



## Situation analysis of the response to HIV, TB and Malaria in the context of the COVID-19 epidemic in countries financed by the Global Fund in Latin America



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The Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform), is an initiative implemented by Vía Libre, with financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The Platform is part of several interventions of the Global Fund to support and strengthen community and civil society participation at all levels within their processes. It is a component of the Strategic Initiative on Community, Rights and Gender (SI CRG).

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# Acronyms

<b>ALEP</b>	Alianza Liderazgo en Positivo / Positive Leadership Alliance
<b>AIDS</b>	Acquired Human Immunodeficiency Syndrome
<b>CCM</b>	Country Coordinating Mechanism
<b>CSO</b>	Civil Society Organizations
<b>COVID-19</b>	Infectious disease caused by the SARS-COV2 coronavirus
<b>C19RM</b>	COVID-19 Response Mechanism
<b>FSW</b>	Female Sex Workers
<b>GF</b>	Global Fund to Fight AIDS, TB and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>MSM</b>	Men who have sex with men
<b>PAHO</b>	Pan American Health Organization
<b>PHEIC</b>	Public health emergency of international concern
<b>PLHIV</b>	People Living with HIV
<b>PPE</b>	Personal protective equipment
<b>PR</b>	Principal Recipient
<b>RS</b>	Sub- Recipient
<b>TB</b>	Tuberculosis
<b>TW</b>	Trans women
<b>UNAIDS</b>	Joint United Nations Program on HIV / AIDS
<b>WHO</b>	World Health Organization



# I. Background

COVID-19 is the infectious disease caused by the SARS-COV2 coronavirus. Both this new virus and the disease it provokes were unknown before the outbreak became visible in Wuhan (China) in December 2019. Currently, COVID-19 is a pandemic that affects almost every country in the world<sup>1</sup>. These infections usually appear with fever and respiratory symptoms (cough and dyspnea or shortness of breath). In most severe cases, they can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death<sup>2</sup>.

Nearly 80% of the cases recover from the disease without hospital treatment; 1 in 5 people who contract COVID-19 end up presenting a serious health cadre. Due to its high level of contagion, the main recommendations to prevent the disease are isolation and social distancing, the use of a mask and frequent hand washing.

On January 30, 2020, the WHO Director General declared the COVID-19 outbreak to be a Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (2005). The first case in the Region of the Americas was confirmed in the United States on January 20, 2020, followed by Brazil on February 26, 2020. Since then, COVID-19 has spread to the 56 countries and territories of the Region of the Americas. According to PAHO report No. 35, as of November 23, 2020, 25,015,372 confirmed cases and 702,584 deaths from COVID-19 had been reported in the Americas<sup>3</sup>.

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The GF issued guidelines for flexibility in the execution of grants, which allows the use of

**5%**

existing grants, and created a Response Mechanism to **COVID-19 (C19RM)**

<sup>1</sup> World Health Organization (2020). Preguntas y respuestas sobre la enfermedad por coronavirus (COVID-19). Available in: [https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses?gclid=EAlaIqobChMI39\\_u8YvW7QIV9AiICR2Adw\\_rEAAAYASAAEgIKqfD\\_BwE](https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses?gclid=EAlaIqobChMI39_u8YvW7QIV9AiICR2Adw_rEAAAYASAAEgIKqfD_BwE)

<sup>2</sup> World Health Organization (2020). Coronavirus. Available in: <https://www.who.int/es/health-topics/coronavirus>

<sup>3</sup> Organización Panamericana de la Salud (2020). COVID-19 Respuesta de la OPS/OMS. Informe No. 35. Available in: <https://www.paho.org/es/documentos/covid-19-respuesta-opsoms-reporte-35-23-noviembre-2020>

The social and health emergency caused by this global pandemic has become a challenge for national and regional responses to HIV, TB and Malaria. The impact of the pandemic has affected access to health services, medicines, strategies and supplies for prevention and diagnosis. They have also modified the livelihoods of the most affected populations (MSM, Female sex workers, Trans women), as well as the response capacity of the health services, slowing down efforts to maintain the response and move towards ending the AIDS epidemic. Latin America and the Caribbean have implemented a timely response to COVID-19, both governments and civil society organizations (CSOs) and international cooperation organizations coordinated their efforts to face the challenges generated by this new pandemic.

