



**TECHNICAL ASSISTANCE FOR THE
RECOGNITION OF TYPE A COMMUNITY
SERVICES (SCAs) BY COLOMBIA'S
NATIONAL HEALTH SYSTEM**

Summary of Results

1. BACKGROUND

In Colombia, the terms *Type A Community Services* (known in Spanish as SCAs) or *Community Health Services*¹ refer to HIV prevention, counseling, and testing offered by non-governmental or community-based organizations of low complexity intended to be included in the National Health System. Those organizations provide support, education, and meeting points to vulnerable populations despite their lack of permanent health staff or of specific characteristics allowing them to operate formally as service providers.

Although these services arose before, the term SCA and its variations were coined by those organizations themselves following the grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) corresponding to Round 9, which was implemented between 2011 and 2016. It is estimated that around 178 organizations providing SCAs have been strengthened thanks to initiatives financed by the Global Fund in Colombia.

With the progressive withdrawal of the Global Fund from the country, these organizations, grouped around the National Community Services Platform (SCA Platform), are facing the challenge of their sustainability, which depends to a large extent on their full inclusion in the National Health System. In turn, this system is under a comprehensive reform promoted by the government since 2015 with the Statutory Health Law, which is based on three fundamental axes: the *Política de Acción Integral en Salud* (PAIS, Comprehensive Action Policy on Health), the *Modelo Integral de Atención en Salud* (MIAS, Comprehensive Health Care Model), and the *Rutas Integrales de Atención en Salud* (RIAS, Comprehensive Health Care Routes). They all revolve around the recognition of health as a fundamental right and consider primary health care as the system's central pillar.

For that reason, the SCA Platform requested technical assistance to accompany it in the process leading to the recognition of organizations belonging to the SCA Platform as partners of Colombia's National Health System in HIV promotion, prevention, and diagnosis. At the request of the Global Fund, it was provided by the Regional Technical Assistance Center for Latin America and the Caribbean (CRAT) of VIA LIBRE. Besides, support to prepare proposals on regulatory changes enabling such recognition was requested. That technical assistance was conducted, and it ended in July 2017. For this, a situational diagnosis of SCAs was conducted, also the corresponding legislation and regulations aiming at preparing a regulatory proposal to include them in the National Health System

¹ The terms *Type A Community Services* or *Community Health Services* are used indistinctly by organizations to refer both to the tasks they carry out and themselves. These terms appear in documents reviewed to prepare this summary of results. This is why they are used here in the same way.

were analyzed, and a series of regional training and consultative workshops to establish an action plan seeking to operationalize that inclusion were organized. Furthermore, a final document was prepared in which proposals for the recognition of SCAs as part of Colombia's National Health System are reasoned. A new and complete regulatory proposal is annexed to it, as well as a detailed action plan resulting from the dialogue with the process participants².

This document is a summary of the development and main results of the afore-mentioned technical assistance.

² Available [here](#).

2.1. Situational Diagnosis of SCAs in Colombia

The Colombian regulatory framework considers the possibility that non-governmental organizations are authorized to provide services in its health system, to be hired to that effect, and to receive the corresponding remuneration. Specifically, Resolution 2003/2014 of the Ministry of Health and Social Protection (Ministry of Health) establishes the mechanisms for that authorization, as well as the characteristics and conditions providers must comply with.

Given that SCAs are community-based, authorizing organizations providing them to be health service providers was not considered at first as the best way to include them in the National Health System. Nevertheless, it was clear that it was necessary to determine the extent to which they complied or not with the system's regulatory requirements and whether there were or not significant regional variations with respect to the level of compliance. This would also allow to gather information to contribute to the design of strengthening plans for organizations providing SCAs and their roles in the national response to HIV.

To that end, consultants prepared an online form. A total of 90 organizations providing SCAs throughout the national territory completed that form between March 9 and April 24, 2017. After extracting the information in an aggregate manner, the following findings stand out:

Regarding the purpose of their actions:

- Most organizations which completed the form have been legal entities for ten years or more. This means they have a good basis to be authorized as health service providers, the strength necessary to participate in public tenders, and the capacity to advise organizations which have not been legally incorporated yet.
- Answers show large experience working with vulnerable populations characteristic of the country's epidemiological profile: people living with HIV, men who have sex with other men, youth, female sex workers, transsexual women, and women in general.
- The community services portfolio is wide: they cover the entire range of HIV prevention and detection, access to and retention in the National Health System, advice on rights, and community support.
- There is an emphasis on the need to reinforce programs aimed at linkage of newly diagnosed people to the National Health System, as well as at their retention and, if necessary, at their readmission as a way to increase HIV undetectability.

