



Plataforma Regional
América Latina y el Caribe
Apoyo, Coordinación y Comunicación



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

Surinam

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

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Introduction



Suriname is one of the smallest countries in South America. Suriname shares borders with the Atlantic Ocean in the north, French Guiana in the east, Brazil in the south and Guyana to the west. Since 2004 the Global Fund has been providing financial support to address the situation of HIV, TB and Malaria in this country.

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 Suriname

Over the past 16 years, the Global Fund to Fight HIV, TB and Malaria (GF) has committed \$27,430,242 to support the HIV, TB and Malaria responses in Suriname. The Ministry of Health serves as the grant's principal recipient (PR) and the Suriname Country Coordinating Mechanism (CCM Suriname) oversees the implementation of the project. Over the years the allocations have been significantly decreasing. Between 2016-2018 Suriname received \$1.4 million US per year and in 2019-2021 it will receive approximately \$600,131US per year representing a reduction of 45% in GF allocations to the country. Most of this reduction comes from the HIV allocation rather than the TB. Since 2010 the

GF has invested \$11,749,250 US to support the Malaria program in the control and elimination of the disease. The Malaria allocation has also been reduced by 30%

Table 1: Global Fund Grant Activity – Past, Current and Future Grants for HIV/TB

Component	Disbursed to date
HIV/AIDS	9,084,201
Tuberculosis	3,260,336
Malaria	11,749,250
TB/HIV	3,336,455
Total	27,430,242

Source: theglobalfund.org



02. Suriname GF Grant 2016-2018

The current GF grant of \$4,045,495 “Investing for Impact Against Tuberculosis and HIV” provides support for programs for key and vulnerable populations, supporting care and treatment services, and strengthening monitoring and evaluation (M&E).

The program objectives of the grant are as follows:

1. Reduce HIV transmission among key and vulnerable populations.
2. Expand high-quality comprehensive HIV treatment, care, and support.
3. Increase coverage of TB high-quality Directly Observed Treatment, Short Course (DOTS).
4. Establish and strengthen joint TB/HIV management.
5. Improve quality of laboratory diagnosis.

To accomplish these objectives, prevention programs aimed at achieving the first objective represent about 40% of the total grant. TB care and prevention represents about 20% of the funds and program management about 14%. According to the Suriname Transition Assessment Report, 2018, *“Prevention programs for MSM and sex workers, as well as investments in health systems strengthening, are most at risk of not being absorbed because they are the largest costs and there is not a great deal of*



political will to support these efforts.” For this reason, it is essential that sustainability planning is prioritized to ensure that HIV and TB programs will continue to expand beyond the GF transition period. There is the need for plans, processes and systems that will see the collaboration between the public and civil society sector.

Table 2: Distribution of Budget by modules - 2015-2018 GF Grant

AMOUNT ALLOCATED (USD)

Program Management	\$ 922,279	27.2 %
TB Care and Prevention	\$ 927,209	27.3 %
Treatment, Care and Support	\$ 362,682	10.7 %
Removing Legal Barriers to Access	\$ 338,294	10.0 %
Prevention programs for men who have sex with men (MSM) and transgender (TG)	\$ 331,772	9.8 %
Health System Strengthening (HSS) - Health Information Systems and M&E	\$ 403,764	11.9 %
TB Multidrug resistant (MDR-TB)	\$ 51,375	1.5 %
Prevention programs for other vulnerable populations	\$ 32,015	0.9 %
TB/HIV	\$ 15,989	0.5 %
HSS - Procurement supply chain management	\$ 6,250	0.2 %

Source: Suriname Transition Assessment Report, 2018



03. The situation of Suriname and the Transition, Sustainability and Co-financing Policy of the GF

Suriname is classified as an upper-middle income country (UMIC). For this reason, and in concordance with the GF's Sustainability, Transition and Co-Financing Policy, the country is ineligible to receive funding for TB (considered moderate disease burden); but the country remains eligible for HIV and Malaria. Even though the country remains eligible for HIV and Malaria funding, the overall support from the GF has been reduced by 45% for the 2019-2021 allocation utilization period. In 2018 the GF commissioned ICF -an international consulting firm- to conduct a Transition Readiness Assessment (TRA). There were risks and opportunities identified and a transition work plan was developed to guide the country in order to build the necessary linkages and structures needed to sustain GF investments in Suriname over the transition period. This report and work plan served to guide the development of the country's 2019-2021 funding request. The TRA identified 3 key risk:

1. A highly constrained fiscal space from which to mobilize domestic resources for HIV, TB and Malaria.
2. CSOs highly reliant on external funding to conduct outreach and provide essential services to key populations. Without this funding, these will be at risk of not being sustained by domestic resources.
3. Some components of the Malaria and TB services are also dependent on external funding

The TRA indicates that efficiencies and innovative solutions are needed to lower costs in these programs. In addition, increased political will that translates into investment of more domestic resources to fill the gaps are needed to sustain the



gains made over the years with GF support. Some key mitigating actions identified by the 2018 TRA for Suriname includes but not limited to:

1. Innovative approaches through private sector engagement.
2. Development of an HIV and TB investment case.
3. Built capacity of Civil Society Organizations (CSOs) to conduct advocacy and provide oversight.
4. Continued discussions on cross-border malaria transmission.
5. Study on TB to see if certain populations are at higher risk.
6. Expansion of the prevention strategy.
7. Update national protocols to reflect World Health Organization (WHO) guidelines on provider initiated testing and counseling.
8. Pilot innovative testing strategies: pre-exposure and post-exposure prophylaxis and self-testing.
9. Generate data on effectiveness of human rights desk.
10. Knowledge, attitudes and practices study on artisanal mining population¹.
11. Develop an advocacy strategy for disseminating key messages from the investment cases.

¹ Artisanal mining can include activities as simple as panning for gold in rivers, to as complex as development of underground workings and small-scale processing plants. In any of these circumstances, issues can stem from difficulties in achieving regulatory oversight of a large number of small operations (including issues such as security of land tenure for artisanal miners, to enforcement of environment, safety standards, and labour standards).



04. Communities, Rights and Gender

	TB To be completed in 2019	HIV Yes	Malaria To be completed in 2019
Has an assessment of the legal environment been conducted to assist in the reform of policies and practices that violate the rights of the people affected?*	No	No	No
Has a disease-focused gender assessment been conducted to determine gender barriers and help alleviate inequalities?	No	No	No
Has the National Strategic Plan (NSP) defined and prioritized vulnerable and neglected populations in order to eliminate barriers to access essential services?	Yes ²	Yes	Yes
Are there national networks or groups for people affected by diseases that actively advocates for a person-centered response?	No	Yes	No

² A new study will be completed in 2019 to ensure that the NSP reflects the key populations in Suriname.



05. The Situation of Civil Society Organizations

In Suriname there has been study on CSO working in the area of HIV, TB or/and Malaria. However, in November 2015 a Non-Governmental Organization (NGO) mapping exercise was carried out by the Ministry of Health with the support of UNICEF. Both parties agreed on the implementation of a series of activities in the field of HIV to strengthen the capacity of the government with regard to policy development and the M&E of HIV related activities and support to NGOs and civil society to provide quality services to the communities, in particular to adolescents affected by HIV. In the context of cooperation with NGOs, the Ministry of Health has decided to extend the scope of the exercise to include all NGOs that provide health-related services.

Thus, the objectives sought to:

- i. To provide a database containing all NGOs working in the health sector with their characteristics
- ii. To provide an overview of the needs/ of NGOs in health
- iii. To formulate recommendations for the Ministry of Health with regard to the support of NGOs in the health sector.

The exercise found that of the 31 organizations that were included in the exercise, 9 work exclusively in the area of HIV but due to the



situation of HIV many other organizations implement HIV-related activities. The majority of the NGOs work in the area of Paramaribo, the capital and their activities are based on their organizational objectives but also availability of funding for specific projects. Some organizations receive a subsidy from the Ministry of Health and/or the Ministry of Social Affairs, contributions from clients that reside in the organization and funds from donors or sister organizations in the Netherlands. All the organizations have a Board of Directors and the majority indicated the need for strengthening of the capacity of their Board Members in fundraising and writing proposals. It was also discovered that coordination and collaboration among NGOs is weak.