In this context, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), under WHO leadership put into practice its experience working with partners and governments in more than one hundred countries, providing guides, tools, and immediate funding for more than \$ 1 billion USD to help them respond to COVID-19 and mitigate the impact it could have on the lives of people, mainly those affected by HIV, TB and malaria.

The GF issued guidelines for flexibility in the execution of grants, which allow the use of 5% of existing grants, and created a Response Mechanism to COVID - 19 (C19RM), through which countries could access funding to mitigate its impact on HIV, TB and malaria programs and make urgent global improvements in health and community systems. 13 countries in Latin America and the Hispanic Caribbean are currently receiving funding from the GF and were eligible for additional resources to mitigate the impact of COVID-19.

The LAC Platform and ICASO set out to identify how these resources have been used in the different countries, with emphasis on community responses, in order to share lessons learned and good practices with different actors in the region, and identify gaps in the response. To achieve this, a literature review and a series of interviews were carried out with key actors related to these processes, with emphasis on CSOs and principal recipients (PR).



## II. Objectives

### General objective

- To identify how the actions and processes related to current grants from the Global Fund, the flexibilities and the C19MR were oriented to respond to the emergency generated by COVID-19

### Specific objectives:

- To describe the participation of key populations and communities in the decisions made by the CCMs and the GF
- To characterize the adjustments implemented by grant recipients and sub-recipients to adjust to the difficulties generated by the emergency in 2020
- To identify lessons learned and good practices produced in 2020 from the different actors in this context
- To describe the gaps and challenges in the response to HIV-TB and Malaria in the context of the COVID-19 epidemic





### III. Methodology

A qualitative methodology was used for the present analysis, with documentary and conversational techniques. The collection and analysis of information included 19 semi-structured interview with key stakeholders. It was implemented between August and November 2020. The process had the following steps:

- a) Regional and local literature review on initiatives and recommendations in GF funded countries
- b) Design of a data collection instrument - semi-structured interviews. See Annex No. 1
- c) Identification and interviews with key actors in Costa Rica, Bolivia, Honduras, El Salvador, Guatemala, Paraguay, Colombia and Peru
- d) Systematization and analysis of information
- e) Preparation and sharing of a document with the main results





### 3.1 Participants

A general consultation on the processes was carried out with CCMs to select countries to be included in the study. Eight countries with reported actions aimed at CSOs and communities in their processes were chosen. From these countries, a CCM member who was also a representative of key populations, and a PR representative, were interviewed for a total of 16 participants, two from each country.



### 3.2 Ethical considerations

Even though the risks in this study are minimal, information was provided on the process and handling of data, and verbal informed consent was requested from the individuals who accepted to be interviewed. Confidentiality was guaranteed and emphasis was placed on voluntary participation and the possibility of not responding or withdrawing at any time during the process.



## IV. Results

The main findings of the situation analysis are described below under the main proposed analysis categories.

### 4.1 Literature review

This section describes the most relevant information related to the COVID-19 epidemic and its linkage to the response to HIV, TB and Malaria obtained through secondary sources.

Since the arrival of the COVID-19 pandemic, both UNAIDS and STOP TB have issued reports that conclude unintended but drastic consequences for both the TB and HIV responses. The confinements, restrictions on the mobility of people and the interruption of care in health facilities in many countries have stopped or hindered care and treatment, prevention and diagnosis actions for HIV and TB in most of the countries of the region. STOP TB estimates that at least five years of progress in the response to TB we'll face lost and an increase of 6.3 million cases<sup>4</sup>.

A study published by The Lancet<sup>5</sup> indicates that because of the COVID-19 pandemic, in places with a high burden of the disease, deaths related to HIV, TB and malaria could increase by 10%, 20% and 36% respectively. In the case of HIV, the greatest impact will be due to the disruption of antiretroviral treatment. In the case of TB, the reduction of timely diagnosis and treatment; and the suspension of campaigns to promote the use of mosquito nets, in the case of malaria. The countries of the region have not carried out these specific studies to define the impact of the epidemic, but similar impacts could be expected, especially in those countries where health facilities have been exceeded in their capacities and prevention and promotion actions are at a standstill.

