



Lessons learned from experiences of six countries of the Latin America and Caribbean region in public financing of Civil Society for HIV and TB health service provision

Various sectors have participated in the response to prevent and control the HIV, tuberculosis (TB) and malaria epidemics in the Latin America and Caribbean (LAC) region: the government, the community sector, bilateral and multilateral agencies, and private foundations, among others. This joint work has enhanced the region's capacities and has generated experiences and lessons which boost the sustainability of the response.

A CHANGING CONTEXT

The *Fast-Track strategy to end the AIDS epidemic by 2030*¹ and *The End TB Strategy*² set ambitious goals for the region, and the implementation of said strategies is accompanied by changes in the health financing context. On the one hand, the economic growth in the LAC region has enabled

the strengthening of the response in health through higher public expenditure. On the other hand, the economic growth and changes in the burden of disease have brought about changes in the eligibility of countries to receive support from cooperating agencies and donors.

SOCIAL CONTRACTING

Given that context, diverse tools have been identified to strengthen the sustainability of their responses, and one of them consists in contracting civil society organizations (CSOs) to provide health services by using public financing, which is also known as *social contracting*.

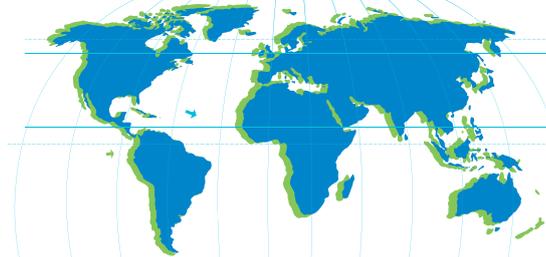
This document is based on the lessons and recommendations of the study³ which identified and documented experiences of six countries

(Argentina, Brazil, Colombia, Costa Rica, and the Dominican Republic) of different subregions of Latin America and the Caribbean having diverse financing mechanisms for the provision and implementation of services or projects on the part of community bodies. The study's objective was to identify and analyze experiences in public financing of civil society and communities for the response to HIV, TB, and malaria.

¹ http://www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

² <http://www.who.int/tb/strategy/end-tb/en/>

³ REGIONAL TECHNICAL SUPPORT CENTRE FOR LATIN AMERICA & THE CARIBBEAN (CRAT) (2017). Financiamiento público de la sociedad civil y de comunidades para la respuesta al VIH y la tuberculosis. Experiencias en seis países de la región Latinoamericana y del Caribe (Public Financing of Civil Society and Communities for the Response to HIV and Tuberculosis. Experiences in six countries of the Latin America and Caribbean Region).



COMPARATIVE ADVANTAGES OF CIVIL SOCIETY ORGANIZATIONS

Comparative advantages of CSOs to strengthen national responses include the following:

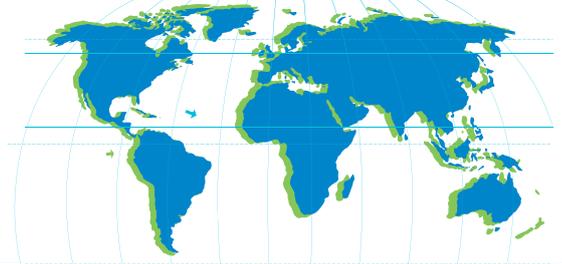
- Capacity to access hard-to-reach populations
- Experience in the implementation of preventive strategies and the provision of services aimed at key populations and vulnerable populations
- Capacity for political advocacy
- Knowledge and use of dynamics, languages and codes of community sectors
- Trust already conferred by the populations with whom they work
- Community systems reinforced with abilities and capacities to provide services and implement projects

These characteristics make them ideal for working with key populations and vulnerable populations, and contribute with their advantages, capacities, knowledge and abilities to make progress towards the sustainability of national responses.

BASIC COMPONENTS TO IMPLEMENT SOCIAL CONTRACTING

Experiences documented in the study allow to recommend this mechanism as a tool for countries in transition or which are not eligible to receive support from international agencies and donors.

