This document has been prepared within the framework of the technical assistance implementation of the Strategic Initiative on Communities, Gender and Human Rights of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to conduct methodological processes to meet the potential challenges and areas of strengthening in the preparation of civil society and communities within the framework of sustainable transition processes of the Global Fund in Perú. The study and the proposal were conducted in coordination and with the participation of the Country Coordinating Mechanism (CCM) for projects under the funding of Global Fund in Peru (CONAMUSA) and the support of Via Libre. This publication has been prepared by the Regional Technical Assistance Centre for Latin America & the Caribbean – CRAT Via Libre. All rights reserved. The total or partial reproduction is authorized provided that the source is acknowledged.
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## ABBREVIATIONS

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism (in Peru: CONAMUSA)</td>
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<tr>
<td>CERITS</td>
<td>Centro de Referencia de ITS (Reference Centre for STIs)</td>
</tr>
<tr>
<td>CIVICOS</td>
<td>Sistema de Vigilancia Comunal del CLAS (CLAS' Community Monitoring System)</td>
</tr>
<tr>
<td>CLAS</td>
<td>Comunidad Local de Administración en Salud (Local Community for Health Administration)</td>
</tr>
<tr>
<td>CNS</td>
<td>Consejo Nacional de Salud (National Health Council - Ministry of Health)</td>
</tr>
<tr>
<td>CONAMUSA</td>
<td>Coordinadora Nacional Multisectorial en Salud (National Multisectoral Coordinator in Health)</td>
</tr>
<tr>
<td>COREMUSA</td>
<td>Coordinadora Regional Multisectorial en Salud (Regional Multisectoral Coordinator in Health)</td>
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<tr>
<td>CRAT</td>
<td>Regional Technical Assistance Centre for Latin America &amp; the Caribbean</td>
</tr>
<tr>
<td>CVCC-VIH</td>
<td>Centro Virtual de Gestión del Conocimiento en HIV (Virtual Center for HIV Knowledge Management)</td>
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<tr>
<td>ESNITSS</td>
<td>Estrategia Sanitaria Nacional de Prevención y Control de ITS, HIV y SIDA (National Health Strategy for STI, HIV and AIDS Prevention and Control - Ministry of Health)</td>
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<tr>
<td>HAART</td>
<td>Highly Active Antiretroviral Therapy</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HR</td>
<td>Human Rights</td>
</tr>
<tr>
<td>INS</td>
<td>Instituto Nacional de Salud (National Health Institute)</td>
</tr>
<tr>
<td>ITS</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender, and Intersex people</td>
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<tr>
<td>MDR-TB</td>
<td>Multidrug-Resistant Tuberculosis</td>
</tr>
<tr>
<td>MINEDU</td>
<td>Ministerio de Educación (Ministry of Education)</td>
</tr>
<tr>
<td>MINSA</td>
<td>Ministerio de Salud (Ministry of Health)</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NHRP</td>
<td>National Human Rights Plan</td>
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<tr>
<td>PDL</td>
<td>Persons Deprived of Liberty</td>
</tr>
<tr>
<td>PEM</td>
<td>Plan Estratégico Multisectorial (Multisectoral Strategic Plan)</td>
</tr>
<tr>
<td>PPR</td>
<td>Presupuesto por Resultados (Budget for Results)</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>UAMP</td>
<td>Unidad de Atención Médica Periódica (Periodic Health Care Unit)</td>
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<tr>
<td>XDR-TB</td>
<td>Extensively Drug-Resistant Tuberculosis</td>
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Between June and July 2017, the “Social Dialogues: Sustainable Civil Society” process was conducted in Peru, in which non-State actors involved in the national responses to HIV and tuberculosis (TB) reviewed updated information regarding the transition of both epidemics, mostly regarding the progressive withdrawal of financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). In view of this, a shared vision was built regarding their role in this new scenario, as well as an action plan to attain and play that intended role.

Participants, mainly representatives of organizations of people affected by and vulnerable to HIV and TB, and non-governmental organizations (NGOs) involved in the responses to both epidemics, identified that civil society’s role within the context of transition must include:

1. development of prevention, care and treatment services in partnership with the State to contribute to expand coverage and improve the quality and warmth of services
2. monitoring of compliance with standards and commitments of the Peruvian State in the fields of human rights (HR), HIV, and TB
3. evidence-informed political advocacy at the various State levels and sectors to achieve a sustainable transition
4. coordination among actors of civil society working in the fields of HIV and TB to strengthen themselves and contribute effectively to improve the national responses to both epidemics

As a consequence of the above, an action plan has been designed. By 2021 (the year in which Peru will celebrate the 200th anniversary of its independence and in which the last planned grant from the Global Fund for the country will finish¹), it expects to contribute to the continuation and expansion of successful strategies against HIV and TB, by including them progressively in national plans and budgets, and with the active participation of civil society.

Justification

Since 2003, the Global Fund has committed over 163 million US dollars to strengthen the national responses to HIV and TB in Peru. Thanks to this, more than 16 thousand people living with HIV have been able to access antiretroviral therapy and more than 35 thousand cases of TB have been detected and treated\(^2\). At some point, resources from the Global Fund were the main financing source of the national responses to these epidemics. However, today the situation has changed. The Peruvian economy has grown significantly over the past years, so it has now been classified as a medium-to-high income economy. Besides, the public budget for the health sector not only has increased, but also allocations for these diseases have multiplied. Nevertheless, contributions from the Global Fund have continued to be of great importance for key components which are still managed insufficiently, mostly for those linked to populations in particularly vulnerable situations and to the recognition, guarantee, and promotion of their rights, which have failed to be included in public budgets.

During the last few years, the Global Fund has been changing its way of relating to countries, going from rounds for proposals with implementation phases to allocations by country for three-year periods. At the same time, it started to demand matching public funds. More recently, it has announced its progressive withdrawal from the region, since countries as Peru are already capable of financing their national responses to the epidemics with their own resources. In our country, probably one of the most successful experiences of institutionalization of programs financed by the Global Fund has been the continuation and expansion of the antiretroviral therapy. Nevertheless, multiple components have not been transferred to the national level in financial terms yet and have even been discontinued after funding from the Global Fund (as it happened with the peer educators programs on HIV aimed at key populations, for instance). For this reason, the Global Fund has put special emphasis on the fact that transition processes must be planned by States, by all sectors which are part of the Country Coordinating Mechanism or CCM (which, in the case of Peru, is the National Multisectoral Coordinator in Health or CONAMUSA), and mainly by civil society, including communities affected by the diseases and populations in particularly vulnerable situations.

This way, the CONAMUSA, with the support of the Regional Technical Support Centre for Latin America & the Caribbean (CRAT), has promoted the development of the “Social Dialogues: Sustainable Civil Society”, so that civil society involved in the national responses to the HIV and TB epidemics can build collectively a shared vision on this transition process, its challenges and opportunities, as well as an action plan which will then be an input for the negotiations with the Global Fund within the framework of a future grant.

**Objectives**

The **general objective** was to implement and accompany civil society in a methodological process to assess risks and needs related to sustainability, and to plan actions from the civil society perspective within the context of a sustainable transition of grants from the Global Fund in Peru.

The **specific objectives** were:

1. To strengthen the dialogue between civil society and communities about the opportunities and risks of a sustainable transition in Peru, as well as about their technical assistance needs to cope with it successfully.
2. To mobilize the response of civil society and communities of Peru by means of a planning process addressing the challenges of a sustainable transition.
3. To disseminate the results of the methodological process among the key actors of the responses to HIV and TB in Peru.
The "Social Dialogues: Sustainable Civil Society. A Proposal to Support Civil Societies of HIV, Tuberculosis and Malaria in the Transition Processes of Latin America and the Caribbean Countries" methodology, designed by the CRAT³, intends that civil societies of each country start a process of reflection not only on the transition of the financial support from the Global Fund and other donors for the national responses to the epidemics, but also on the changes in the international commitments in the field of health and in the epidemiological and demographic scenarios. The aim is that they can reach a shared vision on the situation with which they can rethink the role they must have within this new context and that they can outline an action plan.

This methodology was applied during June and July, 2017, and has two stages. The first one, oriented to the construction of a shared vision, was focused on:

1. obtaining and systematizing information about the transition situation in financial, epidemiological, and population terms, as well as in terms of national and international commitments, to present it to civil society
2. identifying and interviewing experts and key actors to collect information and additional opinions⁴
3. summoning a meeting to present that information so that civil society can analyze it with the aim that, based on the discussion questions asked, it can build a shared vision on the transition situation, on the challenges it implies, and on the role civil society must play in it

That reflection led to the second methodological stage. It was oriented to the preparation of an action plan (by a commission created for that purpose) including civil society’s training and technical assistance needs, so that it can assume its new role within the transition context and it can receive the support it requires (either from the Global Fund, its ongoing or forthcoming programs, the State, or their own installed capacities). Then, the preliminary product was socialized by electronic means and it received feedback from participants by the same means. Finally, the product was presented publicly and became an input for the transition plan the CONAMUSA will negotiate with the Global Fund.

Additionally, and at the request of the CONAMUSA, a mechanism to verify the knowledge generated was designed and implemented during the process by applying brief surveys before and after it, whose results are summarized in Annex 2.

⁴ See the list of interviewees and participants at each methodological stage in Annex 1.
HIV and Tuberculosis Situation in the Country, and their Status with respect to the General Disease Burden

Peru has a population of more than 31 million inhabitants, with an average age of 28.4 years, with a demographic dependence ratio of 58.5%, and an aging index of 29.9%. 75.9% of the population lives in urban areas and 24.1%, in rural areas. Illiterate population over 15 years old accounts for 7.1%, which corresponds to 10.6% of women and 3.6% of men. 19.7% of that population lives in rural areas and 3.7%, in urban areas. Furthermore, 54.1% of the population is part of the economically active population (EAP) and only 42.3% of the population has some type of health insurance⁵.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated in 2016 that in Peru there would be 70,000 (55,000 – 94,000) people living with HIV: 50,000 (39,000 – 67,000) men over 15 years old, 19,000 (16,000 – 26,000) women over 15 years old, and 1,300 (<1,000 – 1,900) children and adolescents. National prevalence would be of 0.3% in adults and annual deaths related to AIDS would amount to 2,200 (1,400 – 3,500). Regarding the treatment cascade, 60% (43,000) of people living with HIV have access to antiretroviral medicines and 35% (24,000) of them achieved viral suppression⁶.

