



Regional Platform
Latin America and Caribbean
Support, Coordination and Communication



Situational analysis of Latin American and Caribbean countries in accordance with the policies of the Global Fund

Plurinational State of Bolivia

Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities.

SITUATIONAL ANALYSIS OF LATIN AMERICAN AND CARIBBEAN COUNTRIES IN ACCORDANCE WITH THE POLICIES OF THE GLOBAL FUND

Plurinational State of Bolivia

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Introduction



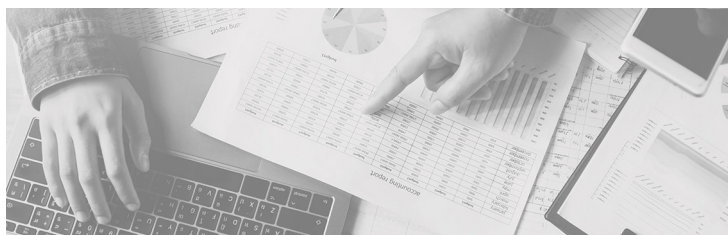
The LAC Regional Platform is one of several initiatives of the Global Fund aimed at improving the coordination of technical assistance and key information to civil society groups at the country level, as well as to offer greater support to CSO at all levels of their processes.

The LAC Platform along with five others located in Asia and the Pacific, Anglophone Africa, Francophone Africa, the Middle East and North Africa and Eastern Europe and Central Asia contribute to the achievement of the overall goal of the Strategic Initiative on Community, Rights and Gender (SI CRG). The objective of the SI CRG is for civil society and communities to participate in an effective way and to contribute in the elaboration, execution and supervision of programs financed by the Global Fund.

The series “Analysis of situations in Latin American and Caribbean countries in accordance with the policies of the Global Fund”, is intended to help communities and other key actors in the regional response to increase their understanding of the processes that the Global Fund is implementing through its financing mechanisms. For this reason, it is particularly important to understand the technical assistance needs of civil society organizations in the context of the sustainability, transition and co-financing policy of the Global Fund, as well as the main elements of the process in 18 countries of the region related to implementation of this policy.

01. The Global Fund in Bolivia

The grants awarded to Bolivia by the Global Fund (GF) for HIV support the prevention, promotion, access of key groups to medical health care and the reduction of the stigma. As for Malaria, the GF is currently investing in the country so as to control this disease, by providing early diagnosis and treatment. Additionally, the GF and other partners are currently working together to mitigate the social impact of tuberculosis (TB) and improve the life quality of affected people and their families. Since 2004, the country has received 14 grants to fight HIV, TB, and Malaria for the amount of USD 87,7 million approximately. From such amount, 50,1% was allocated to HIV/AIDS (5 grants), 29,3% to Malaria (4 grants) and 20,6% to TB (5 grants).



02. Grants to be awarded from 2017 – 2019

HIV

Intervention areas subsidized by the GF under the BOL-H-Hivos existing grant amounts to USD 8,2 million. These areas are contemplated in the objectives of the 2013-2018 National Strategic Plan (NSP). Activities are distributed among 5 modules: the highest budget was allocated to the HIV treatment, care and support (37,1%), then to HIV prevention among men who have sex with men (MSM) and transgender women (TW) (27,1%), and to program management (22,8%). For cost category, the highest importance was placed on human resources (23,4%), then on non-pharmaceutical products (21,9%), external professional services (18,5%) and the remaining percentage (36,2%) is distributed among other categories. The Ministry of Health is the Sub-Recipient (SR) with the highest budget (45,79%), followed by the Civil Society (27,5%).

The Ministry of Health is the SR with the highest budget (70,1%), followed by the International NGO ADRA (13,1%).

Tuberculosis

Intervention areas subsidized with GF resources under the BOL-T-UNDP existing grant amounts to USD 10,7 million. These areas are envisaged in the objectives of the 2016-2020 Multisectoral Strategic Plan (MSP). Activities are distributed among 5 modules: the highest budget was allocated to TB service packages for multi-drug resistant TB (TB MDR) (39,1%), then to the TB care and prevention (29,5%) and to program management (24,5%). For cost category, the highest importance was placed on displacement (23,7%), followed by program management (15,5%), procurement of health care equipment (15,3%), human resources (8,6%), and the remaining percentage (37%) is distributed among other categories. The Ministry of Health is the SR with the highest budget (81,7%), followed by the Civil Society (5,7%).

