of attention on HIV and TB issues, through i) Political incidence and work on Human Rights; and ii) as already mentioned, the provision of health services: promotion, prevention, diagnosis, adherence, attention, treatment and psychosocial support; in an articulated manner with the authorities and health services.

**Originality:** It is novel in the sense that this coordination did not previously exist in the country.

**New knowledge and capacities:** Includes the implementation of a pilot project, in order to generate evidence on its effectiveness and use it as a strategy of political incidence.

*Cost effectiveness:* It seeks to strengthen CSO to mobilize State resources, the balance between investment and the achievement of objectives is adequate.

*Replicability:* Lessons learned and successful experiences can be transferred to other countries that are contemplating similar strategies.

*Needs not covered:* The objectives that are set respond to different needs, starting with guaranteeing the sustainability of the response once the support of the Global Fund is withdrawn, guaranteeing the effective participation of CSO in the response and bringing health services to hard-to-reach populations.

#### 4.4.3.1 Participation and use of health information systems

*Originality:* It is novel as long as the CSO have historically not made effective use of or formally participated in the information systems of the countries.

*Cost effectiveness:* The balance in the investments and the achievement of the objectives is adequate.

*Replicability:* It can be replicated nationwide and sub-national level (for example, local / municipal), as well as in the response to the three diseases.

*New knowledge and capacities:* CSO leaders will develop new capacities when participating and making use of information systems, mainly greater ability to influence and make decisions.

*Needs not covered:* It is necessary, mainly for a greater effectiveness of political incidence actions on the part of the CSO.

#### 4.4.4 Certify CSO for the provision of health services by the competent authorities.

*Originality:* Few organizations in the region are certified by the authorities as service providers in the framework of the response to the three diseases.

*Cost effectiveness:* The balance between the investment and the fulfillment of the objectives is adequate.

*Replicability:* It can be replicated nationwide and sub national levels (for example, local / municipal), as well as in other countries of the region.

*New knowledge and skills:* Requires organizations to develop strengthening plans and response capabilities.

*Needs not covered:* Officially legitimizes the participation of CSO in the response, an issue that is not very frequent in the countries of the region.

#### 4.4.5 Development of attention protocols to accompany people from key populations, victims of sexual or family violence; these last three proposed in the Belize plan.

*Originality:* Although there is evidence on the link between sexual violence, family violence and vulnerability to HIV, there are few responses that articulate this problem.

**Cost effectiveness:** The hypothesis is that it will be cost effective; however, confirming evidence is required.

**Replicability:** It can be replicated nationwide and sub national levels (for example, local / municipal), as well as in other countries of the region.

**New knowledge and skills:** It forces organizations to learn more about the links of sexual or family violence and vulnerability to diseases, as well as the development of methodologies to address them.

**Needs not covered:** There are few HIV responses that address these phenomena, as vulnerability factors associated with HIV mainly.

#### 4.5 Needs of Technical Assistance

Based on the analysis of the information on the objectives, strategies and activities, the following technical assistance needs are proposed, aimed at CSO in the transition phase and towards the sustainability path:

*Table No. 3 Technical Assistance Needs of CSO based on the objectives, strategies and activities identified*

Objectives, strategies and activities	Technical Assistance Needs
Political incidence and more effective participation in decision-making spaces and formulation of public policies	Support to formulate political incidence strategies for: Expand the State's investment to responses Improve your participation in decision-making spaces. Prioritization of the most affected populations in the response. Recognition of CSO as key actors in the response.
Provision of health services: promotion, prevention, diagnosis, adherence and access to health services for key populations, mainly	Strengthening social contracting in: Normative analysis. Diagnosis of CSO capacities. Development of strengthening plans based on diagnoses. Identification of other sources of funding from the state. Financial management. Strategic planning. Provision of services for promotion, prevention, diagnosis, detection of TB cases, TB contact search, treatment adherence, referral and accompaniment to health services, delivery of DOTS (directly supervised treatment systems, for its acronym in English). Investigation. Monitoring and evaluation.
	Support in the construction of political incidence agendas to reduce the stigma and discrimination associated with