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Ever since the first HIV case was reported in Peru, in 1983, the epidemic has prevailed in key populations. The last Sentinel Surveillance conducted in 2011 found a prevalence of 20.8% in transsexual women, of 15.1% in gay people, of 6.6% in bisexual people, and of 3.4% in other men who have sex with men. However, strategies for prevention and diagnosis aimed at these populations have reduced their outreach significantly over the past years, reaching less than 5% of these populations⁷.

In the case of female sex workers, HIV prevalence decreased from 2.80% in 2008 to 0.50% in 2012 and to 0.38% in 2014⁸. However, another study on clandestine female sex workers of Lima and Callao identified a prevalence of 2.6% in 2003⁹, which reflects the need for further research on what happens with these populations.

As for people deprived of liberty, the last prevalences were of 0.4% in 2004 and of 0.6% in 2007. According to the First 2016 National Penitentiary Census, 0.5% of the penitentiary population has an HIV diagnosis: 305 men and 52 women, which makes a total of 357. Furthermore, 88.5% of that people have been diagnosed by a health professional, and 82% of them (259) receive medical treatment¹⁰.

The highest burden of HIV and AIDS cases are in the coast and in the rainforest of the country. Two thirds of notified cases are in Lima and Callao, where a third of the national population lives. In Metropolitan Lima, the most affected districts are Lima, San Martín de Porres, San Juan de Lurigancho, Rimac, and Santa Anita¹¹.

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⁷ Periodic health care services for transsexual, gay, and bisexual people, and men who have sex with men offered by the MINSA have reached 7.06% of these people in 2011, 6.10% in 2012, 5.95% in 2013, 4.02% in 2014, 4.20% in 2015, and 2.55% in 2016 (as of the third quarter of each year). With respect to the population of transsexual women, they reached 0.98% in 2014, 3.80% in 2015, and 2.53% in 2016 (as of the third quarter of each year). See: MINISTERIO DE SALUD (MINSA). Hoja de monitorización de la ESNITSS. Access by means of an action for access to public information.


A particular situation was identified in indigenous communities of the Peruvian rainforest. In 2004, in the Chayahuíta community of Datem del Marañón, in Loreto, an HIV prevalence of 7.5% and a syphilis prevalence of 6.3% were found. Furthermore, between the years 2000 and 2014, the Ministry of Health (MINSA) has notified 664 HIV cases in the provinces of Condorcanqui and Bagua, in the Amazonas region, where most part of the rural population is made up of indigenous communities. Regarding exposure categories, 74% claimed to have heterosexual relations; 19.2%, homosexual relations; 1.4%, bisexual relations; 1.4% did not specify it; and 4.1% indicated mother-to-child exposure. In 2014, the Condorcanqui Health Network registered 244 HIV cases, which are equivalent to 54% of the number of cases notified in Amazonas. Estimated HIV prevalence reached 2.1% and mortality, 44%, and an ethnographic study of that same year identified a mortality rate of 63%. The man/woman ratio in these territories is of 2 to 1. In these populations, rates of initial treatment have reached 6% in 2012 and 23% in 2014\(^1\).

\(^1\) CONAMUSA (2015), óp. cit., pp. 7-8.
Ever since the highly active antiretroviral therapy (HAART) was introduced in 2004, HIV-related mortality decreased by 40%. As of December 2014, a little more than 26 thousand people received treatment, which corresponds to 36.4% of the number of people living with HIV estimated for that year or to 66% of people who had been diagnosed.

Furthermore, TB is the main cause of morbidity and mortality among people living with HIV in our country. 66% of people infected with TB have been diagnosed with HIV, so the coinfection rate amounts to 6%. In 2013, 64% of people having this coinfection started receiving antiretroviral therapy, and the antituberculous therapy reached a success rate of 67%, according to MINSA figures.

Peru has an estimated TB prevalence of 159 per each 100,000 inhabitants, an estimated incidence of 121 per each 100,000 inhabitants, and an estimated mortality of 6.8 per each 100,000 inhabitants, according to figures of the 2015 Tuberculosis Profile of the World Health Organization (WHO). In 2013, the MINSA notified 31,052 TB cases. 3.9% of new cases (850) and 35% of retreatment cases (1,200) were of multidrug-resistant tuberculosis (MDR-TB), and for this reason our country ranked first in the Americas regarding this type of infection. Besides, over the past years, a growing trend of resistant TB forms has been registered, as between 2013 and 2014 the number of registered MDR-TB cases and extensively drug-resistant tuberculosis (XDR-TB) cases has increased by 4%.


\[^{13}\text{Ibid., p. 13.}\]
70% of people infected by TB are poor or extremely poor. According to MINSA reports, the Madre de Dios, Ucayali, Loreto, Lima, and Ica regions have had an incidence above the national average, and all together account for 72% of new notified cases. The capital city alone has 60% cases and, in turn, the highest percentages of cases are registered in the districts of San Juan de Lurigancho, Rimac, La Victoria, El Agustino, Ate, Santa Anita, and Barranco. Districts with the biggest disadvantages with respect to the Human Development Index (HDI) are those with the highest TB incidence, and 83.1% of MDR-TB cases are in Lima and its districts.

Source: TB epidemiological surveillance. MINSA/DGE
The age average of people with TB is 35 years old. 52% of people affected by this disease are between 15 and 35 years old, which means that TB affects mainly the youngest EAP. 33.2% of people affected are unemployed, retired, or preschool-age children, and 19.3% of people affected are students at various levels of education. 7.5% of cases which were notified between 2013 and 2014 where in people under 15 years old, and that percentage has remained stable over the last five years. Moreover, 2% of the total number of XDR-TB cases have occurred in people under 15 years old and 7%, in adolescents between 15 and 17 years old.¹⁵

According to the First 2016 National Penitentiary Census, 4.3% of people deprived of liberty have TB: 3,210 men and 57 women, and together they make a total of 3,267 people. 95% of them have an official medical diagnosis and, in turn, 53.1% of them (1,649) receive medical treatment. According to the MINSA, TB incidence in this population is 25 times higher than in the general population, and in the year 2014, the number of reported MDR-TB cases were four times greater than in previous years. In parallel, over the past years a weakening of diagnosis and care initiatives aimed at these populations has been registered. 22% of deaths of penitentiary population is related to TB, either due to late diagnosis and treatments or due to untreated comorbidities, making it the main cause of death in this human group.²⁰

**Plans of the Country for Responding to HIV and Tuberculosis**

Peru has strategic plans which guide the national response to each epidemic:

- The 2015–2019 Multisectoral Strategic Plan for STI, HIV and AIDS Prevention and Control has the aim to promote that people living with HIV, key populations, and vulnerable populations can access quality services of promotion, prevention, care, and comprehensive treatment for STIs and HIV which fully respect their rights, with the participation of the various actors and sectors involved. Its objective is to strengthen the response to the epidemic with an inclusive and rights approach. It has six specific objectives oriented to:
  - (1) prevention
  - (2) strengthening of diagnosis and treatment
  - (3) reduction of rights barriers faced by affected, key and vulnerable populations
  - (4) strengthening of multisectorality
  - (5) strengthening of the MINSA’s management and governing role
  - (6) strengthening of the information, monitoring and assessment systems

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¹⁷ MINSA, op. cit., p. 84.
¹⁸ The MINSA’s Análisis de la situación epidemiológica de la tuberculosis en el Perú 2015 (2015 Analysis of the epidemiological situation of tuberculosis in Peru) illustrates this situation with the case of the detention facility with the highest holding capacity in the country (the Lurigancho prison), where, "with the support of projects of the Global Fund, the control program was reinforced and facilities were improved to provide care services to people deprived of liberty affected by TB. However, over the past years, a weakening of the system has been observed, which is a signal of a greater risk of TB transmission and of the increase TB and MDR-TB cases in people deprived of liberty" (p.85). As for the concept note currently under implementation with the support of the Global Fund, it indicates that “the most important gap is the deficiency in the response to TB which can be observed in prisons in the country” (p. 34).
¹⁹ CONAMUSA (2015), op. cit. p. 11.
The 2009-2018 Multisectoral Strategic Plan of the National Response to Tuberculosis in Peru has the vision that, at the end of its period of validity, the State and civil society cope with tuberculosis and its social determinants with an approach based on human rights, equity, and interculturality, in an integrated and efficient manner. For this, it foresees six results:

1. all people affected receive treatment
2. the most vulnerable populations and those most exposed to the disease see their risk of infection decrease
3. the general population is duly informed about tuberculosis
4. people affected participate in an organized manner in their recovery and in the national response
5. social programs and health services are strengthened
6. there is a multisectoral response at the three government levels

The fight against these epidemics is also present in other national plans. Populations affected by HIV as well as those affected by TB have been prioritized, among others, in the 2014-2016 National Human Rights Plan (NHRP), and the Ministry of Justice and Human Rights (MINJUS) has announced its inclusion, along with the explicit reinstatement of LGBTI groups (lesbian, gay, bisexual, transgender and intersexual people), in the new plan foreseen for 2017-2021. Furthermore, from the Ministry of Women and Vulnerable Populations (MIMP), the 2012-2017 Gender Equality National Plan expressly considers the protection of women living with HIV. Among its results, that plan foresees that rural health services disseminate information about STIs and HIV, and that health services guarantee free medicines for people affected by this epidemic. Moreover, the 2016-2021 National Plan against Gender-Based Violence explicitly includes violence against women living with HIV as a form of gender-based violence and, therefore, it seeks to change underlying sociocultural patterns.

National and International Financing of the Responses to the Diseases: Recent Evolution and Future Projections

Over the past years, Peru has progressively increased public investment in health within the framework of the Universal Health Coverage and of the Health Sector Reform, with which it is expected that the entire population of the country will be covered by some type of health insurance system in the next decade.