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<sup>4</sup> The TB response is heavily impacted by the COVID-19 Pandemic. STOP –TB. Recuperado de: [http://www.stoptb.org/news/stories/2020/ns20\\_014.html](http://www.stoptb.org/news/stories/2020/ns20_014.html)

<sup>5</sup> Hogan, A. B., Jewell, B. L., Sherrard-Smith, E., Vesga, J. F., Watson, O. J., Whittaker, C., ... & Hallett, T. B. (2020). Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study. *The Lancet Global Health*, 8(9), e1132-e1141. Recovery from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30288-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30288-6/fulltext)

In this unpromising scenario, upholding the response to the three diseases is urgent, while responding at the same time to COVID-19. To this end, UNAIDS issued a document that summarizes seven lessons that must be taken into account in the framework of the response to COVID-19, which could guarantee a better health response<sup>6</sup>:

- 1) Involve affected communities in all response measures, guaranteeing adequate and efficient actions, and avoiding unintended harm.
- 2) Combat all forms of stigma and discrimination.
- 3) Guarantee free or affordable access to diagnosis and care for the most vulnerable people.
- 4) Eliminate barriers that people face in protecting their health and their communities.
- 5) Restrictions to protect public health must be of limited duration, proportionate, necessary and based on evidence, and in coordination with judicial instances.
- 6) Countries must work to support each other, and thus guarantee that no territory is left behind, sharing information, knowledge, resources and technical experience; and
- 7) Support and protect health workers.

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<sup>6</sup>

ONUSIDA (2020). *Los Derechos Humanos en tiempos de COVID-19. Lecciones del VIH para una respuesta efectiva dirigida por la comunidad*. Recovery from: <https://www.unaids.org/es/resources/documents/2020/human-rights-and-covid-19>

A survey conducted by **UNAIDS** in April 2020<sup>7</sup> reveals the vulnerability of PLHIV in the region in the context of the COVID-19 pandemic, (**n=2.299**).

#### Among some key results:

- 31 %** had not received information on the prevention of COVID-19.
- 50 %** consider that they are at high risk of being infected with COVID-19.
- 90 %** were in quarantine at the time of the survey.

#### Regarding access to health services, the study showed that:

- 70 %** did not have antiretrovirals medicines for two months.
- 57 %** reported difficulties in accessing medicines. Among the difficulties, fear of being infected with COVID-19 stood out as well as the lack of means of transport to collect their drugs.
- 40 %** mentioned delays in the provision of health services.
- 31 %** said they had comorbidities that could seriously affect their health in the event of acquiring COVID-19 (hypertension and diabetes, mainly).

#### Among the most pressing needs:

- |  |   |
|--|---|
| <b>39,7 %</b> economic aid.  | <b>39,1 %</b> nutritional support.  |
| <b>29,7 %</b> psychosocial support.  | <b>15,6 %</b> consider that their right to health has been violated in the context of the pandemic. |
| <b>66,5 %</b> declare requiring a safe and confidential way to obtain medications to avoid interrupting their treatment.           |   |
| <b>54 %</b> mentioned not knowing an organization or institution to which they can turn to access in order to information or help. |   |

It is also important to mention that some national and regional (multi-country) GF grants have made adjustments to include disease response actions in the context of the COVID-19 pandemic, as is the case of *Alianza Liderazgo en Positivo's* (ALEP) advocacy strategy of the regional networks and their national members to accomplish an adequate and relevant adjustment in the response to HIV in the context of COVID-19.

<sup>7</sup> ONUSIDA (2020). *Los Derechos Humanos en tiempos de COVID-19. Lecciones del VIH para una respuesta efectiva dirigida por la comunidad*. Recovery from: <https://www.unaids.org/es/resources/documents/2020/human-rights-and-covid-19>

## 4.2 General aspects of the process in countries that have requested the use of flexibilities and additional financing under C19RM



In all countries, the initial process was defined mainly between the CCM Secretariat and the Principal Recipient (PR), sometimes in negotiation with the Ministry of Health or other government entities involved in the implementation.



The funding application process under the C19RM had a more significant participation of CCMs and representatives of CSOs and key populations (mainly trans women, men who have sex with men, or people with HIV). In many of the countries, working committees were organized by topic to speed up the discussions.