The following basic components are necessary to implement *social contracting*:

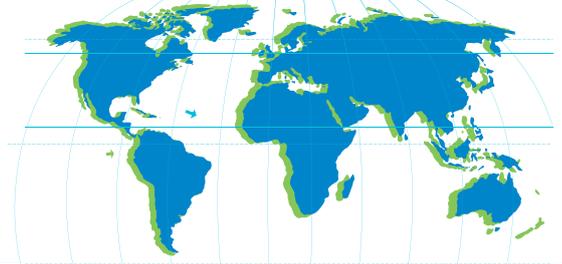


- A regulatory framework which:
 - Regulates and promotes the development of the community sector
 - Specifies and facilitates the process to grant the status of legal persons to CSOs
 - Authorizes and enables governments to contract organizations legally incorporated
- National Registers of CSOs working in the response to HIV and TB
- Coordination of national and subnational government levels
- Bodies responsible for the process, with specific competences, which can be of the government itself or third parties
- Specific resources with specific contracting objectives
- Participatory, call for proposals and selection mechanisms for CSOs subject to contracts, which must be transparent and appropriate to the context of each country
- Development of supervision, comptrollership and monitoring processes of actions contracted
- Identification of strategies and populations who benefit from such contracts
- Establishment of contracting requirements and procedures
- Accountability and transparency processes on the part of sectors involved therein
- Dialogue processes between the community sector and the government to strengthen the social contracting strategy

CONCLUSIONS

Various conclusions were drawn from the analysis conducted, among which the most relevant ones are the following:

- The community sector's comparative advantages and capacities have allowed the six countries to strengthen their response, mainly to HIV, thanks to an efficient use of resources and to strategies enabling them to move towards the achievement of national and regional goals.
- The six countries have regulatory frameworks which regulate processes to contract the community sector and allow to exploit comparative advantages of CSOs to implement projects and provide services efficiently, maintaining the government's steering role.
- Two models of association between the government and civil society were identified: one of direct action of bodies responsible for resources, with a leading role in the sector, and one of indirect action, conducted by third parties, with the technical and operational support of international cooperation agencies or autonomous organizations.
- Annual public calls for proposals are the most commonly used mechanism to promote community participation in service provision and project implementation processes. Processes of calls for proposals, submission of documents and selection reduce implementation time of expected actions.
- Strategies to strengthen community systems are scarce in most part of the countries. Their contribution to the implementation of combined prevention strategies is considered to be of great value. They include behavioral, biomedical and structural strategies, as well as strategies to reduce stigma and discrimination.
- Supervision processes are mainly conducted in person and, in some cases, said modality is combined with remote supervision by using virtual platforms. This, aside from reducing costs, enables the submission of technical information.



- Assessment processes vary. They are mostly based on process and outcome indicators. Impact assessments are not conducted due to the projects' lifetime, their degree of difficulty, and their high cost.
- In some countries, the availability of resources to promote activities of the community sector depends on the willingness and coincidence of perspectives between authorities and CSOs receiving this support.

RECOMMENDATIONS FOR ACTION

Experiences of the six countries can guide decision-makers, the community sector and other actors who participate in the response, and encourage them to start dialogues among sectors, conduct feasibility analyses, review their regulatory framework, and adopt decisions on the basis of specific experiences in public financing of CSOs for service provision. The following are recommendations for countries interested in implementing the foregoing, provided they take into account their realities and needs:



- To use lessons learned regarding the implementation of mechanisms for public financing of CSOs for service provision (*social contracting*). This would be highly recommended to strengthen the South-South dialogue in this respect.



- To analyze their legal framework so that it allows to contract the community sector and to identify other options considering lessons learned from existing experiences. For instance: the register of CSOs as State suppliers so that they can participate in calls for tender, indirect contracting through third parties, and political advocacy to achieve legal or regulatory changes allowing the foregoing.



- To promote and maintain a dialogue between the government and the community sector to create a *social contracting* policy.



- To use virtual platforms for the entire social contracting process to reduce timeframes and resources.



- To establish equitable, fair and transparent processes to select CSOs to be contracted with public resources. This is essential for the mechanism to achieve credibility.



- To have bodies responsible for supervising, monitoring and assessing the process equipped with the necessary capacities to that effect, which will allow to measure outcomes and goals achievement levels better.



- Upon recommendation of the organizations and governments which participated in the study, to include specific commitments regarding accountability and transparency in the use of resources and in the mechanism's procedures from both the community and the governmental sectors.