Public resources used against these epidemics are articulated in the 0016 TBC-VIH/Sida (TB-HIV/AIDS) Budgetary Program which aims at ending the TB, HIV/AIDS, hepatitis, and syphilis epidemics as public health threats. For the year 2017, public resources reach 700 million soles and, by the end of June, a budget implementation level of 35.9% was registered²¹

An analysis of HIV financing in Peru conducted by the CONAMUSA determined that, in 2012, 78.7% of resources came from the State; 15.1%, from international cooperation not related to the Global Fund; and 2.1% was directly linked to that institution. With respect to the structure of expenditures, 30.6% of resources were used for care services for people living with HIV, including HAART provision, while 7.6% were used for initiatives in key populations, which would only represent 16.6% of the budget needed to effectively provide care services for them.

The public budget for HIV has multiplied over the past years. Nevertheless, the quality of expenditures remains a key problem. For instance, it has been registered that around 70% of the budget for results (known in Spanish as PPR) is implemented to pay staff in payrolls or hired by service administrative agreements who are not necessarily linked to the response to the epidemic, while only 8.4% is used to purchase goods such as condoms, diagnostic tests, and treatment for STIs.

In 2015, the CONAMUSA summoned National Dialogues to prepare the concept notes for HIV and TB. In those dialogues, the State and civil society identified the main financing gaps for coping with both epidemics:

- In the case of HIV, the following initiatives stand out:
  - prevention programs aimed at key populations
  - comprehensive sex education; involvement and continuous training of health staff on HAART
  - development of new capacities for citizen advocacy, surveillance, and monitoring of organizations of people affected and vulnerable populations
  - intersectoral coordination
  - reinforcement of the National Health Strategy’s capacities

Moreover, the work with priority populations (transsexual women, indigenous communities, and men who have sex with men under 25 years old) was identified as a pending task.

- In the case of TB, the following stand out:
  - initiatives in detention facilities (active case-finding; bacteriological, complementary and drug-resistance diagnosis; and treatment provision)
  - intravenous home therapy for XDR-TB
  - implementation of shelters for patients whose homes do not have appropriate conditions
  - HIV-TB coinfection treatment
  - strengthening of patient organizations
  - epidemiological information management

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23 Ibid.
25 Ibid.
Those concept notes resulted in two grants of the Global Fund being approved and under implementation, with a total budget of more than 26 million US dollars to be implemented between 2016 and 2019. The project related to HIV, called Expansión de la respuesta nacional al VIH en poblaciones clave y vulnerables en áreas urbanas y en la región amazónica del Perú (Expansion of the national response to HIV in key and vulnerable populations in urban areas and in the Amazon region of Peru), intends to launch a culturally adapted initiative for prevention, diagnosis, and care services for the indigenous Amazon population. It also seeks to increase prevention and diagnosis coverage for key transsexual populations and other men who have sex with men, and their linkage to antiretroviral therapy services. As for the project related to TB, called Mejorar la respuesta nacional a la tuberculosis en grupos prioritarios (PPL, TB DR y TB-VIH) y fortalecer el sistema comunitario (Improving the national response to tuberculosis in priority groups—PDL, DR-TB, and TB–HIV—and strengthening the community system), it seeks to strengthen the management of XDR-TB cases at home and community levels, initiatives for people deprived of liberty, and the management of measures against the TB–HIV coinfection.

Experiences in favor of Political and Financial Sustainability

The most memorable experiences of sustainability regarding successful initiatives of Global Fund programs in the country are referred to the Program of Round 2. It established universal and cost-free access to HAART for HIV and to the directly observed treatment, short course for MDR-TB (DOTS-Plus). In both cases, treatments have been included in public budgets and their coverage have been expanded progressively. To achieve this, both citizen pressure from groups of patients and the political will of health and economy authorities, among other sectors, converged. Besides, the gradual transition of funds for these components served as a condition precedent for the contract with the Global Fund for the continuation of the second phase of those programs.

This emblematic experience was possible thanks to the convergence of wills of the State, civil society and international cooperation, but has not been repeated in comparable levels. Nevertheless, in coordination with the CONAMUSA’s Technical Secretariat, three recent experiences of civil society sustainability were identified, and their operators presented them during the “Social Dialogues” workshop:

- The Asociación de Personas con Tuberculosis (ADEPAT, Association of People with Tuberculosis) of Loreto supports affected people, their families, and communities. It organizes awareness-raising and community education activities, and monitors the quality of public services. In an area inside the regional hospital of Loreto, an organic garden has been developed. It is managed by affected people themselves, who, within the framework of their recovery, take over the tasks of sowing, harvesting, and selling the products. This way, they contribute to improve their personal and family economy, which is one of the key areas which define vulnerability to this epidemic.

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²⁶ GLOBAL FUND (n.d).
The Comunidad Homosexual Esperanza para la Región Loreto (CHERL, Homosexual Community of Hope for the Loreto Region) has achieved the approval of the 2016-2021 Regional Plan against Discrimination due to Sexual Orientation or Gender Identity. This is the sole document of its kind in the country which proposes a joint work of the various subnational State bodies to respond to the vulnerability of rights experienced by LGBTI people and communities²⁷. This achievement was possible within the framework of a multilevel strategy for the promotion of regional, provincial and district ordinances against discrimination. This was strongly promoted by the continuous presence of their spokespersons in local media, in dialogue roundtables with State representatives, and on the streets, with citizen mobilizations on symbolic dates. These actions have been mainly financed by international cooperation and the voluntary work of their activists. Currently, with the approved plan, it is expected that the State will gradually take over the financing of their human rights promotion actions.

The Asociación Diversidad San Martinense (DISAM, San Martin Diversity Association) leads the management of Tarapoto’s LGBT Community Center, which is a forum for HIV and STI prevention and diagnosis for key populations and the general population, as well as for the promotion of human rights of LGBTI people and communities, in partnership with the State. This initiative is the result of a tripartite agreement among:

- the Provincial Municipality of San Martin, which pays the rent of the facility
- the San Martin Health Network, which has assigned staff, equipment, and consumables to that facility so that the Periodic Health Care Unit (UAMP) for HIV provides care hand in hand with the community organization
- the community organization itself, which contributes with their team of promoters and volunteers

This way, the outreach of prevention and diagnosis strategies for key populations has multiplied in a community environment as a result of the joint work between the State and civil society.

²⁷ The 2016-2021 Regional Plan against Discrimination due to Sexual Orientation or Gender Identity was approved as an “instrument of concerted action and democratic participation of the LGBT population of the Loreto region, as well as a valid forum for discussion and consultation with the Regional Government of Loreto and other public and private institutions” by means of Regional Ordinance 027-2016-GRL-CR. Its mission is that district governments, provincial governments, and the regional government of Loreto adjust and implement public policies against discrimination due to those reasons, and, to that effect, 5 strategic objectives were set, which are oriented (1) to document discrimination, (2) to promote access to comprehensive health services, (3) to basic education, (4) to job opportunities, and (5) to reinforce rights protection systems. It does not have its own budget given the fact that, as it involves multisectoral responsibilities, activities “are charged to the budget of each of the committed budget lines” (p. 77). The monitoring and assessment, as well as meetings, workshops, and seminars, are the responsibility of the Sub-Division of Social Programs of the Social Development Division of the Regional Government of Loreto, and they are charged to its institutional budget and to the funding which may be obtained from international cooperation. See: GOBIERNO REGIONAL DE LORETO (2016). Plan Regional contra la Discriminación por Orientación Sexual e Identidad de Género en Loreto 2016-2021. Loreto, pp. 45-72.
Risks

The main risks perceived by participants were related to the insufficient political will of the State and its authorities for the continuation and progressive expansion of initiatives aimed at underserved communities with a high impact of the HIV and TB epidemics, mainly when there are social prejudices and valuations against those communities which have historically had an impact on their human and citizen condition, as it happens with LGBTI people, indigenous communities, and people deprived of liberty, among others. This would be reflected on:

- budget allocations which do not respond to the differentiated impacts of these epidemics nor to the urgency of immediate intervention
- the non-continuation of successful strategies financed by Global Fund programs
- the little flexibility to work in cooperation with civil society organizations—particularly with affected and vulnerable communities—in the design, implementation, and monitoring of initiatives

Another situation mentioned repeatedly is the lack of trust between authorities and representatives of the State, and members of civil society. This impedes the possibility of collaborative experiences to expand prevention, diagnosis and care coverage. Non-State actors not only mistrust authorities, but also perceive that they prefer not to work with civil society. Given this situation, creating links of trust and collaboration is a must to achieve a successful transition.

Civil society actors also point out the irregular participation of representatives of State actors from sectors other than health in coordination forums such as the CONAMUSA or the participation of representatives with no sufficient powers to make programmatic or financial decisions in their corresponding sectors. Although specific cases of decision makers with political will to work on these agendas were mentioned—mainly at subnacional levels (regional and local governments)—, emphasis was made on their exceptional occurrence and on how vulnerable the sustainability of actions transferred at these levels is, which might not be continued in the future given the multiplicity of political actors who vie for these governments and the high percentage of changes occurring from one election to the next.

Another source of concern is the weak institutional structure of the Peruvian State. Participants claim that changes of government and of minister of health usually create uncertainty regarding the continuation and relevance of initiatives against these epidemics. The withdrawal of Global Fund support may put at risk the continuation of the CONAMUSA as a forum for coordination between the State and civil society. Therefore, it is urgent to reinforce it and make its achievements visible, as well as to renew its political commitment.
This is aggravated by the consolidation of anti-rights groups. Over the past months, they have been systematically attacking the meagre progress made by the country in terms of gender equality, and have finally achieved the removal of the mention of this approach and of the explicit prohibition of discrimination due to sexual orientation and gender identity from different regulatory instruments of national scope. Additionally, there has been an *actio popularis* against the National Curriculum of Regular Basic Education to eliminate the gender equality approach reflected, for instance, on contents of comprehensive sex education. This creates not only a hostile environment to cope specifically with the HIV epidemics, but also to cope with disparities based on gender, which are directly linked to both epidemics and to the contexts which make them continue. These situations have a correlation with the social discourse which does not only prevent public health and human rights policies from being established, but also increases the vulnerability of these groups to the extent that, mainly over the past months, physical assaults, cyber-bullying, and harassment against feminist and LGBTI activists who have appeared in the media discussing these issues have been registered.