A recurring challenge in these processes mentioned by the people involved, was meeting the deadlines for submitting funding requests, as well as facing difficulties with the virtual connection to participate in meetings.



By the time the funding requests arrived, many of the CSOs had already been developing activities mainly aimed at identifying the needs of the key populations in the context of the pandemic.





### 4.3 Participation of CSOs and communities in decision-making processes



In almost all countries, CSOs have participated in the process of discussing applications under the C19RM. Participation has generally been active, sending requests from the communities, assessing needs, consulting with the grassroots and proposing alternatives to respond to the emergency. In most countries, delegates were appointed to represent the interests and needs of the communities at the discussion tables.



In Bolivia, the representation of people living with HIV went a bit further, and intervened directly with Fund Portfolio Manager to negotiate the allocation of resources for food packages, since these were not included in the initial criteria. This success story was later shared in a Global CSO Roundtable "Rain or Shine" with more than 300 participants.



In the cases of Peru and Paraguay, the participation of TB leader was notably lower, except to approve the final version of the request.



## 4.4 Main requests from CSOs and communities in the context of the COVID-19 pandemic



The requests of the CSOs and other members of CCM, were focused on equipment for personal protective (PPE), which included portable hand washing stations, antibacterial or sanitizing gels, masks; among others; with the objective of maintaining the functioning of their organizations and activities.



With the aim of maintaining the implementation of activities, some organizations requested equipment (computers and mobile phones), as well as other resources to guarantee connectivity and communication with their beneficiaries.



In many cases, food assistance and even cash vouchers were requested to help alleviate the emergency situation; however, due to GF guidelines, these requests were not approved, except in the case of Bolivia.



Some organizations reported an increase in the demand for legal advice; in the emergency context, violation of the rights of key populations was frequent (housing, food, work, shelter, discrimination and health mainly).



Guaranteeing access to medicines for people living with and affected by HIV and TB was another CSO constant request, given the confinement situation and the high demand for health services to respond to the pandemic. Some organizations requested support to develop communication strategies targeting populations requiring access to these services, including the development of telemedicine strategies and other applications. It is also important to mention the request for the delivery of medications on a quarterly basis by the health services, to avoid affecting adherence.



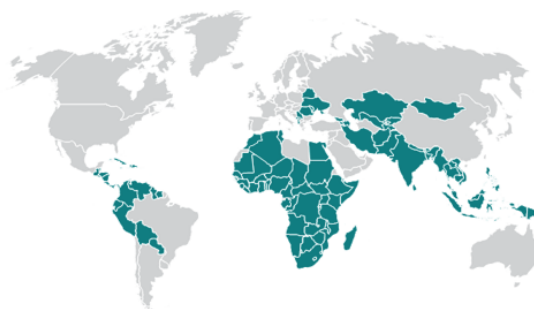
It is worth noting that CSOs (Colombia, Costa Rica y Guatemala) requested the inclusion of interventions aimed at people not included within the target populations of some grants, as is the case of female sex workers (FSW).



## 4.5 Adjustments implemented by Principal Recipients and Sub-Recipients to give continuity to the actions of the current grants

In 2020, the Global Fund's response to the COVID-19 pandemic made funding available through the COVID-19 Response Mechanism and grant flexibilities. A total of USD \$986,474,72 was approved for 120 countries and 20 multicountry grants. For the Latin American and Caribbean region, the Global Fund approved USD 24,494,681.

**Graphic 1 -Countries Accessing Global Fund Support to Fight COVID-19<sup>8</sup>**



Some of the C19RM adjustments were oriented towards CSOs so they could continue with planned grant activities. In all cases, the Principal Recipients rescheduled the suspended activities as a result of the pandemic mitigation measures. However, due to the continuous extensions of quarantines in all countries, it is expected that many of the rescheduled activities will be definitely canceled which represents a challenge in meeting the goals proposed in the grants.



In some countries, professional technical health teams were hired to support national programs (epidemiologists, psychologists, nurses, nutritionists, etc.), who would be working in the Ministries of Health, as in the cases of Colombia, Guatemala and El Salvador.



Some activities were implemented virtually, such as training and awareness-raising, approaching key populations for prevention and screening. However, in some countries and cities where this was not possible, they were rescheduled, as in the cases of Honduras, Peru, Bolivia and El Salvador.