<p><b>Fight against stigma and discrimination associated with HIV and TB and key populations</b></p>	<p>HIV and TB in the social sphere, in health services. Support for the formulation of public policies against stigma and discrimination. Support in the design and implementation of strategies to raise awareness in the community about the situation of people affected by HIV and TB, as well as key populations with a human rights perspective. Support for the implementation or updating of the stigma and discrimination index.</p>
<p><b>Access to justice for key populations and young people in the case of Belize</b></p>	<p>Support for an incidence plan so that key populations have full access to justice in cases of violation of their Rights.</p>
<p><b>Participation of CSO and communities in the development and implementation of attention models for HIV, TB and malaria in the case of Suriname</b></p>	<p>Support the participation of CSO and communities in the development and implementation of attention models for HIV, TB and malaria.</p>
<p><b>Social contracting (public financing of civil society for the provision of health services)</b></p>	<p>Strengthening political incidence to achieve social contracting.</p>
	<p>Support in the formulation of a political incidence plan with health authorities.</p>
	<p>Make a normative analysis to look for legal frameworks for social contracting.</p>
	<p>Support on incidence to promote the development of regulatory frameworks to guarantee social contracting.</p>
	<p>Develop a diagnosis of CSO capacities, in accordance with national regulations to implement social contracting.</p>
	<p>Development of strengthening plans for CSO based on capacity assessment.</p>
	<p>Identification and lobbying with other financing sources from the State, different from the health sector.</p>
	<p>Strengthening the financial management of CSO to manage public resources.</p>
	<p>Strengthening strategic planning for CSO.</p>
	<p>Support in the design and costing of service packages in health promotion.</p>
	<p>Strengthening in monitoring and evaluation of programs.</p>
	<p>Support in the design and costing of prevention service packages with innovative key groups. (Includes behavioral interventions). Support in the design and costing of diagnostic service packages for key populations.</p>

	Support in the design and costing of services packages in detection of respiratory symptoms for TB.
	Support in the design and costing of service packages in search of contacts for TB.
	Support in the design and costing of service packages in DOTS TB administration.
	Support in the design and costing of service packages in support of adherence.
	Support in the design and costing of service packages in support of access to health services.
	Support in the design and costing of psychosocial support services packages.
	Training in the development and implementation of health research strategies.
	Incidence support for the application of social contracting mechanisms with the State.
	Development of a guide aimed at CSO working in HIV to submit applications for project financing to state agencies.
	Accompaniment for the design and implementation of projects before state agencies.
	Support in the implementation and evaluation of social hiring pilots to obtain evidence of their effectiveness.
	Support in the design of agreement drafts between public entities and CSO.
<b>Strengthen alliances between CSO and other social movements</b>	Workshop course for networking.
<b>Participation and use of health information systems</b>	<p>Training of CSO in:</p> <ul style="list-style-type: none"> <li>Health information analysis.</li> <li>Social determinants in health.</li> </ul> <p>Health information systems:</p> <ul style="list-style-type: none"> <li>Collection and systematization of information</li> <li>Analysis of epidemiological information and its use for decision making.</li> <li>Use of information for political incidence, social participation and citizen oversight.</li> </ul>
<b>Establishment of alliances of State programs with CSO in Paraguay</b>	Support in the establishment of alliances with the State, application request, negotiation, etc.
<b>Contribute to improve attention quality, through the sensitization and training of health personnel</b>	Support for the design of a course on sensitization and training in TB and HIV to health services with a human rights perspective.

<b>in HIV and TB with a human rights perspective in Belize</b>	
<b>Certify CSO for the provision of health services by the competent authorities in Belize</b>	Emphasize on the CSO certification as providers of promotion, prevention and diagnosis services, by the competent authorities.
<b>Development of attention protocols to accompany people from key populations, victims of sexual or family violence in Belize</b>	Support in the development of attention protocols to accompany people from key populations, victims of sexual or family violence.