Additionally, it is perceived that both epidemics no longer receive enough attention from the media and those responsible for establishing national and subnational policies, with some exceptions, as a problem of public health and rights which is relevant for society as a whole. This should not affect the course of State policies in health and human rights against both epidemics. However, that weakness makes this issue relevant. Furthermore, participants indicated the lack of updated strategic information about the situation of those epidemics, particularly regarding specific populations such as pregnant women or sex workers. This has an impact on the design of effective and efficient strategies, as well as on resource planning and allocation.

They also consider that the management of the transfer to the State, within the framework of projects financed by the Global Fund, has been deficient. This aspect is usually postponed for the closure plans of initiatives instead of guaranteeing from the beginning the significant involvement of public and private actors relevant for generating commitments enabling the continuation and expansion of achievements made. In this regard, the CONAMUSA’s Technical Secretariat has informed that ongoing grants foresee plans for sustainability which will accompany their implementation from the beginning to the end, which caused great expectation among participants.

The reduction of international cooperation resulting from the entrenchment of Peru as a country with medium-to-high income and investment grade ratings, as well as from changes in priorities and the destination of contributions in development (including the emergence of new global agendas, such as the refugee crisis in Europe), is considered to be one of the main risks, as most innovations in the responses to the epidemics and the support for the functioning of civil society have been chiefly based on that source over the past decades. Public budgets have multiplied over the past years and have been taking over the financing of treatments for HIV and TB. However, some components still depend almost exclusively on cooperation from the Global Fund. Some of them are: prevention and diagnosis initiatives for key populations of transsexual people and men who have sex with men, intercultural pilot projects in indigenous communities to prevent HIV, and the treatment for XDR-TB.
With respect to society itself, the following aspects have been pointed out:

- a weakening characterized by a gradual decrease in the number of actors (either NGOs or community-based organizations) participating actively in coordination and action forums
- lack of renewal of community leaderships and of incentives so that the most vulnerable and affected communities take over a more active citizen role facing these epidemics and other human rights problems
- reduction in resources for developing actions oriented to the promotion and reinforcement of its organizational structure
- lack of knowledge on technical State management tools, such as the PPR, and on other instruments which would enable its meaningful participation, such as having good command of the English language.

One of the main unknowns which emerged from this process was which the financing source for civil society actions would be.

**Opportunities**

Planning a sustainable transition of the HIV and TB epidemics’ national responses related to the progressive withdrawal of Global Fund cooperation offers civil society the opportunity to take a critical look at its roadmap, its capacities, and its role in the future. This process leading to the construction of a shared vision and an action plan highlights the urgent need to generate links of trust and collaboration with the State, and to take over a new role which does not neglect citizen monitoring nor political advocacy, but rather makes civil society increasingly technical as it generates lessons from changes in State management and as it develops prevention, diagnosis, treatment, and human rights services in partnership with the public sector. This new role will also need knowledge management, the replication of best practices and lessons learned, and the dialogue with the academia. This way, the agenda and actions of civil society can include innovations and new knowledge to manage measures against these epidemics in a more effective manner.

Changes in State management are seen as opportunities which must be seized to achieve a sustainable transition, mainly:

- the health sector reform
- decentralization (which entrusts duties to local governments)
- annual planning processes of evidence-based budgets for results (PPR)
- mechanisms for citizen participation (such as participatory budgets)
- concerted development plans (which can enable the planning and public financing of citizen initiatives in partnership with local and regional governments to cope with the epidemics and contexts of violation of rights of affected populations and the most vulnerable populations)

However, to use these mechanisms it is necessary to develop capacities in civil society actors, as well as to identify resources allowing them to commit the time and efforts of their technical and community profiles.
The framework of international commitments the Peruvian State has undertaken is also an opportunity, as it sets a horizon with which national goals and programs must be aligned. This way, the Sustainable Development Goals (SDGs) as well as strategies and recommendations of specialized international organizations (the 90-90-90 goals; the UNAIDS Fast-Track strategy; and guidelines derived from recent research, such as those regularly issued by the Pan American Health Organization regarding HIV, as well as the WHO Stop TB Strategy) are reference standards. Their content has enabled the country to guide existing plans and policies, such as the multisectoral strategic plans for each epidemic. In this sense, the forthcoming issuance of a new 2017-2021 National Human Rights Plan is also an opportunity, although it has been identified that the process of civil society participation has stopped.

The recent arrival of the new Director of the UNAIDS office for Peru, Ecuador and Bolivia (which took concrete form during this process) is also seen as an opportunity, as it can add a new partner to the national political dialogue towards a sustainable transition. More generally speaking, the permanence of international and multilateral actors is read as an endorsement to civil society efforts to put on the agenda the most urgent elements of the responses to the epidemics. In this line, the need for a greater coordination with these actors has been identified, as they can become partners of civil society to reinforce its capacities and to offer advice on resource mobilization strategies.

The existence of ongoing grants from the Global Fund and of a new grant is also mentioned as an opportunity to address sustainability in a comprehensive manner. It is not only useful for including the question of the transfer of successful components of these initiatives to the State in the political debate with national authorities, but also for resuming experiences which, in spite of being successful, have been discontinued and have worsened the situation of specific populations vis-à-vis these diseases.

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The existence of forums for coordination with the State in which various civil society groups participate has also been considered to be positive, such as the CONAMUSA and its regional versions of COREMUSAs, the National Health Council (CNS), and the Mesa de Concertación contra la Pobreza (Board for the Fight against Poverty), among others. Nevertheless, it was mentioned that State participation—and mainly of sectors other than health—is not regular and does not engage the highest government levels with pragmatic and budgetary decision-making power. This affects the impact these forums may have to reach consensus and sustainability. However, based on experiences shown in the process, it has been identified that advocacy to achieve sustainability must take place not only at central or national level, but also at regional and even provincial levels, according to the powers of each government level.
Participants of the “Social Dialogues” workshop reassessed which the role of civil society should be within the context of transition processes in four key areas: (1) prevention, (2) care and treatment, (3) surveillance and advocacy (also human rights), and (4) organizational and community aspects. This way, the following chart was obtained:

<table>
<thead>
<tr>
<th>Role</th>
<th>Prevention</th>
<th>Care and Treatment</th>
<th>Surveillance, Advocacy, and Human Rights</th>
<th>Organizational and Community Aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Educate and raise awareness in society</td>
<td>Provide services in partnership with the State to increase coverage</td>
<td>Promote compliance with HR and health standards</td>
<td>Strengthen an active civil society in the responses to HIV and TB</td>
</tr>
<tr>
<td>Example</td>
<td>Peer strategies, awareness-raising activities for health workers and for citizens in general, promotion of comprehensive health</td>
<td>Counseling services, tests, and linkage to health services</td>
<td>Advocacy for the formulation of public policies in HR and health which include the continuation of successful strategies financed by the Global Fund, the monitoring of the quality and scope of public services, the PPR and HR instruments HR (PEM, NHRP, etc.)</td>
<td>Coordination among social actors working in the fields of HIV and TB, reinforcement of their participation in forums with the State, and consolidation of their leaderships and capacities, mainly to play the three roles previously mentioned</td>
</tr>
<tr>
<td>Contribution to sustainability</td>
<td>Improvement of the social environment</td>
<td>Improvement of service provision and quality</td>
<td>Improvement of the quality of prevention, care and treatment services</td>
<td>Existence of a social subject who will monitor and promote the initiatives’ sustainability</td>
</tr>
<tr>
<td></td>
<td>Increase in coverage by means of the joint work between the State and civil society</td>
<td>Increase in coverage by means of the joint work between the State and civil society</td>
<td>Improvement of the quality of public expenditure</td>
<td></td>
</tr>
</tbody>
</table>
Based on this analysis, the role of civil society within the context of transition processes can be defined as a role for:

(1) developing prevention, care and treatment services in partnership with the State to contribute to expand coverage and improve the quality and warmth of services

(2) monitoring compliance with standards and commitments of the Peruvian State in the fields of HR, HIV, and TB

(3) evidence-informed political advocacy at the different State levels and sectors to achieve a sustainable transition

(4) coordination among civil society actors working in the fields of HIV and TB to strengthen themselves and contribute effectively to improve the national responses to both epidemics

In a transversal way, a knowledge management perspective allowing to identify best practices and lessons learned, as well as to disseminate them and transfer them to the State, must be included.
According to the intersectionality approach, exclusion and power relations between individuals and communities are not simply the sum of categories of exclusion or privilege—such as gender, sexual orientation, and ethnicity, among others—but the way they interact with each other in the experience of each individual and community, and how they end up putting them in a specific position of power relations, subordination, and even dehumanization. This way, this approach depends greatly on the complexities of each individual’s experience and provides responses which address exclusion focusing on the various factors of which it is composed and which accentuate it.

Considering the role civil society in the responses to HIV and TB in Peru seeks to play, workshop participants pointed out the following training and technical assistance needs:

- For the provision of prevention, diagnosis and treatment services for HIV and TB:
  - Regular updating about the situation of the epidemics, international recommendations, and new advances in prevention, care, and treatment.
  - Updating in counseling and peer support techniques.
  - Training for the design and development of prevention, care and treatment services (provision, reporting, and monitoring), including internships in ongoing experiences.

- For the promotion and monitoring of compliance with standards and commitments in health and human rights related to HIV and TB:
  - Training for the inclusion of the human rights, gender, interculturality, and intersectionality²⁸ approaches in monitoring and advocacy actions.
  - Training for the monitoring of the PPR and other public management tools.
  - Training on mechanisms for citizen participation, with emphasis on participatory budgets and other relevant subjects.
  - Training on the State’s commitments in health and human rights, and their national and international follow-up mechanisms.

- For the organizational reinforcement of civil society working in the fields of HIV and TB:
  - Accompaniment for the reinforcement of community organizational processes.
  - Training on strategic planning and organizational management.
  - Training on innovative resource mobilization strategies.
  - Training on tools for activism: basic computing, use of social media, and English (for an effective participation in international monitoring and advocacy forums), among others.

