Situational Analysis of Latin American Countries in accordance with the Global Fund policies

Panama

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

The HIV epidemic in Panama has been classified as a concentrated epidemic, affecting mainly transgender women (TW), men who have sex with men (MSM) and women sex workers (WSW). The country also has one of the highest mortality rates due to Tuberculosis (TB) in Central America. The Global Fund (GF) investments in the country focus on the promotion of Human Rights (HR), the reduction of HIV transmission and the improvement of the quality of care for people with TB / HIV co-infection; with a total investment of USD 11.3 million since 2003, distributed in 3 grants, of which 34.2% correspond to HIV, 4.9% to TB and 60.8% to TB / HIV co-infection.
Currently, Panama is implementing a grant in response to TB / HIV co-infection with funding from the GF, PAN-C-UNDP, entitled “Strengthening and expanding the response to HIV and TB prevention in Panama”, whose main recipient is the UNDP, with a completion date scheduled for December 2018. This program is focused on key populations: TW, MSM, informal MTS, indigenous population, people deprived of freedom, people with HIV and people living in marginal urban areas of the City of Panama and Colon. Its strategies include reducing the rate of HIV transmission in key populations, implementing early diagnosis actions and adequate monitoring of these populations, improving adherence to ARV treatment, improving the social environment towards the elimination of stigma and discrimination in people living with HIV and key populations, increase the capture of respiratory symptoms for TB, reduce the treatment of TB lost during follow-up among key populations identified, increase nationwide the detection of multi-drug resistant TB (MDR-TB) and increase TB screening in patients with HIV.
03. Situation in front of the Policy of Transition, Sustainability and Co-financing.

**HIV**
Classified as high disease burden, high median income and relevant by the GF, the country is still eligible for funding. However, the projections of available income indicate that Panama will become a high-income country for the next assignment, with which the HIV component of Panama would not be eligible either for regular funds or for transition funds. Therefore, the current allocation of HIV could be the last one given to the country. In this context, as a basis for the financing request, a Transition Plan was developed in 2018.

**Tuberculosis**
The TB component went into the transition phase in 2015, when the country entered the upper-middle income country classification, and the burden of TB disease in Panama went from “high” to “moderate”. The country implemented a National Dialogue for Transition in the context of the financing of the FM and formulated a Transition Plan in 2018. Based on the Sustainability, Transition and Financing Policy of the GF, Panama was informed that the TB component was eligible for a final allocation of transition funding to support the shift towards full national funding of key response interventions currently funded by the GF. In 2017, the Social Dialogue was conducted among civil society organizations (CSOs), both for HIV and TB.
04. Communities, Human Rights and Gender

Has an assessment of the legal environment been conducted to assist in the reform of policies and practices that violate the rights of the affected people?

Has a gender assessment focused on diseases been undertaken to identify gender barriers and help alleviate inequalities?

Has the National Response Plan (NRP) defined and prioritized vulnerable and ignored populations in order to eliminate barriers to access essential services?

Are there national networks or groups for people affected by diseases that actively advocate for a people-centered response?

<table>
<thead>
<tr>
<th></th>
<th>TB</th>
<th>HIV</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has assessed</td>
<td>Yes</td>
<td>Yes</td>
<td>Did not answer</td>
</tr>
<tr>
<td>Gender</td>
<td>No</td>
<td>No</td>
<td>Did not answer</td>
</tr>
<tr>
<td>NRP</td>
<td>Did not answer</td>
<td>Yes</td>
<td>Did not answer</td>
</tr>
<tr>
<td>Networks</td>
<td>Yes</td>
<td>Yes</td>
<td>Did not answer</td>
</tr>
</tbody>
</table>

1 Information obtained through the questionnaire for members of the MCP-Panama on the participation of CSO and communities in the preparation for the transition in the context of the GF, implemented by the LAC Platform, 2018.
05. Civil Society Organizations

The financing of the GF has been mainly managed by CSO through prevention actions with key populations. According to the report on risks and needs for technical assistance for civil society, one of the great weaknesses of this sector is its limitations in advocacy. Some of the reforms that have been carried out so far, for example the universalization of treatment, have been approved following the demands of civil society, but there is still a long way for Panamanian civil society to make an orderly advocacy with a defined horizon.

Recently, the National AIDS Law was approved: “Legal Framework for the Approach of Sexually Transmitted Infections and the Human Immunodeficiency Virus”, in its final version, it was evident that the recommendations and concerns of civil society were not adequately included, which was supported among others in:

i) Regulation of informed consent and mandatory diagnosis, which, according to the press releases, promotes the carrying out

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of HIV tests in favor of a particular economic interest; ii) Absence of mention of key populations, a serious aspect in a country where the epidemic is concentrated in men who have sex with other men, transgender women, sex worker women, persons deprived of liberty, young people, etc.; and iii) “The law has a strong moralistic and religious charge, promoting actions aimed at promoting abstinence, fidelity and delay of the sexual debut; these and other concepts included in the law are not supported by scientific evidences for the prevention and awareness of HIV.”