Overall it was concluded that NGOs working in the health sector have a variety of goals, in particular HIV, people with disabilities and addiction care. A large number of NGOs lack specialized skills and training. Reporting capacity is limited as a consequence of a lack of capacity, time and personnel. There is need for fundraising training, especially for the Board Members. Other relevant conclusions include: limited cooperation between the organizations, insufficient data collected, and lobbying and advocacy work is lacking. Key recommendations include: strengthening the capacity of NGOs in the health sector, promoting greater cooperation and coordination among the sector and increase support and involvement of the Ministry of Health in the work of the NGOs.



06. Access to Technical Assistance

There hasn't been any official study to determine CSOs access to technical assistance. The mapping exercise did indicate that CSOs receive technical support from agencies such as UNICEF and USAID as well as international organizations.



07. Challenges for the transition

According to the 2018 Transition Assessment Report, there are 3 main risks to the HIV, TB and Malaria responses in Suriname. These include:

1) Suriname is currently in a steep economic recession that began in 2014, triggered by sharp declines in commodity prices. Other international donors are decreasing their support to Suriname for HIV/AIDS. Together, these factors give rise to a highly constrained fiscal space from which to mobilize resources for HIV, TB, and Malaria. Exacerbating this situation is a currency fluctuation challenge - domestic resources budgeted in the local currency and approved at the beginning of the year are not being disbursed to the Ministry of Health in their entirety because of ongoing currency devaluations that decrease purchasing power and pressure foreign exchange reserves.

2) Civil society organizations involved in the HIV/TB response in Suriname are heavily reliant on donor funding to support their organizations. Donors have funded them primarily to conduct outreach and provide testing services to key populations. As GF and other international donors pull out, these services are at risk of not being sustained. In addition, because civil society has focused on service provision, their traditional advocacy and oversight role has been somewhat overshadowed.

3) Provision of Malaria and TB services are particularly vulnerable to transition, as they are almost entirely donor financed (with the exception of commodities). While the overall cost of the national TB program is comparatively low, this is not the



case for Malaria, as Malaria elimination is inherently costly. Efficiencies in both of these programs and innovative solutions are needed to lower costs. Decreasing political will to eliminate Malaria due to lower national prevalence of the disease and concentrated outbreaks in populations with irregular legal status restricts the Ministry of Health's ability to substitute donor financing with domestic resources. Innovative funding approaches may be needed to fill gaps in the short term.



08. Milestones for the transition

- The Government of Suriname has gradually created a special budget line in the national health budget for HIV, TB and Malaria and with the exception of 2016 has gradually been increasing its commitment to health each year. This serves to finance antiretroviral (ARVs) and TB medication, HIV and TB testing materials, CD4 and viral load testing, support to NGOs and all Artemisinin-Based Combination Therapy (ACT) and Insecticide Treated Nets (ITNs) / Long Lasting Insecticidal Nets (LLINs) for stable populations.
- Suriname began a process of implementing a Health in All Policies approach in 2015. The National Strategic Plan (NSP) for a Multi-Sectoral Approach of HIV in Suriname (2014-2020) adheres to the Health in all Policies initiative by advocating for other Ministries to assign an HIV focal point that will help to integrate HIV-related activities in their respective budgets and develop multi-sectorial work plans.
- Suriname's Five Year Tuberculosis Plan 2015-2020 is based on WHO's Stop TB strategy and the International Standards for Tuberculosis Care and takes Treatment 2.0 into consideration for management of HIV/TB co-infection. Important for transition, the first main objective includes strengthening political commitment with increased and sustained financing and also includes a number of activities to raise awareness and advocacy.
- Transition Readiness Assessment and development of Transition Work Plan, 2017 which guided the development of the country's funding request to the Global Fund.
- Development, submission and subsequent approval of the of 2019-2021 Global Fund Request, 2018.





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