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The main risks perceived by participants were related to the insufficient political will of the State and its authorities for the continuation and progressive expansion of initiatives aimed at underserved communities with a high impact of the HIV and TB epidemics, mainly when there are social prejudices and valuations against those communities which have historically had an impact on their human and citizen condition, as it happens with LGBTI people, indigenous communities, and people deprived of liberty, among others. This would be reflected on:

Another situation mentioned repeatedly is the lack of trust between authorities and representatives of the State, and members of civil society. This impedes the possibility of collaborative experiences to expand prevention, diagnosis and care coverage. Non-State actors not only mistrust authorities, but also perceive that they prefer not to work with civil society. Given this situation, creating links of trust and collaboration is a must to achieve a successful transition.

Civil society actors also point out the irregular participation of representatives of State actors from sectors other than health in coordination forums such as the CONAMUSA or the participation of representatives with no sufficient powers to make programmatic or financial decisions in their corresponding sectors. Although specific cases of decision makers with political will to work on these agendas were mentioned—mainly at subnacional levels (regional and local governments)—, emphasis was made on their exceptional occurrence and on how vulnerable the sustainability of actions transferred at these levels is, which might not be continued in the future given the multiplicity of political actors who vie for these governments and the high percentage of changes occurring from one election to the next.

Another source of concern is the weak institutional structure of the Peruvian State. Participants claim that changes of government and of minister of health usually create uncertainty regarding the continuation and relevance of initiatives against these epidemics. The withdrawal of Global Fund support may put at risk the continuation of the CONAMUSA as a forum for coordination between the State and civil society. Therefore, it is urgent to reinforce it and make its achievements visible, as well as to renew its political commitment.

Objectives

The general objective of the plan is:

- GO. To contribute to the continuation and expansion of successful strategies against HIV and TB financed by programs of the Global Fund in the country, by including them progressively in national plans and budgets before 2021, and with the active participation of civil society.

The specific objectives of the plan are:

- SO1. To reinforce the joint work and capacities of civil society involved in the national responses to HIV and TB for a sustainable transition of both epidemics.
- SO2. To promote the transfer to the State of successful strategies against HIV and TB financed until now by the Global Fund.

Expected Results

The expected results of the plan are:

- R1. The joint work of civil society on HIV and TB for a sustainable transition of both epidemics is reinforced. The first expected result is the reinforcement of the various civil society actors (NGOs, academia, religious associations, and networks of affected or vulnerable populations) involved in the responses to both epidemics, so that they take a comprehensive look at them, strengthen themselves reciprocally, and participate in other civil society forums in health and human rights allowing them to promote more effectively their advocacy agenda in favor of a sustainable transition. It is specifically suggested that this joint work occurs via the CONAMUSA as an already legitimized forum linking civil society to the State. This result will also imply the reinforcement of civil society participation in the CONAMUSA at a national level and in COREMUSAs at a subnational level, in line with the provisions of the PEMs of both epidemics, as well as in other participation mechanisms of the health sector, such as the CNS. This component will be assessed based on the number and size of organizations which participate actively in the process towards a sustainable transition.

- R2. Capacities of civil society on HIV and TB for the design, implementation, and monitoring of programs for prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB in partnership with the State are reinforced. The second
expected result is oriented to the development or reinforcement of capacities of civil society actors linked to the responses to both epidemics, so that they effectively play the new role they have identified as the one they must have within the framework of transition processes. This way, the reinforcement of capacities will cover three areas:

(1) provision of prevention, care, and diagnosis services
(2) promotion and monitoring of compliance with standards and commitments in health and human rights
(3) reinforcement of their political advocacy, so that they can contribute effectively to the other two dimensions of their new role

This result will be assessed based on the number of initiatives civil society implements in partnership with the State.

• R3. The State takes over and expands successful strategies for prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB financed until now by the Global Fund, with the active participation of civil society. The third expected result is directly related to the transfer of initiatives which currently depend on international cooperation, mainly from the Global Fund, or which have even been discontinued after having received funding from that institution, to State programs and public budgets. For this, civil society will promote:

  • a prioritization process
  • a political dialogue with the State at its national level and its subnational levels for the alignment of criteria
  • political advocacy to achieve a sustainable transition of those components

This result will be assessed by monitoring the percentage of prioritized strategies which are continued or expanded by the State once they no longer depend on international cooperation.

Activities

The activities needed to achieve Result 1 are:

• A1.1 Creation and operationalization of a coordination mechanism for civil society on HIV and TB linked to the CONAMUSA. One of the most valued achievements for civil society is the creation and continuation of the CONAMUSA as a forum for coordination among the State, civil society (affected and vulnerable communities, NGOs, and the academia, among others) and cooperation agencies. However, it has also been mentioned that, over the past years, the number of non-State actors actively engaged with the operationalization of this forum has decreased and that, besides, there is usually no coordination of joint strategies between actors involved in one epidemic and those linked to the others. For this reason, it is suggested that the CONAMUSA, through its Vice-Presidency—which corresponds to civil society according to its regulation—, makes an open invitation to all civil society actors linked to HIV and TB, so that a citizen coordination mechanism beyond those currently represented
at the CONAMUSA’s Assembly is created. This mechanism will allow civil society actors to coordinate strategies not only to achieve a sustainable transition of the national responses to the epidemics, but also to reinforce their capacities reciprocally, so that civil society itself can be sustainable. Furthermore, this will enable the progressive expansion of the quality of civil society representation at the CONAMUSA. To that effect, the first meeting of this forum must clearly establish the rules and responsibilities undertaken by each actor, from Lima-Callao and the other regions of the countries, on the basis of this action plan. Besides, this forum must have regular meetings to coordinate and monitor agreements.

- Current situation: Throughout this dialogue process, civil society actors have pointed out the need for their representation at the CONAMUSA, mainly its Vice-Presidency, with the support of the Executive Secretariat, to lead a summoning process for civil society actors themselves. However, no progress has been registered in this sense.

- A1.2 Meetings for context analysis and the construction of political consensus. A joint work of civil society involves the design of advocacy strategies before the State at its various levels so that it progressively takes over the continuation and expansion of successful initiatives financed by the Global Fund or the operationalization of international commitments it has undertaken or national policies. It also involves the production of detailed context analysis, the opportunities and risks it faces, and the construction of political consensus among the various social actors of which it is composed, with their different stances and particular interests. For this reason, it is suggested that annual meetings take place to conduct context analysis and build political consensus, first at regional level and then at national level, after having collected the agreements reached at subnational levels.

- Current situation: Various community actors of civil society (communities of LGBTI people, female sex workers, people living with HIV, and people affected by TB, among others) and professionals (NGOs) have coordination or context analysis meetings to reach agreements for joint action at a local, regional and national level. However, these meetings are limited to specific agendas and to actors making part of specific networks or institutional forums which usually have resources from international cooperation. Within the framework of Global Fund programs, meetings for community actors took place to support them in their process of electing representatives at the CONAMUSA. Meetings as those suggested in this document—which allow the joint work of civil society actors involved in the responses to HIV and TB, and focus on building a shared vision and political consensus for action—have not taken place yet.

- A1.3 Monitoring of civil society participation in the CONAMUSA and COREMUSAs, in the CNS, and in other forums for coordination with the State. The active participation of the various civil society actors on HIV and TB in strategic forums for coordination with the State related to these epidemics in particular and to health and human rights in general will be promoted. For this, existing forums at national, regional and local level, as well as civil society actors participating in them will be mapped. Based on this information, civil society actors who are not engaged in these forums yet will be encouraged to participate actively,
The main risks perceived by participants were related to the insufficient political will of the State and the specific capacity-building needs of each actor and, along with the weak institutional structure of the Peruvian State. Participants claim that changes of government and of minister of health usually create uncertainty regarding the continuation and relevance of initiatives against these epidemics. The withdrawal of Global Fund was made on their exceptional occurrence and on how vulnerable the sustainability of actions transferred at these levels is, which might not be continued in the future given the multiplicity of political actors who vie for these governments and the high percentage of changes occurring from one election to the next.

Another source of concern is the lack of trust between authorities and representatives of State actors from corresponding sectors. Although specific cases of decision makers with political will to work on these agendas were mentioned—mainly at subnacional levels (regional and local governments)—, emphasis on how vulnerable the sustainability of actions was made on their exceptional occurrence and on how vulnerable the sustainability of actions corresponding sectors. Although specific cases of decision makers with political will to work on these agendas were mentioned—mainly at subnacional levels (regional and local governments)—, emphasis on how vulnerable the sustainability of actions

Civil society actors also point out the irregular participation of representatives of State actors from civil society working in the fields of HIV and TB have limited involvement in discussion and action forums with agendas beyond these epidemics. Therefore, the visibility and commitment with respect to both health problems—which are also the reflection of deep inequalities—are limited by other citizen actors. For this reason, it is suggested that the participation of civil society on HIV and TB in broader coordination forums for civil society (such as the Board for the Fight against Poverty, or in social forums resulting from hearings of the Inter-American Commission on Human Rights, among others) is promoted. This way, agendas on HIV, TB, and human rights of populations being affected the most by these epidemics will have more citizen actors engaged therein, more visibility, and more chances of achieving a sustainable transition.

The activities needed to achieve Result 2 are:

- **A2.1 Situational diagnosis of civil society working in the fields of HIV and TB, and their innovative experiences in prevention, diagnosis, care, or favorable environments to manage measures against the epidemics.** The first step towards developing services in partnership with the State will be to conduct a detailed diagnosis of capacities already installed in the various civil society actors of each region in the areas of prevention, diagnosis, care, or creation of favorable environments to manage measures against the HIV and TB epidemics. This diagnosis will include an analysis of experiences developed by civil society, mainly of their best practices and lessons learned. As for experiences regarding HIV, systematizations and evidence reported by the Virtual Center for HIV Knowledge Management (CVCC-VIH), a platform hosted by the National Health Institute (INS) server, will be taken into consideration. As for experiences regarding TB, the MINSA will be consulted on the progress made with respect to Strategic Objective 5.6 of the PEM TB, related to knowledge management concerning successful initiatives. This way, this diagnosis will allow to identify the specific capacity-building needs of each actor and, along
with the explicit mention of interests and commitments undertaken by each one of them, it will be possible to design the programs to reinforce capacities described in Activities A2.2, A2.3, and A2.4, which are related in a general way to the subjects mentioned by non-State actors who participated in the “Social Dialogues” workshop.