Regarding organizational and service-provision characteristics:

- A recurrent answer was the need to update documentation and financial, accounting and administrative procedures.
- Intramural care settings of a large portion of SCAs require improvements and adjustments to comply with the authorization rules established by Colombia's National Health System. Extramural activities should have specific regulations resulting from the dialogue among organizations, the Ministry of Health, and other actors.
- Collected information allows to infer that the critical mass of human talent would benefit from further and continuous training to specialize by area, as well as from the integration of professionals with profiles focused on strategic, project and financial management.
- The corresponding best practice protocols and guidelines for health supply chain management (medicines, condoms, diagnostic tests, etc.) must be established wherever they are part of the care provided. Additionally, action protocols for the full set of services must be strengthened.
- The volume of SCAs hired by other agents in 2016 was low or non-existent. This indicates how important it is to transfer know-how to less experienced organizations by means of training and technical assistance.

2.2. Regulatory Analysis

The possibility that SCAs are included in the National Health System as service providers requires the development of legal mechanisms for them to fit within the Colombian regulatory framework. To that end, the first step was to conduct a detailed analysis of related laws, rules, decrees, and resolutions. Then, as an annex to the final report, a regulatory proposal was presented. This would recognize and regulate the operations of community service providers, which include organizations of the SCA Platform (see below).

The legal framework which would enable operations of organizations providing SCAs consists of complex and abundant legal texts arising from the rule of law in Colombia, both in the fields of health and public procurement. That framework goes from the international treaties ratified by Colombia to the country's Political Constitution, laws, decrees, resolutions, and other relevant documents.

The interpretation of this body of law emphasizes that two legal assets must be protected: the fundamental right to health and every citizen's right to participate in all decisions concerning him or her, as well as in the economic, political, administrative, and cultural life of the country. In both cases, the Colombian State must generate mechanisms to enforce those rights.

Several regulatory texts enacted since 1993 open the door to community participation in the health sector. The last one is Law 1751 of 2015, which reforms the system so that it is user-focused, and reorganizes the system in a comprehensive management model where all actors coordinate with each other.

Facilitating the recognition and contracting of SCAs by the National Health System specifically requires the modification of three resolutions of the Ministry of Health:

- Resolution 412/2000, “which establishes the activities, procedures, and interventions of induced demand and obligatory compliance, and whereby the technical rules and care guidelines to develop specific protection and early detection measures, and care of diseases of public health concern are adopted.”
 - It is proposed to add possible activities in the fields of sexual and reproductive health (SRH), tuberculosis, and psychoactive substance consumption. They should be implemented by community agents.
- Resolution 2003/2014 (mentioned in the introduction of the situational diagnosis), “which establishes the procedures and conditions for Health Service Providers registration and health services authorizations.”
 - It is proposed to include community organizations providing health services as entities authorized to be hired, in accordance with the corresponding requirements.
- Resolution 518/2015, “which establishes provisions related to Public Health Management and guidelines for the implementation, monitoring, and assessment of the Collective Public Health Interventions Plan (PIC).”
 - It is proposed to include collective interventions for which community organizations are the preferred contracting option.

In particular, it is proposed to redefine the concept of community-based organization and of community agent by grouping the services they provide in the following categories: social assistance, specific protection, early detection, active search, therapy management, continuing education, and administrative management.

2.3. Training and Consultative Workshops

Based on the information collected from the SCAs situational survey and the regulatory analysis, interested organizations should become aware of their collective status and of the legislation’s opportunities and challenges for their inclusion in the National Health System as service providers.

To that effect, a series of formative and consultative workshops took place in 5 regions of the country: the Cafetalera, Caribbean, Central, Western and Eastern regions. They were structured this way due to the characteristics shared by groups of each region, which could facilitate the adjustment of the workshops’ content and discussions.

Those workshops took place between March and April 2017. 114 people belonging to 112 organizations providing SCAs participated in them: 24 participants from the Cafetalera region, 29 from the Caribbean region, 29 from the Central region, 19 from the Western region, and 13 from the Eastern region.

The workshops' standard program included a similar agenda based on the following presentations:

- Results of the situational analysis both at national level and in the region where the workshop took place. Special emphasis was put on the services current status, their compliance with Resolution 2003/2014 in force to be potentially recognized as health service providers, and contracting knowledge and experience.
- HIV epidemiological data with respect to the goals of the 90-90-90 strategy. Identification of gaps in each stage of the treatment cascade and of community proposals contributing to bridge those gaps.
- New Colombian Health Model and the role community services can play in it. Explanation of the reform under implementation which establishes the PAIS and the MIAS, within which there is an opportunity to achieve the recognition of SCAs and the community agents who manage them.
- Public and private contracting options, and related payment mechanisms offered by the Colombian legal system.