Malaria

Intervention areas subsidized with GF resources under the BOL-M-UNDP existing grant amounts to USD 10,3 million. These areas are envisaged in the objectives of the 2015-2019 NSP for Malaria. Activities are distributed among 7 modules: the highest budget was allocated to case management (37,7%), followed by vector control (30,7%), follow-up and evaluation (14,3%) and program management (13,2%). For cost category, the highest importance was placed on displacement (16,6%), followed by the procurement and supply management (14,1%), human resources (13,8%), communications material and publications (11%), program management (10%) and the remaining percentage (34,5%) is distributed among other categories.



03. The situation with regard to the transition, sustainability and co-financing policy

HIV

It is classified as a high-burden disease with high relevance for the GF. Since 2017, the country has been deemed eligible for financing. On the same year, the assessment for the transition and the transition plan for GF financing –which included the HIV component– were completed. At the beginning of 2018, a concept note was submitted to the GF, which is pending approval for September 2018.

Tuberculosis

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Malaria

Bolivia is one of the three countries who still receives supports for Malaria response. Since 2017, the country has been deemed eligible for financing. The component is included in the list of prioritized countries for planning the transition of GF grants. In 2017, the assessment for the transition and the transition plan for GF financing –which included the Malaria component– were completed. It is expected that the country will no longer be eligible for financing if its status changes to an Upper Middle Income (UMI) country for 2020-2022, and it may be awarded transition funds for 2023-2025. At the beginning of 2018, a concept note was submitted to the GF, which is pending approval.



04. Communities, Human Rights and Gender

Has the legal environment been assessed so as to facilitate the reform of policies and practices violating the rights of people affected by this disease?

Has a gender assessment focused on diseases been made in order to determine gender barriers and mitigate inequalities?

Has the National Response Plan (NRP) defined and prioritized vulnerable and neglected populations in order to overcome barriers of access to basic services?

Are there national networks or groups for people affected by this disease who actively advocates for a people-oriented response?

TB ¹	VIH	Malaria
No	Unanswered	NR
No	No	No
Unknown	Yes	NR
Yes	Yes	NR

¹ Stop TB Partnership (2018). Plurinational State of Bolivia Tuberculosis (TB) situation in 2016. Retrieved from http://www.stoptb.org/resources/cd/BOL_Dashboard.html



05. Civil Society Organizations²

There is an inequality between the organized civil society development. Civil society organizations (CSO) for HIV show a greater development in comparison to those CSOs for TB and Malaria. CSOs for HIV have followed an important path with important contributions for HIV response with regards to issues related to human rights of people and affected communities, especially the right to health care (promotion, prevention, and care) and the response to the stigma and discrimination; goals achieved through advocacy actions. The approach to the affected communities should also be emphasized because it makes it possible to provide them with advice on their rights, empower them and lead preventive actions with differential approaches among peers, given the difficult access nature that characterizes key populations.

As part of the TB response, it is considered that the civil society is emerging and requires further strengthening, especially in advocacy. Finally, CSOs for Malaria are limited to some local leaderships in the Bolivian Amazon, which also require training and empowerment. At present, CSOs for HIV are considered to be fragmented and that their participation has decreased. CSOs for TB and malaria require strengthening actions, especially on advocacy.

² MCP-Bolivia, Evaluación para la transición del FM del Estado Plurinacional de Bolivia, 2017



06. Access to Technical Assistance

A study performed in 2016 through LAC Platform³ analyzed the provision of TA services to CSOs as part of the grant implementation of the GF between 2014 – 2016. Results show that these processes are not arranged with beneficiaries. CSOs participating in the grant implementation of the GF mainly received orientation. They are not evaluated or systematized and experiences are not published.

Issues addressed through TA included institutional empowerment (management, finance, accounting, by-laws, regulations, budgets, project management and planning); participation (advocacy, social control and citizen oversight); monitoring and evaluation, communications, knowledge of GF mechanisms, prevention, diagnosis, human rights, gender, drug management, research and treatment.

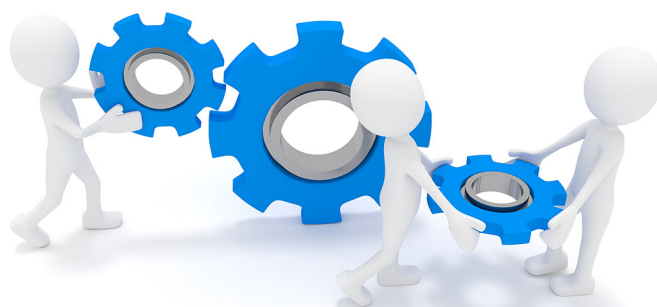
Public policies do not include the provision of TA services to the CSOs. These processes are implemented through GF grants, which provide resources. Most players stated that they were not aware of the provision of TA and access mechanisms offered by the GF's

³ Mejía A., Arteaga F., Camacho G. Access, Efficiency and Innovation for the provision of technical assistance to civil society during the grant implementation of the Global Fund in the Plurinational State of Bolivia, Executive Summary. Global Fund, LAC Platform, Via Libre, Regional Alliance. La Paz, 2017



partners and other international cooperation organizations. In 2018, in addition to GF, UNAIDS, CIES, PROSALUD, PROCOSI, CARITAS, Norwegian Mission Alliance, OPS, WHO, UNICEF, USAID, ADRA and Via Libre were recognized as TA providers.