- Current situation: The INS has a CVCC-VIH, but its scope and operations are currently limited. Within the framework of this process, the CONAMUSA’s Executive Secretariat has announced that, over the coming months, civil society experiences will be systematized.

A2.2 Program to reinforce capacities to develop innovative HIV and TB prevention, diagnosis, and care services. The main change in the role of civil society related to the transition processes of both epidemics is the development of innovative services in partnership with the State in the cycles of prevention, diagnosis, and medical care. There have already been community organizations involved in peer education programs for prevention and in counseling programs for patients, as well as NGOs providing medical care and administering and monitoring treatments. However, these have been isolated experiences, and lesson learned from them are institutional assets which have not been transferred to all civil society actors yet. For this reason, and based on the diagnosis of capacities and commitments of each civil society actor, a program oriented to develop or reinforce knowledge on the following areas will be designed:

- Regular updating about the situation of the epidemics, international recommendations, and new advances in prevention, care, and treatment, mainly via programs using virtual platforms allowing to encourage a dialogue among the academia, NGO operators, and community activists to promote the application of political and technical approaches in the responses to the epidemics.
- Updating in counseling and peer support techniques based on lessons already installed in civil society organizations, mainly of affected communities and vulnerable populations, by means of peer training and mentoring programs.
- Training for the design and development of prevention, care and treatment services (provision, reporting, and monitoring), including internships in ongoing experiences. Since this is the most innovative component of the program, it will need the commitment of the State (with its governing role), as well of national and international NGOs which have developed successful experiences and organizations whose installed capacities and interests enable them to develop innovative services in the future in the short and medium term.

- Current situation: No experiences of this kind have taken place in the country massively. Research or service initiatives of NGOs have been related to training activities aimed at community partners by means of peer programs and programs for HIV diagnosis using quick tests.
A2.3 Program to reinforce capacities to promote and monitor compliance with standards and commitments in health and human rights related to HIV and TB. The most broadly developed task of civil society is related to citizen monitoring and political advocacy for improving the national responses to both epidemics and in favor of human rights. However, changes in State management (the decentralization process and the development of instruments such as concerted development plans, participatory budgets, and the PPR, among others) and the development of international mechanisms for the monitoring of national commitments (such as the UN Universal Periodic Review of the Human Rights Situation or the periodic hearings of the Inter-American Human Rights System, among others) have made monitoring and advocacy processes more complex, and they require the development of increasingly specialized capacities. For this reason, based on the capacity diagnosis (A2.1) and the explicit mention of interests and commitments undertaken by each civil society actor, it is foreseen to develop a program to reinforce capacities of community actors addressing the following subjects:

- Training for the inclusion of the human rights, gender, interculturality, and intersectionality\(^29\) approaches in monitoring and advocacy actions.
- Training for the monitoring of the PPR and other public management tools.
- Training on mechanisms for citizen participation, with emphasis on participatory budgets and other relevant subjects.
- Training on the State’s commitments in health and human rights, and their national and international follow-up mechanisms.

Current situation: Within the framework of previous programs of the Global Fund and other cooperation agencies, training on political advocacy and citizen monitoring has taken place. However, experiences with State management tools have been very limited.

A2.4 Program for the organizational reinforcement of civil society working in the fields of HIV and TB. Essential prerequisites for the success of monitoring, advocacy and service development strategies of civil society are the existence, the progressive reinforcement, and the active role of affected communities and populations with the greatest vulnerability to these epidemics. Their organizations have been constantly supported by the various initiatives of the Global Fund in the country. However, they are still heterogeneous networks and they have multiple capacity-building needs (either due to the impact of exclusion conditions which have not enabled their consolidation, or to the emergence of new actors, or to the processes of leadership renewal without an appropriate transfer of experiences and capacities from one generation of activists to the next). For this reason, based on the findings obtained from the diagnosis (A2.1) and in accordance with community

\(^29\) According to the intersectionality approach, exclusion and power relations between individuals and communities are not simply the sum of categories of exclusion or privilege—such as gender, sexual orientation, and ethnicity, among others—, but the way they interact with each other in the experience of each individual and community, and how they end up putting them in a specific position of power relations, subordination, and even dehumanization. This way, this approach depends greatly on the complexities of each individual’s experience and provides responses which address exclusion focusing on the various factors of which it is composed and which accentuate it.
capacity-building components already established in the concept notes under implementation, it is foreseen to develop processes oriented to the following:

- Accompaniment for the reinforcement of community organizational processes, by means of technical assistance services and mentoring programs allowing the renewal or consolidation of democratic leaderships, a greater capacity to achieve social legitimacy, the joint work with other actors, etc.
- Training on strategic planning and organizational management.
- Training on innovative resource mobilization strategies, with emphasis on partnership mechanisms between the State and civil society established in the national regulatory framework.
- Training on tools for activism: basic computing, use of social media, and English (for an effective participation in international monitoring and advocacy forums), among others.

- Current situation: Within the framework of previous programs of the Global Fund and other cooperation agencies, training activities have been taken place and coordination forums have been established for the creation or reinforcement of community groups and networks. However, their outreach has vanished over time, as some community groups depend on the free and voluntary time of their members, which results in a high level of changes in leaderships and in deep institutional weakness which prevent them from lasting. There are currently no ongoing initiatives in this line of work.

- A2.5 Technical assistance for the development of innovative initiatives of services managed by civil society in partnership with the State. The processes of diagnosis (A2.1) and of reinforcement of capacities (A2.2, A2.3, and A2.4) seek that civil society actors develop innovative services in partnership with the State to improve HIV and TB prevention, diagnosis, and treatment, so that this can be financed with public funds via participatory budgets allowing to validate strategies, by establishing Local Communities for Health Administration (CLAS) or by means of the HIV-TB Budgetary Program (PPR). According to this perspective, after the training process there will be specialized accompaniment for the design, implementation, and subsequent systematization of these experiences.

- Current situation: There are no initiatives of this kind under implementation.

The activities needed to achieve Result 3 are:

- A3.1 Analysis of successful experiences of Global Fund programs, their continuation or not, and factors which facilitated or hindered their sustainability. Peru has been one of the biggest recipients of grants from the Global Fund. However, components the country has managed to continue and expand after funding from cooperation agencies have been limited. For this reason, there will be a process to identify and analyze successful experiences against HIV and TB to know whether they were transferred or not to the State (or to what extent), as well as which factors facilitated or hindered the result obtained. The resulting document will allow to take a critical look at previous experiences and to design an advocacy strategy for a sustainable transition.
• Current situation: Within the framework of previous initiatives of the Global Fund, systematizations have been conducted and evidence of successful strategies have been produced for them to be transferred. However, government authorities have not taken them into account. It is important to point out that those experiences have not included an analysis of the transfer’s political viability or of the sustainability of these initiatives. Within the framework of this process, the CONAMUSA’s Executive Secretariat has announced that, over the coming months, civil society experiences of sustainability will be systematized.

• **A3.2 Technical meeting for the prioritization of strategies and the alignment between the State and civil society towards a sustainable transition.** A technical and political debate between authorities of the health sector and civil society on HIV and TB will be promoted. It will aim at the development of national consensus on strategies which must be implemented with greater urgency or which must be continued or expanded to increase coverage of diagnosis, care, and treatment. After this prioritization process, a national commission will be in charge of designing a multilevel and multisectoral advocacy strategy.

• Current situation: No initiatives in this line of work have been identified.

• **A3.3 Design and implementation of national and subnational advocacy strategies for the transfer and the continuation or expansion of initiatives financed until now by the Global Fund.** A national commission (consisting of experts from NGOs, academic and community institutions, as well as of MINSA’s coordinators of national strategies against HIV and TB) will develop a national advocacy plan seeking the transfer and the continuation or expansion of successful initiatives financed until now by the Global Fund. Furthermore, in coordination with this commission, subnational commissions will develop plans linking national processes to local processes. This way, the institutionalization of a sustainable transition will be sought. To monitor this component, periodic progress reports will be prepared and coordination meetings will take place.

• Current situation: Isolated debates promoted by civil society actors about the continuation of successful strategies implemented within the framework of previous programs of the Global Fund have been identified. However, a strategy agreed upon by the various existing civil society actors does not exist yet, and certainly not in coordination with the State.
Indicators for Assessing Achievements and Progress

The indicators for assessing the achievement of results are:

- **R1.** Number and size of civil society organizations (NGOs, academic and religious institutions, and organizations of affected or vulnerable populations) which participate actively in actions aiming at a sustainable transition of the HIV and TB epidemics.

- **R2.** Number and scope of initiatives for prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB implemented by civil society in partnership with the State.

- **R3.** Percentage of successful strategies of prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB financed until now by the Global Fund and prioritized by civil society which are progressively taken over or expanded by the State.

Implementation Mechanism

Regarding the implementation of this plan, representatives of civil society organizations who participated in the process pointed out the need to create a coordination mechanism allowing a stronger linkage among actors working in the fields of the HIV and TB epidemics, so that they share their agendas, exchange lessons learned, and contribute to reinforce ad hoc participation mechanisms: the CONAMUSA and its regional versions, which are the COREMUSAs. Moreover, they identified the need to be linked to coordination and joint work forums for civil society actors, or for civil society and the State with agendas of health and human rights.

At the forum where the report and plan were presented, it was mentioned that this effort must not be separated from the operations and strengthening of the CONAMUSA, which is not only the CCM for programs of the Global Fund in Peru, but also the forum in which the various actors of the national responses can discuss public policies on HIV and TB. For this reason, it was suggested that the CONAMUSA promotes this joint work forum for civil society more strongly and beyond organizations and networks currently represented at its Assembly. Those who participate in this forum may have regular meetings to distribute the tasks indicated in this document according to their capacities and experiences, to mobilize public and private financing resources, and to monitor progress made. Furthermore, representatives of civil society at the CONAMUSA would be in charge of promoting that this plan is actively linked to current grants from the Global Fund and to their sustainability and transfer plans.
Financing Mechanisms

This plan will be one of the inputs the CONAMUSA will use for the design and negotiation of its next and final grants from the Global Fund. Nevertheless, an important factor for its success is to ensure that it depends minimally on funding from international cooperation. In this sense, a quick review of other sources to finance its development is suggested, among which the following stand out:

- **Self-management.** Civil society on HIV and TB has heterogeneous capacities and experiences. This can be an opportunity for its development and reinforcement. It is suggested to map civil society, to conduct a situational diagnosis, and to systematize implemented experiences, so that the capacity-building program has those capacities already installed in civil society as its basis and promotes peer training, the exchange of experiences, and assistance between organizations which can mutually meet their needs and requirements. This will also appeal to the motivation each community actor has for self-training and updating by using tools available for free on the Internet.