Members of the CRAT and the *Corporación Red Somos* consulting team were the workshops' facilitators.

Assessment Before and After the Activity

In addition to the program, each session included an exercise to identify the knowledge acquired during the regional meeting and proposals preferred by participants. For this, attendees were asked to complete the same five-question form before and after the activity:

1. Explain the HIV situation in your territorial directorate.
2. Which requirements shall community services meet to provide promotion and prevention services (RSH)?
3. What is the achievement level of the 90-90-90 goals in the country?
4. Mention activities and actions regarding community services you consider to be relevant to achieve the 90-90-90 goals.
5. How can community services act within the Comprehensive Health Care Model (MIAS) and the Comprehensive Health Care Routes (RIAS)?

In the total number of meetings, 66 out of the 114 participants answered the questions. The aggregate analysis of those answers shows the following trends:

- At the end of the workshops, those who answered showed better and more precise knowledge on the country's epidemiological situation with respect to the 90-90-90 goals.
- Answers show a desire to undertake a key and active role in the country's response to the HIV epidemics, particularly as part of the MIAS implementation.
- In this sense, weaknesses identified in Colombia's National Health System are also an opportunity to make the contribution of community services visible with a view to improve the system itself.
- In accordance with this, those who answered the form claim priority should be given to community services of greater added value and complementary to traditional services, such as accompaniment, work with the environment, and linkage to primary care.

Identification of Community Proposals

These workshops allowed to identify proposals participants share both to contribute to bridge the 90-90-90 strategy gaps and to be included in Colombia's National Health System by following the guidelines established by the PAIS and the MIAS.

Proposals to bridge the gaps focus on:

- Increasing the supply of and the access to diagnostic tests for specific populations.
- Expanding coverage of HIV, HBV (hepatitis B virus) and other STI screening.
- Referring these services to other areas of the National Health System.
- Providing accompaniment in the use of the National Health System, by advising on users' rights and obligations, and procedures to be followed in the event of an infringement.

If these lines of action of community agents are transferred to the reformed framework of Colombia's National Health System, they could be included in the following MIAS categories: detection and referral, effective recruitment, diagnosis, primary care plan, and monitoring and follow-up.

Committee for Promotion of the National Community Services Platform

Although the SCA Platform was created in March 2016, workshops were considered to be a good moment to establish its purpose, goals, and working structure. This way, the SCA Platform reaffirms its role as a network for the identification, promotion, and strengthening of HIV community services, and is established as a valid interlocutor for the rest of national and international health agents.

As another tangible result of the workshops, a Committee for Promotion of the SCA Platform was created, composed by representatives democratically chosen in each of the five regions.

The first meeting of the Committee for Promotion took place on May 5 and 6, 2017. 18 representatives of organizations linked to the SCA Platform and the consulting team participated in it. During these two days, subjects addressed during workshops were reviewed and legal, technical and strategic aspects were dealt with in greater depth to move towards the authorization and inclusion of community services in the National Health System. Among them, the following stand out:

- Formalization and expansion of the SCA Platform.
- Legal alternatives for the incorporation, registration, and functioning of organizations offering community health services.
- Exploration of a possible portfolio of specific services, their cost structure, and price determination
- Requirements to comply with for the collection, registration, and processing of personal data by organizations providing community health services.
- Preparation of an action plan for the SCA Platform with three components: SCA Platform establishment and positioning plan, political advocacy plan, and technical assistance plan (see below an explanation of the action plan by component).

To carry out its duties, the Committee for Promotion decided to be organized in five task forces in charge of: review of legal and administrative rules, lobbying, resource management, design and marketing (business strategies), and technical assistance. At the end of the meeting, the task forces submitted their proposals for action grouped in 4 areas (regulations and policy issues, technical aspects, commercial aspects, and operational aspects) which contribute to the action plan.

2.4. Reasoned Proposals

After the situational diagnosis, the regulatory analysis, the workshops, and the first meeting of the Committee for Promotion of the SCA Platform, and to finish the technical assistance, a final document was prepared. It explains and reasons proposals for the recognition of SCAs by Colombia's National Health System.

In addition to the body of law previously described in which these organizations must fit and to the possible legal channels to make it enforceable, the report explains their characteristics, the purpose of their actions, populations served, types of services to be provided, requirements to comply with, a formula to estimate costs, public and private contracting options, and the opportunities they have to participate in the National Health System. This is supplemented by a summary of the organizations' situation based on the online survey results and by a proposal for a monitoring and assessment mechanism including structure, process and outcome indicators. This document provides guidance to the SCA Platform to make informed decisions regarding the actions it must carry out to achieve its objectives³.