After the National Dialogue of CSOs and thanks to a request for short-term support to the TA Program of the SI CRG, Bolivia was granted TA service, which is currently being implemented by ICA-SO. Its objectives are aimed at integrating the Work Plan of the National Dialogue of CSOs into the National Transition and Sustainability Plan (NTSP) and improving some aspects related to the strengthening of CSOs, among which the following are pointed out: monitoring and accountability, formulation of advocacy proposals to ensure intercultural and differential approaches for HIV, TB and Malaria response, support for communication strategy formulation to reduce the stigma and discrimination of HIV and TB and strengthening of new leaders.



07. Challenges in the Transition

The assessment of Bolivia's transition identified deficiencies and difficulties in HIV, TB and Malaria responses⁴ :

HIV

- The continuation of prevention strategies in key populations. Given that it has been mainly subsidized by the GF, there is a lack of interaction between the State and CSOs, as well as little participation of sub national governments in the response.
- Access to diagnosis. Although it has improved, access to diagnosis is still limited, mainly for key populations. There is an important percentage of diagnoses in the AIDS phase.
- Weaknesses in the linkage and retention of patients in health care services after diagnosis. This is associated with inadequate counseling processes, stigma and service discrimination, low-quality health care and unclarity in reference and counter-reference systems.
- Abandonment of HIV treatments. An analysis conducted by the National Program for the Prevention of HIV and Sexual Transmitted Infections (STI) showed that, after 12 months, 21% of patients discontinued treatment. After 24 months, 28% withdrew from them, and after 36 months, 40% abandoned treatments. Causes associated with the abandonment of HIV treatment require further analysis.
- Problems in the supply chain, which causes medication stock-outs, affecting access to treatment and adherence, and causes resistance in patients.



Tuberculosis

- Uptake of respiratory symptomatic with a ratio 1/17; i.e. 17 bacilloscopies were performed for one TB BAAR (+).
- Problems in information systems.
- Processes of drug and medication procurement. This causes delays and lack of opportunities for medication dispensing. No proper storage and distribution system has been implemented.
- Problems in the adherence to treatment. Such problems are associated with adverse reactions and temporary migration of populations in the Amazon at harvest time.

Malaria

- Investments in response. This is difficult to be addressed at a short-term, given that promotion, prevention, control, and monitoring actions are financed by the GF.
- A limited number of health care facilities in the jungle, living and working conditions, precarious housing make access to malaria diagnosis and treatment difficult.
- Civil society for Malaria is weak and poorly organized, especially in the Amazon.
- Centralization of Nation General Treasury's transfers to implement actions in the public health sector through Ministry of Health, such as the Beni's region case, which prevent that promotion, prevention, and care activities be implemented by arrangements among health care networks.
- Poor coordination among different players in the health care sector and different levels, whether at national and subnational levels.

Civil Society Organizations and communities

- Lack of recognition of these three diseases in regulatory frameworks, which poses a risk to response sustainability.

⁴ CCM Bolivia, Evaluation for the transition of the FM of the Plurinational State of Bolivia, 2017



08. Milestones for the transition

Under the GF Sustainability, Transition, and Co-Financing Policy, the NTSP 2018–2022, which aims at ensuring financial and programmatic sustainability of HIV, TB and Malaria responses, was developed so as to be implemented once the GF support is withdrawn. The NTSP proposes to reduce the dependence on external resources, maintaining goals achieved through the GF support and other financing sources, and the sustainable increase in response in terms of VIH, TB and malaria promotion, prevention and care in the country. The NTSP was designed in a participatory manner with the Bolivian CCM members in November 2017. It sets out three strategic objectives:

1. To ensure in a strategic, comprehensive, and intersectoral financing approach for prioritized activities in National Responses to Tuberculosis, Malaria and HIV/AIDS within the competence framework of the three State levels (National, Departmental and Municipal).
2. To have proper, strategic and high-quality information so as to make informed decisions and support advocacy.
3. To guarantee that high-quality medications, supplies, reagents and equipment for TB, Malaria and HIV/AIDS be available in a constant and timely manner at patients' points of care.
4. Interaction among CSOs, communities, and leaders, both within each response and the response to HIV, TB and malaria in order to prepare joint advocacy plans that guarantee their effective participation in the response.





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