In cases where Sub-recipients were civil society, such as in Honduras, Costa Rica or Peru, activities were quickly adapted to respond to the emergency. For example Sub-Recipient (SR) from Honduras adapted a delivery system for antiretroviral drugs to people with HIV. In Costa Rica, spaces were adapted to allow people traveling to the capital to spend the night, given the curfew, and some community-based organizations adapted spaces to continue HIV testing, as in the case of Peru.



In Colombia a mobile phone application was designed to scheduling appointments for HIV testing, taking biosecurity measures and, when possible, sending home prevention packages. A contest was held for CSOs and communities in the prioritized cities, to access resources for actions in the context of COVID-19, and to complement the local offer and to guide educational processes and induction of diagnosis to key populations.



Also in Colombia, resources were used to purchase PPE for programs that are not financed by the Global Fund, such as the malaria program one.



The strengthening of communications is another adjustments made in several countries of the region Latin american, and has included purchasing equipment and internet services, mainly CCMs, some health services and laboratories, as well as some CSOs. This also includes training for the use of virtual communication platforms.



In grants that included self-test pilots, activities were rescheduled. Other countries included the purchase of reagents and laboratory tests, for HIV, COVID-19 and TB.



## 4.6 Remaining gaps after grant and application adjustments in the context of the emergency



In most of the countries included in this analysis, prevention interventions in social settings as well as diagnosis and linkage services were the most affected as they require some sort of person to person contact. Many social encounter key populations, where outreach was carried out, were closed and others disappeared.



In Costa Rica, where Social Security facilities are the sole responsible for (HIV and TB) diagnosis programs, these came to a halt, since CSOs are not authorized to implement this type of interventions.



In the other countries, quarantine measures are having a negative impact on the goals of diagnosis and linkages to the health system.



Food assistance, other social protection services and in a few cases medicines, are considered important gaps left after grant adjustments in prevention, diagnosis and social protection needs of key populations not prioritized as well as the grants could be added. These needs are expected to be met mainly by national governments, along with other cooperation agencies.



One of the main gaps identified by key actors was the difficulties in developing advocacy actions, due to the confinement and the implications this had for face-to-face meetings.



## 4.7 Challenges in grant continuity in emergency context generated by COVID



One challenge identified is how to implement advocacy activities to make government programs prioritize social protection aid to key populations, whether or not they are included in the GF grants, given reports that in most countries many people have been excluded from such aid.



Uncertainty is perhaps one of the terms most frequently mentioned during the interviews, being thus the main challenge identified; which it involves a rapid response capacity from the different actors to constantly changing scenarios, i.e., the epidemiological, economic, social and political contexts.



At the beginning of the pandemic, all countries had to deal with severe limitations to access PPE, especially N95 masks, in the international market. In many cases, the first delivery was delayed.



Regarding the process itself, another challenge identified was the short time for preparing requests and consultations, although on several occasions –apparently- it was due to the schedule defined by the same PR or delays of the Ministry of Health.



The COVID-19 pandemic has forced governments of some countries to direct state and local resources to respond to the socio-sanitary emergency generated, investing mainly in diagnostic and prevention actions, the foregoing has weakened the responses to HIV and TB.



A more coordinated work between CSOs and health services, which has always been a challenge, is an issue that should be worked with greater emphasis on current conditions to achieve a greater impact on the response.



## 4.8 Lessons learned and successful actions outcomes



Most people interviewed highlighted the fluid communication and possibility of dialogue between the CCM, the PRs and the communities, as well as the timely response of the GF in opening possibilities for financing or adaptation of the responses.



The ability of the different stakeholders to adapt and change in the process was also highlighted. And while it was challenging at the beginning, currently most of the actions are starting to move forward.



In several countries, the leadership assumed by the PRs and SRs in the process is also noteworthy. Despite not having major decision-making power, they continuously supported the reprogramming and proposal preparation processes (Honduras, Guatemala and Colombia).