Regulatory Proposal

A regulatory proposal for community-based organizations was prepared. According to their complexity level, these organizations were classified as type I (low) and type II (high).

This technical assistance intended to advocate for a specific regulation due to the legal vacuum identified with respect to the recognition and contracting of SCAs by the National Health System. Indeed, the current legal framework is not clear as to who can be community health service providers, which the activities those providers might carry out are, which requirements apply for their registration and authorization, or what the procedures to ensure health care standards are. Without these elements, not even the public administration responsible for health promotion and disease prevention itself is able to implement control and surveillance protocols.

The text has the format of a Presidential Decree. It contains a justification for its need and has two chapters: the first one focuses on defining community health service providers, their competencies, and activities; and the second one focuses on forms, requirements, and obligations for their incorporation and registration in the National Register of Community Health Service Providers, created to that effect.

³ Available [here](#).

Action Plan

An action plan is hereby proposed. It has been enhanced by inputs generated during the activities conducted, mainly the regional workshops.

As mentioned before, the action plan is divided into three specific sub-plans:

- Plan for the establishment and positioning of the SCA Platform as an organization with management capacity and a trade union approach.
- Political advocacy plan for community services to be included as health services in the regulatory framework.
- Technical assistance plan to strengthen the SCA Platform and the organizations belonging to it.

Each sub-plan has its own specific goals and objectives. The political advocacy plan establishes as a priority the reform of Ministerial Resolutions 412/2000, 2003/2014, and 518/2015. This way, it postpones lobbying in favor of the Presidential Decree proposal. The reason is that reforming these resolutions is tactically more feasible than adopting ex novo a complete regulation, although this idea remains as a long-term objective.

The action plan identifies the key audiences for each sub-plan, and divides them into primary (decision makers) and secondary targets (those who have influence on decision makers). It also lists organizations which can potentially be partners of the SCA Platform in Colombia, as well as the inventory of human, organizational, physical, and technical resources it has to carry out its activities. Finally, the latter are presented in a log frame in which they are related to specific objectives, expected results, sources of verification, estimated timetable, and required resources. It is expected that the action plan (which is subject to periodic review) provides guidance to the SCA Platform and its Committee for Promotion to achieve its objectives.

3. CONCLUSIONS

The technical assistance conducted in Colombia has allowed to characterize the situation of community organizations providing health services with different formulas. Even though they are defined as being of low complexity, their structure, level of development, and technical capacity is actually highly heterogeneous. The purpose of their actions is not homogeneous either, as there are two distinct groups: organizations focused on promotion, prevention, and diagnosis of HIV and other STIs; and organizations focused on accompaniment, advocacy and monitoring actions regarding accessibility and quality of health services aimed at vulnerable populations.

So far, coordination among organizations providing this type of services has been limited. This has been a barrier for their positioning within the National Health System and their recognition by its actors, which is essential for their sustainability. Actions conducted within the context of the technical assistance have boosted the SCA Platform's relaunch, which now has a representative Committee for Promotion serving as a Board of Directors.

The existence and strength of the SCA Platform offer several opportunities. On the one hand, mechanisms of the current Colombian legal framework can be used to the extent possible to include community services as basic health services while work is conducted to modify it and make it more inclusive and flexible. On the other hand, a solid group which continues over time is the basis for its recognition as an interlocutor by the Ministry of Health and other actors of the health sector in the country.

This requires a long-term strategic work which strengthens the SCA Platform technically and financially, and reinforces its legitimacy with respect to the organizations whose interests it represents and the community as a whole. Members themselves have undertaken this last task as a result of this technical assistance. It is also required that members are trained continuously on knowledge more specialized than that handled so far: critical analysis of epidemiological data; legal and regulatory framework; quality control of action protocols; guides for complying with authorization requirements; monitoring and impact assessment techniques; professionalization of management, marketing, and financing; and visibility and lobbying strategies with accurately defined goals, audiences, and indicators. Furthermore, everything must be documented to reinforce the institutionalization of the acquired knowledge and experience.

Organizations providing community services offer added and complementary value to the system's traditional services. Their capacity and experience to attract, retain, and support populations vulnerable to HIV, including extramural populations, within the National Health System, are unique. However, this is not enough if organizations cannot manage to communicate clearly the benefit they offer for public health and the general population of the country. Only if they succeed in doing so, they will obtain political and social recognition, and the foundations for their sustainability will be part of the comprehensive response to HIV in Colombia.