- **Partnerships with the State.** It is not only intended that the State takes over the continuation and expansion of successful initiatives which have been developed so far with the support of the Global Fund, but also that innovative services of prevention, diagnosis, treatment, or favorable environments to manage measures against HIV and TB are developed by means of partnerships between the State and civil society. For this, the following mechanisms have been identified:
  
  - **Participatory budgets for results** annually prepared by regional and local governments in an open process in which other public and private organizations participate, including duly authorized civil society organizations, to move towards the achievement of the objectives and goals set in the Concerted Development Plan in force (an instrument which is also prepared in a participatory manner).
  
  - **Co-management and citizen participation in the health sector** via non-profit civil associations called Local Communities for Health Administration (CLAS), which, by means of co-management agreements, administer health centers and their resources according to previously established local plans. Moreover, these mechanisms have their own Community Monitoring System (CIVICOS).
  
  - **Other financing mechanisms,** such as partnerships with private companies to finance actions of civil society organizations as part of their corporate social responsibility or contributions from individuals after appealing to their commitment and citizenship awareness.
Taking into account these possible financing sources, it is considered that the development of civil society initiatives for prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB must be boosted in partnership with the State at its central and subnational levels. It is also considered that it must be financed with participatory budgets projects, joint work mechanisms such as CLAS, or even by means of the HIV-TB Budgetary Program (PPR).

The development and reinforcement of civil society capacities to develop these initiatives should be financed:

- with public budgets
- with the collaboration of private agents (either companies, as part of their corporate social responsibility, or citizens making contributions voluntarily)
- by means of self-management (such as peer training and the replication of initiatives and technical assistance services among civil society actors with complementary capacities)

However, it is important to keep in mind the limitations of self-management, as, even though community organizations depend on the voluntary work of their members, NGOs and academic organizations have experienced major funding reductions as a result of changes in cooperation trends. There are intensive discussions in several places as to whether civil society should sell or not its specialized services to the State, and about the challenges that implies for it to maintain its independence and autonomy for monitoring compliance with State duties.

Regarding advocacy actions to achieve sustainability, in its transition processes, this component may need to depend mainly on the voluntary or self-management work of civil society and on the support of international cooperation (of the Global Fund and other agencies).
Operational Plan

Based on discussions during the “Social Dialogues” workshop and the presentation of results obtained, the following operational plan organized in semesters is proposed. It must be reviewed and corrected by civil society actors undertaking its implementation, so that they then assign responsibilities for each line of action and determine resource mobilization strategies for each component.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1. The joint work of civil society on HIV and TB for a sustainable transition of both epidemics is reinforced.</td>
<td></td>
</tr>
<tr>
<td>A1.1 Creation and operationalization of a coordination mechanism for civil society on HIV and TB linked to the CONAMUSA</td>
<td>2017 Jan - June</td>
</tr>
<tr>
<td>A1.2 Meetings for context analysis and the construction of political consensus</td>
<td>2018 July - Aug</td>
</tr>
<tr>
<td>A1.3 Monitoring of civil society participation in the CONAMUSA and COREMUSAs, in the CNS, and in other forums for coordination with the State</td>
<td>2019 Jan - June</td>
</tr>
<tr>
<td>A1.4 Civil society participation in coordination forums on health or human rights</td>
<td>2020 July - Aug</td>
</tr>
<tr>
<td>A2.1 Situational diagnosis of civil society working in the fields of HIV and TB, and their innovative experiences in prevention, diagnosis, care, or favorable environments to manage measures against the epidemics</td>
<td>2021 Jan - June</td>
</tr>
</tbody>
</table>

R2. Capacities of civil society on HIV and TB for the design, implementation, and monitoring of programs for prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB in partnership with the State are reinforced.
<table>
<thead>
<tr>
<th>Actividades</th>
<th>Periodo</th>
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<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>Jan - June</td>
</tr>
<tr>
<td>A2.2 Program to reinforce capacities to develop innovative HIV and TB prevention, diagnosis and care services</td>
<td></td>
</tr>
<tr>
<td>A2.3 Program to reinforce capacities to promote and monitor compliance with standards and commitments in health and human rights related to HIV and TB</td>
<td></td>
</tr>
<tr>
<td>A2.4 Program for the organizational reinforcement of civil society working in the fields of HIV and TB</td>
<td></td>
</tr>
<tr>
<td>A2.5 Technical assistance for the development of innovative initiatives of services managed by civil society in partnership with the State</td>
<td></td>
</tr>
<tr>
<td>R3. The State takes over and expands successful strategies for prevention, diagnosis, care, or favorable environments to manage measures against HIV and TB financed until now by the Global Fund, with the active participation of civil society</td>
<td></td>
</tr>
<tr>
<td>A3.1 Analysis of successful experiences of Global Fund programs, their continuation or not, and factors which facilitated or hindered their sustainability</td>
<td></td>
</tr>
<tr>
<td>A3.2 Technical meeting for the prioritization of strategies and the alignment between the State and civil society towards a sustainable transition</td>
<td></td>
</tr>
<tr>
<td>A3.3 Design and implementation of national and subnational advocacy strategies for the transfer and the continuation or expansion of initiatives financed until now by the Global Fund</td>
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</table>
Inclusion of the Action Plan in the Country’s Transition Plans

This plan will be one of the inputs the CONAMUSA will use for the design of its transition plan. Nevertheless, it is important to point out that PEMs in force for both epidemics already include guidelines in which objectives, results, and activities as those set in this document can be identified. Therefore, this is an opportunity for its operationalization (see Annex 3).

The main challenge will be to encourage the State’s political commitment, as the dominant perception of civil society participants is of mistrust with respect to the State apparatus, which is accompanied by a perception that public officers are not interested in working jointly with civil society.
Annex 1. Participants in the process

Experts Interviewed

- Leonid Lecca, Director-General of Socios en Salud, Peruvian branch
- Patricia Bracamonte, UNAIDS Strategic Information Officer
- Robinson Cabello, former CONAMUSA Vice-President
- Virginia Baffigo, former Coordinator of the Principal Recipient of the grants of Rounds 2, 5, and 6 of the Global Fund in Peru

National Workshop “Social Dialogues”
Lima, June 26 and 27, 2017

- Alberto Stella, UNAIDS
- Alex García, DISAM
- Angela Villón, Movimiento de Trabajadoras Sexuales del Perú (Movement of Female Sex Workers of Peru)
- Azucena Rodríguez, REDTRASEX Peru
- Cecilio Sangama, ADEPAT Loreto
- César Chacón, ASPAT
- Claudio Velásquez, CHERL
- Claudia Prudencio, JOVENES CAMBIANDO VIHDAS
- Elsa Julca, Renacer con la Salud
- Fernando Cisneros, INPPARES
- Gabriela Mariño, Ángel Azul
- Guido Mamueni, JOVENES CAMBIANDO VIHDAS
- Guiselly Flores, RPM+
- John Chuctaya, JOVENES CAMBIANDO VIHDAS
- José Luis Sebastian, AHF Peru
- Julio César Cruz, PROSA/SR Costa VIH
- Lidice López, AIS
- Luz Bustillos, PROSA
- Luz Estrada, ASET Comas
- Manuel Forno, UPCH/UNICXS
- Melecio Mayta, ASPAT Peru
- Mila Huamán, logistical support
- Nadya Bravo, AHF Peru
- Nilda Altamirano, SR Costa VIH
- Óscar Ramírez, Socios en Salud
- Patricia Bracamonte, UNAIDS
- Pilar Montalvo, GTIIVS
- Rafael Rosas, CONAMUSA
- Raúl Cabrera, JOVENES CAMBIANDO VIHDAS
- Rocío Valverde, CONAMUSA
- Rosa Inés Béjar, VIA LIBRE
- Sandra Cárdenas, Red Sida
- Sandy Ruiz, Red Trans
- Segundo Chamorro, ACIPSAVITB
- Teresa Ayala, CONAMUSA
- Willy Julca, Renacer con la Salud
- Ximena Salazar, UPCH
Commission of the Action Plan
Lima, July 4, 2017

- Fernando Cisneros, INPPARES
- Melecio Mayta, ASPAT Peru
- Patricia Bracamonte, UNAIDS
- Rocío Valverde, CONAMUSA
- Willy Julca, Renacer con la Salud

Public Presentation of the Results of the Process
Lima, July 18, 2017

- Alberto Stella, UNAIDS
- Diana Ramos, ASPAT Peru
- Edgar Muro, Red Trans
- Elsa Julca, Renacer con la Salud
- Fernando Chujutalli, MPVV
- Julia Campos, Red Sida Peru
- Julio Rondinel, Cefiro
- Luz Estrada, ASET Conas
- Miluska Luzquiños, Pathfinder
- Nilda Altamirano, SRC
- Paola Álvarez, CONAMUSA
- Pilar Montalvo, GTIIVS
- Rafael Rosas, CONAMUSA
- Rocío Valverde, CONAMUSA
- Sara Mendoza, APROPO
- Tomás Sinchi, ITSC
- Ximena Salazar, UPCH
Annex 2. Perceptions Surveys

Before the “Social Dialogues” workshop started and after it finished, participants were asked to complete a survey about their perceptions regarding the transition processes of the HIV and TB epidemics in the country, as well as regarding the role civil society must play within that context.

The main changes perceived are related to:

- access to treatment for both infections
- resources of the first rounds of the Global Fund
- institutionalization of forums for coordination between the State and civil society, such as the CONAMUSA and COREMUSAs

The new State management frameworks, such as the PPR and participatory budgets, also stand out among changes, as well as the increase in public financing and the progressive reduction of cooperation. Nevertheless, it is also perceived that the strengthening and actions of civil society are still highly dependent on cooperation, and that the State has not taken over specific components of treatments yet (such as that for XDR-TB).