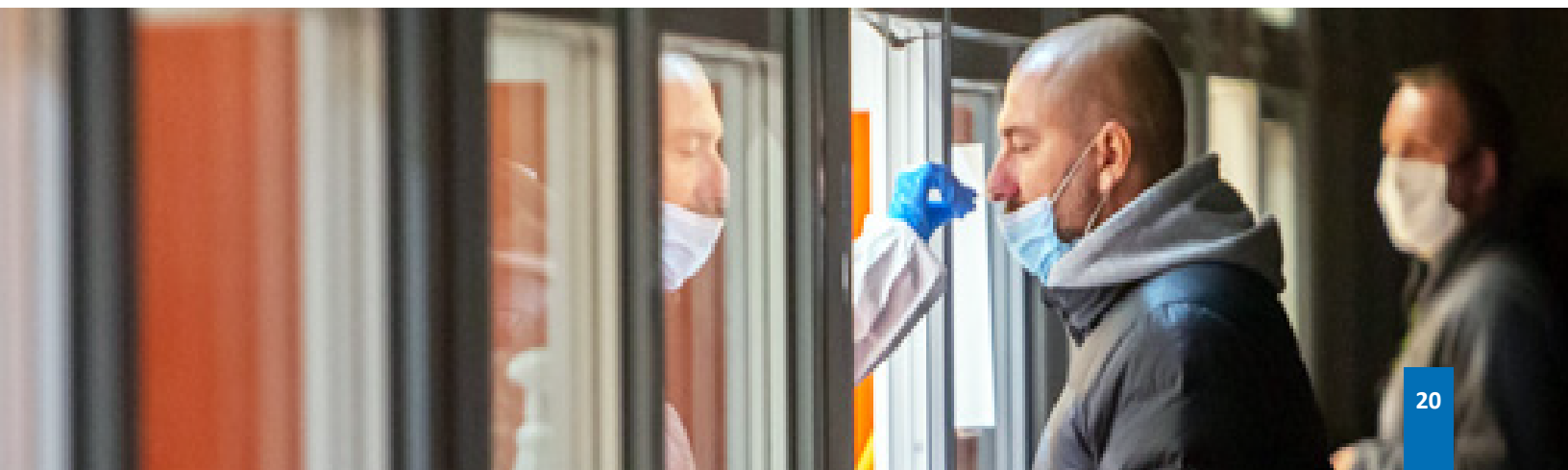
It is worth highlighting the case of Colombia in which the CSOs represented in the CCM were organized in such a way that consultations were made with the bases through their representatives for a more effective participation in the application preparation committee.



There was certain discrepancy of opinions among the representatives of civil society in Peru with some indicating an effective participation, while others expressed their absolute absence from the application process.



In the case of El Salvador, the fact that Ministry of Health is the PR of the Global Fund grant and the institution responsible for responding to the emergency of COVID-19 generated difficulties in the adjustment processes, reprogramming and response to new requests from the GF; as reported by the interviewees.



## 4.9 Actions to respond to COVID-19 implemented by CSOs



In most countries, the first respondents to the emergency were CSOs, identifying the most urgent needs of the populations they work with, through surveys and direct consultations with the community. When information about flexibility in the use of resources and additional grants arrived through PRs, many CSOs were already working on it.



CSOs responded quickly to the emergency, mobilizing food resources for people with HIV and populations in vulnerable situations, MSM, TW and FSW. Resources came from different government and international cooperation funding sources. In some countries, resources mobilized covered rent and other needs, as well as PPE and personal hygiene supplies. Other organizations report activities with migrant populations, carrying out prevention actions for both COVID-19 and HIV, PPE, food assistance, among other services (Costa Rica, Colombia and Paraguay).



In countries where health services were suspended or limited, CSOs have been vigilant regarding access to medicines for people with HIV and TB, contacting them and managing deliveries if needed. Another strategy consisted of contacting the health services and personally taking the medicines for people who were having access difficulties.



Online interventions were also carried out to provide information to people with HIV and other key populations. Some actions to provide online mental health services to mitigate the negative effects of isolation and stress due to fear of being out of work or medications, were reported.



The regional HIV networks were able to mobilize resources to provide food and personal hygiene supplies to their members and partners. RedTrasex, Redlactrans, ICW and MLCM used their own project resources, redirecting them to purchasing supplies (for example from Robert Carr Fund, UNAIDS, UNFPA and UNHCR).