Based on a strong strategy of social mobilization, both at the national and international level, CSO managed to make adjustments to this norm, this being an example of the impact of CSO incidence on the normative frameworks, they were heard by the national government; the result, a better law of AIDS, that far from being perfect, is less harmful⁴.

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06. Access to Technical Assistance

Through a questionnaire to identify TA needs addressed to members of the Country Coordination Mechanism (CCM-Panama), implemented by the LAC Platform, it is mentioned that TA for CSO has been carried out through the implementation of the project of the GF, mainly in relation to prevention actions, prevention packages and addressing key populations. It is also mentioned that through TA actions, an alliance of CSO has been consolidated, which has worked to strengthen its administrative structure, and seeks to have technical, management and political advocacy capacities.

On the other hand, the Report on Risks and Needs of TA of civil society in the context of the Sustainable Transition in Panama⁵, and in agreement with the participants in this process, so that CSO reach an optimal scenario in 2020, the following TA processes are required:

**Strategic information**

- Instruments and mechanisms of strategic state planning in the social areas identified in the Plan.

• Adaptation of SISVIG software to facilitate access, with necessary safeguards, to epidemiological information that allows analyzing the situation of HIV and TB from the perspective of the CSO and communities.
• Training in the identification and analysis of strategic information needed to feed the community response to HIV and TB.

Communication
• Preparation of a mass communication plan to support the advocacy plan.
• Adaptation of the results of the epidemiological information analysis by and from the perspective of CSO and communities for its dissemination.

Advocacy
• Development of a small grants program for advocacy.
• Proposal for the creation and strengthening of alliances with organizations specialized in Violence, Ethnicity, Gender, Environment, Culture, Human Rights and Disability
• Definition of an advocacy plan

Strengthening capabilities
• Instruments and mechanisms of strategic social and financial planning of the State.
• Epidemiological data analysis.
• Areas that are identified in self-sustainability plans.
• Financial and administrative management of organizations.
• International collaborative work with the NGO that make up the Civil Society Alliance.
• Strategic and operational planning, with emphasis on advocacy and self-sustainability.
• Advocacy.
• Collaboration with the private sector, especially in corporate social responsibility programs, occupational health programs and the elaboration of collaboration agreements with companies.
• Non-conventional areas: violence based on gender, ethnicity, gender, environment, culture, human rights, vectors, entrepreneurship, disability.

Other technical assistance needs include strategic monitoring⁶.

07. Challenges for the transition of HIV y TB

- Need for a more organized civil society, actively participating in the response and influencing decision-making.
- Guarantee sufficient State resources for an effective response.
- Recognition of the work of CSO by the authorities, mainly health authorities.
- Recently, the violation of human rights of people with HIV, mainly MTS migrants, has been evidenced.
08. Next key steps for the transition

Within the framework of the Sustainability, Transition and Co-financing Policy of the GF, a National Transition and Sustainability Plan (NTSP) 2019–2021 was developed (“Sustainable response for the prevention and control of tuberculosis and HIV from health programs financed by the Global Fund, 2018”). 2021 is the year in which the GF support to Panama is anticipated to end. This Plan was developed in a participatory manner with different sectors related to the response, and focuses on four strategic objectives:

1. Ensure the long-term sustainability of the response of HIV and TB programs, maintaining political support for the resolution of national priorities (problems, gaps and major weaknesses)

2. Strengthen alliances and multisectoral collaboration at the national level for the continuity of programs in the areas of human rights, key populations, at greater risk and social protection for people affected by HIV and TB.

3. Implement innovative approaches to health promotion, prevention, care, follow-up and support for people affected by HIV and TB.

4. Maintain sustained and growing investments in infrastructure, processes and human resources in health, including community systems for the response to HIV and TB.
The goals of the National TB and HIV Programs, with the PNTS and the international commitments were aligned as follows:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2015</th>
<th>2022 Goal</th>
<th>2030 Goal</th>
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</thead>
<tbody>
<tr>
<td>Mortality due to tuberculosis (per 100,000)</td>
<td>7.1</td>
<td>3.5 (reduction of 50%)</td>
<td>0.7</td>
</tr>
<tr>
<td>Incidence of tuberculosis (per 100,000)</td>
<td>50.9</td>
<td>30.0 (reduction of 41%)</td>
<td>10.2</td>
</tr>
<tr>
<td>% of families with catastrophic expenses due to TB</td>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Sustainable response for the prevention and control of tuberculosis and HIV from health programs financed by GF

In relation to HIV, Panama adheres to the objectives, milestones and goals of the NTSP and the NSP to reach the goals 90 - 90 - 90 by 2020 and end the epidemic by 2030.