The following are perceived as opportunities:

- changes in State management
- existence of forums for coordination with civil society
- existence of ongoing concept notes supported by the Global Fund which include the strengthening of civil society

As for challenges, the following were mentioned:

- coordination among civil societies working in both epidemics
- linkage to NGOs which have reduced their active participation in the responses to both epidemics.

Another subject considered to be sensitive is the political will of State actors not only to continue successful initiatives against HIV and TB, but also to work concertedly with civil society. Another element mentioned by some actors is linked to the “demedicalization” of responses to the epidemics. This means to address them in a comprehensive manner, with a human rights and social vulnerability approach, and considering culturally appropriate knowledge, mainly when working with indigenous communities.

The following stand out among discussion points considered to be the most useful ones:

- discussion on the role of civil society in the transition processes
- the need to know the PPR and other public management instruments
- the need to identify resources to finance not only the continuation of responses, but also the functioning of civil society
- the need for comprehensive approaches to the epidemics
<table>
<thead>
<tr>
<th><strong>Percepciones exploradas</strong></th>
<th><strong>Survey at the beginning of the workshop</strong></th>
<th><strong>Survey at the end of the workshop</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main changes in the epidemics</strong></td>
<td>Access to treatment and its continuation by the State (12) Participation of civil society in the responses and in multisectoral forums (5) Strengthening of diagnosis, mainly of TB (5) Stabilized epidemics (4) Strengthening of some civil society actors (2) Establishment of regulatory frameworks against the epidemics (2) Budget reduction and non-continuation of Global Fund initiatives (2) Lack of coordination between the State and civil society (1) Emergence of medicine resistance (1) TB-HIV coordination (1)</td>
<td>Access to prevention, diagnosis, and treatment (13) Participation of civil society in multisectoral and community empowerment forums (5) New regulatory and State management frameworks (4) Increase in public financing (2) Visibility of the epidemics and social awareness (2) Reduction of resources (1) Focus on prevention in key populations (1) Younger epidemics (1)</td>
</tr>
<tr>
<td><strong>Components of the responses which are highly dependent on cooperation</strong></td>
<td>Strengthening/functioning of community and civil society organizations (10) Comprehensive care, access to specialized treatments for MDR-TB/XDR-TB and opportunistic diseases (5) Peer strategies for prevention (3) Antiretroviral therapy (1) Initiatives focused on indigenous communities (1) Sentinel surveillance (1) Human resources specialized in XDR-TB (1) Advocacy capacity of the CONAMUSA (1)</td>
<td>Strengthening/functioning of community and civil society organizations, including reinforcement of capacities (8) Citizen monitoring (2) Prevention and treatment (2) Preparation of the PEM (1) Stigma and discrimination (1) Psychological counselling for people living with HIV (1) Sentinel surveillance (1) Medical equipment (1)</td>
</tr>
<tr>
<td><strong>Actions civil society can take to contribute to sustainability</strong></td>
<td>Advocacy in the State, mainly in local governments, to achieve financial sustainability (11) More coordination (5) Monitoring of public budgets (3) Advocacy in private companies so that they make contributions as part of their social responsibility (1) Promotion of guidelines of sustainability policies (1)</td>
<td>Strengthening of coordination between civil society on HIV and TB, and sectors (5) Advocacy in the State to achieve financial sustainability (4) Monitoring (2) Reinforcement of capacities among civil society organizations (2) Provision of services by civil society (1) Consensus on a common agenda (1) Management of cooperation funds (1)</td>
</tr>
</tbody>
</table>
### Main opportunities for an affective contribution of civil society

<table>
<thead>
<tr>
<th>Percepciones exploradas</th>
<th>Survey at the beginning of the workshop</th>
<th>Survey at the end of the workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from the Global Fund to reinforce capacities and advocacy to achieve sustainability (9)</td>
<td></td>
<td>Changes in State management: reform of the sector, the PPR, PEMs, and decentralization (8)</td>
</tr>
<tr>
<td>Knowledge management: identification and exchange of lessons learned (6)</td>
<td></td>
<td>Existence of an empowered and experienced civil society (4)</td>
</tr>
<tr>
<td>Coordination among civil society organizations to prepare sustainability proposals (5)</td>
<td></td>
<td>Concept notes which include the strengthening of civil society and its capacities (4)</td>
</tr>
<tr>
<td>Results-based management in the State: the PPR and concerted development plans (4)</td>
<td></td>
<td>Political will of authorities and commitments undertaken by them (2)</td>
</tr>
<tr>
<td>Existence of forums for coordination between the State and civil society, such as the CONAMUSA and COREMUSAs (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existence of an empowered civil society (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law on transparency (1)</td>
<td></td>
<td></td>
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<tr>
<td>Political will of sectors (1)</td>
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</tbody>
</table>

### Main challenges for an affective contribution of civil society

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<thead>
<tr>
<th>Percepciones exploradas</th>
<th>Survey at the beginning of the workshop</th>
<th>Survey at the end of the workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination among civil society actors and between them and the State (8)</td>
<td></td>
<td>Coordination among civil society actors on HIV and TB, and other civil society forums not related to these epidemics (10)</td>
</tr>
<tr>
<td>Strengthening of citizen activism and its representation and advocacy capacity (8)</td>
<td></td>
<td>Monitoring of State management tools (4)</td>
</tr>
<tr>
<td>Openness of the State to dialogue and comply with its commitments with civil society (7)</td>
<td></td>
<td>Search for financing for the functioning of civil society (3)</td>
</tr>
<tr>
<td>Limited financial resources and withdrawal of cooperation (4)</td>
<td></td>
<td>Commitment and turnover of State authorities (3)</td>
</tr>
<tr>
<td>Civil society’s handling of State management tools (2)</td>
<td></td>
<td>Reformulation of strategies, including the role of civil society and the “demedicalization” of the epidemics (2)</td>
</tr>
<tr>
<td>Access to updated information (1)</td>
<td></td>
<td>Promotion of NGOs participation (1)</td>
</tr>
</tbody>
</table>

### The most useful discussion points

<table>
<thead>
<tr>
<th>Percepciones exploradas</th>
<th>Survey at the beginning of the workshop</th>
<th>Survey at the end of the workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td></td>
<td>Civil society’s role and its experiences against HIV and TB (12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPR (3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resource mobilization to achieve sustainability (3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicines: patent issues, limitations regarding their availability/access (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Human rights approach (1)</td>
</tr>
</tbody>
</table>
### 2015-2019 PEM HIV

#### Strategy 3.1: To develop differentiated care protocols and strategies to adjust health services to the needs of key and vulnerable populations.

- **Activity 3.1.4:** To improve monitoring and advocacy competencies related to stigma and discrimination against people with HIV, and key and vulnerable populations, with the collaboration of specialized NGOs and the MIMP, MINSA and MINEDU sectors.

#### Strategy 4.2: To strengthen community organizations so that they participate in decision-making forums.

- **Activity 4.2.1:** To improve management and advocacy competencies of community organizations, as well as to strengthen new leaderships within them.
- **Activity 4.2.2:** To implement actions coordinated by communities, civil society, and the State.
- **Activity 4.2.3:** To develop monitoring mechanisms from civil society for the processes of programmatic and budgetary implementation, and of regulatory enforcement.

#### Strategy 4.3: To coordinate actions of the State, civil society, community organizations, and the private sector to reinforce the national response to HIV.

- **Activity 4.3.1:** To strengthen the multisectoral forum of CONAMUSA as a body for consultation and resource mobilization for the national response to HIV, TB, and malaria, gathering learning experiences of other similar forums.
- **Activity 4.3.2:** To strengthen the Consejo Empresarial Peruano (Peruvian Business Council) by generating partnerships with the private business sector, so that it gets involved in the response to HIV/AIDS.
- **Activity 4.3.3:** To strengthen collaborative work between the academic community and the public sector to make strategies to respond to STIs and HIV more evidence-based.

#### Strategy 4.4: To identify successful STI prevention experiences of civil society and transfer them to the State.

- **Activity 4.4.1:** To establish partnerships to implement joint promotion, prevention and advocacy actions with non-governmental organizations and development institutions.
- **Activity 4.4.2:** To assess and/or systematize successful experiences of co-management between the State and affected, key and vulnerable populations in related subjects.
- **Activity 4.4.3:** To include prioritized strategies and best practices in public programs.
Strategy 6.4: To reinforce and replicate social monitoring experiences which constructively and proactively favor an improvement of the quality of State interventions.

- Activity 6.4.1: To make effective the law on transparency and access to public information in the response to STIs and HIV.
- Activity 6.4.2: To develop social monitoring capacities in civil society and community organizations.

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Result 4. People affected by TB participate individually and/or in organized groups in their comprehensive recovery and in the national response to TB as a whole, thereby strengthening the exercise of their citizenship and increasing their human and social development.

- 4.2 To reinforce organized participation of people directly involved in the problem of TB: Increase in the number of organizations directly involved in activities to fight against TB.

Result 5. Social programs and the health service system are reinforced and are able to provide health care services and social and economic support to vulnerable populations and to people affected by TB, in a timely, effective, and cost-free manner, and with quality.

- 5.6 To systematize and generate knowledge to improve interventions and share experiences around the world: Local and international training, dissemination or consensus-building events, with the participation of actors who fight against TB.

Result 6. The public sector (at its national, regional and local levels), the private sector, and civil society have a multisectoral, concerted, integrated and effective response to cope with and eliminate TB in the country.

- 6.1 To put the problem of TB on the political agendas of local and regional governments, ministries, public institutions, and civil society organizations as a matter of national concern: Increase in the number of public institutions and organizations which participate in multisectoral forums of activities against TB.
- 6.2 To achieve coordination between the various existing social actors and multiple State sectors for the multisectoral and interdisciplinary fight against TB and its social determinants: Increase in the number and degree of participation of actors who fight against TB in local, regional and social meeting forums.
• COORDINADORA NACIONAL MULTISectorial EN Salud (CONAMUSA) (2015). Nota conceptual estándar del Perú al Fondo Mundial de Lucha Contra el Sida, la Tuberculosis y la Malaria. Componente HIV. Lima.