## V. Conclusions

- 1** Countries have used the COVID-19 Response Mechanism and grant flexibilities to respond in the context of the COVID-19 pandemic. However partner, organizations have been able to document challenges and delays in the overall process, particularly during implementation.
- 2** Processes for initial requests for the use of flexibilities were similar in all countries, initiated by PRs in coordination with CCMs. In some countries there was a greater involvement of the Ministries of Health and, in general, little participation of CSOs. As an explanation for this, in the beginning, the decisions were mainly of an administrative nature.
- 3** While there was greater participation for the C19RM requests, working committees were organized by topic; in most countries key populations were consulted; they agreed to delegate their representatives to bring their needs and interests to the discussion table. In general, it can be argued that there was an effective participation of CSOs for most of the countries during the development of the C19RM request.
- 4** The main requests by CSOs can be grouped into three main categories: acquiring PPE to increase safety in the continuity of their activities; accessing technology for communications; and providing for food and other social protection needs.
- 5** The main adjustments in the grants were oriented to the reprogramming and virtualization of activities, without ignoring some innovations identified in the process and hiring of human resources, especially health personnel.
- 6** According to participants, the main gaps can be categorized into those that were part of the grants and those that were not. Among the former, diagnosis, prevention actions, linkage to health services and political advocacy are actions stand out. Identified gaps not previously included in the grants food security and other social protection needs.



- 7** Uncertainty about the course of the epidemic, the process of purchasing PPE, access to social protection services for key populations, the reduction of resources for HIV-TB and the scope of an articulated work between CSOs and the health services are the main challenges identified by the interviewees.
- 8** Among the successful experiences and lessons learned, the possibility of teamwork among diverse actors, the ability to adapt to challenging contexts (resilience) and the possibility of identifying priorities with effective participation of CSOs were identified.
- 9** Among the activities that CSOs continue to develop, identification of key populations needs, the immediate response to many of these needs, the capacity to mobilize resources (government and international cooperation), mainly for food, the adaptation of work methodologies (advice, outreach to populations, accompaniment, link to health services, among others) were highlighted.
- 10** Covid-19 has highlighted the weakness of the health systems in Latin America and the fragility of the response to HIV, TB and malaria. A transition process must take into account the strengths and weaknesses of these systems and their links with civil society organizations. An very early transition would jeopardize not only the effectiveness of civil society actions, but also the progress that has been made for years by the countries with the GF support.
- 11** Civil society organizations have played a key role in maintaining the response to HIV and tuberculosis in times of COVID-19, this deserves particular attention, since in most countries these actions are not financed by their governments.

# Annexes 1

## Situation analysis of the response to HIV, TB and Malaria within the framework of the COVID-19 epidemic in GF-funded countries

### Interview guide

Through this interview, the LAC Platform seeks to know and document how the different actors are responding within the framework of the health emergency generated by COVID19 in the countries financed by the Global Fund in Latin America (Paraguay, Costa Rica, El Salvador, Honduras, Guatemala, Panama, Bolivia, Peru, Ecuador and Colombia). Collected information will allow documenting the responses that have been implemented and the participation of communities in these scenarios, as well as generating recommendations for action and partaking them with different actors in the region to share the lessons learned and good practices.

1. We understand your country requested additional resources or redirected approved funds (as applicable) from the Global Fund in the context of the COVID-19 epidemic. Can you tell us how the process went? In what specific actions? Was there something programmed that was not done? What criteria were used to prioritize?

2. How was the participation of CSOs and communities in these application decision-making processes?

3. Which were the main requests from CSOs and communities to CCMs in the context of the COVID-19 pandemic? How does an approved funding address these requests from CSOs and communities?

4. What are the adjustments implemented by RP and SRP(i) to give continuity to the actions of the current grants funded by the GF for HIV and TB?

5. What are the remaining gaps after grant adjustments in the context of the COVID-19 emergency?

6. What are the challenges in grant continuity in the context of the global emergency generated by COVID-19?

7. In your opinion, what has worked the best and why? Lessons learned and good practices.

8. What have been the main difficulties in these processes and how were they resolved?

#### a. Question for CSOs

In addition to grants, what actions are CSOs implementing in the context of the epidemic generated by COVID-19? In matters of care, prevention, diagnosis, and political advocacy. How are you financing these actions? Request reference and contact information. (Specific question for CSOs)