



Regional Platform  
Latin America and Caribbean  
Support, Coordination and Communication



# Intensifying Civil Society Engagement in Global Fund Transition and Sustainability Processes in Latin America and the Caribbean

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# Acknowledgements

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In accordance with its mandate to enhance the participation of civil society in the Global Fund to fight AIDS, Tuberculosis and Malaria (The Global Fund) processes, the Latin American and Caribbean Regional Platform has compiled this Sustainability, Transition and Co-Financing tool for civil society organizations (CSOs) and community groups.

Within the context of the Global Fund's process and its Sustainability, Transition and Co-Financing Policy, this guide which is a compilation of various resources available to civil society organizations, seeks to intensify the participation of CSOs in the transition and sustainability processes at their country by increasing knowledge as well as providing a valuable resource with up-to-date information and guidance. As CSOs — including key population organizations and communities — navigate the tides of present and imminent change posed by shifts in Global Funding and national priorities, they will have access to this resource that can serve to empower, motivate and guide their endeavours.

The task of compiling information and adapting this tool was led by consultant Celia Lizet Aldana with the support of LAC Regional Platform team: Martha Angelica Carrillo, Alfredo Mejia and Anuar Cadena Luna. The successful completion of this tool would not have been possible without valuable input from civil society partners that took the time to complete the survey, review the drafts and provide helpful information and guidance during the process.

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# Acronyms

CCM	Country Coordinating Mechanism
CRG SI	Community, Rights, and Gender Strategic Initiative
CSO	Civil society organization
DB	Disease burden
EPA	Eligibility and Performance Assessment
ER	Eligibility requirement
FPM	Fund Portfolio Manager
GATE	Global Action for Trans Equality
GFAN	Global Fund Advocates Network
Global Fund	Global Fund to fight AIDS, Tuberculosis and Malaria
HSS	Health Systems Strengthening
ICT	Information and communication technology
KP	Key populations
LAC	Latin America and the Caribbean
LFA	Local Fund Agent
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LMI	Lower Middle Income
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NFM	New Funding Model
NSP	National strategic plan
OIG	Office of the Inspector General
PF	Performance framework
PLHIV	People living with HIV
PLWD	People living with the diseases
PR	Principal Recipient
PWUD	People who use drugs
SR	Sub-recipient
STC	Sustainability, transition and co-financing
STCP	Sustainability, Transition and Co-Financing Policy
RSSH	Resilient and Sustainable Systems for Health
TA	Technical assistance
TRP	Technical Review Panel
UMI	Upper middle income
UN	United Nations

# Introduction

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## SITUATION OF SUSTAINABILITY AND TRANSITION

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) recognizes that ending the HIV and tuberculosis epidemics and eliminating malaria will only be possible through strong, sustainable national systems for responding to the 3 diseases. For this reason, the Global Fund has been urging countries to build sustainability planning into their national programs and their grant designs.

A country's eligibility for funding is determined by its income classification, based on the World Bank (Atlas Method) Income Classification and Gross National Income (GNI) per capita (Atlas Method), and disease burden (DB) indicators for HIV, tuberculosis and malaria. Countries with high income classifications and/or UMI countries with a low disease burden are not eligible for Global Fund financing. The process of planning for transition and sustainability is critical to minimize disruptions to programmes and potential negative impacts on the achievements made to date.

Since its launch in 2002, the Global Fund has been having a major impact especially in countries where national governments have been reluctant to invest in programs for key and vulnerable populations. The Latin American and Caribbean (LAC) region has benefitted from the support of the Global Fund since its inception. But now, just like the rest of the world, the LAC region is undergoing fundamental changes in several areas that will determine the setting, opportunities and challenges for an effective response to HIV, TB and malaria within the context of the Global Fund's transition. These changes require civil society to undergo a process of reflection and critical adaptation into a new framework of relations with those who design, approve, implement and evaluate public policies in their countries.

Global Fund programs support community systems, recognizing that CSOs and communities have a unique capacity to reach those that are most vulnerable to the three diseases. For this reason, the Global Fund is investing in efforts to align community systems and responses with formal health systems to maximize impact and to build resilient and sustainable systems for health. In accordance with this, the Global Fund through its Community, Rights, and Gender Strategic Initiative (CRG SI) and the LAC Regional Platform has been implementing initiatives to support CSOs and communities. The Global Fund's CRG SI uses the term "communities" as the catch all term for CSOs, PLWD, KPs and other NGOs.

The STC tool provides CSOs with the information and guidance to intensify their participation in Global Fund processes at different country levels. Through the application of this tool the sector can have greater understanding of the Global Fund, in particular, within the sustainability, transition and co-financing (STC) context.

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<sup>1</sup> [https://www.theglobalfund.org/media/7214/core\\_eligiblecountries2018\\_list\\_en.pdf?u=636784021070000000](https://www.theglobalfund.org/media/7214/core_eligiblecountries2018_list_en.pdf?u=636784021070000000)

# About the global fund

## THE HISTORY

The Global Fund to Fight AIDS, Tuberculosis and Malaria, often called “the Global Fund”, was created in 2002. It was launched at the United Nations General Assembly Special Session by Secretary General of the United Nations (UN), Kofi Annan, as an innovative financing mechanism that seeks to rapidly raise and disburse funding for programs that reduce the impact of HIV/AIDS, tuberculosis and malaria in low and middle income countries.

## WHAT IS IT?

It is a partnership between governments, civil society, the private sector and people affected by the diseases. The Global Fund raises and invests approximately US\$4 billion per year, channelling it to programs run by local experts in countries and implementers via Global Fund grants. Currently, more than 129 countries across all continents benefit from Global Fund support.

## HOW DOES IT WORK?

The Global Fund has three core principles:

- › Partnership
- › Involvement of all stakeholders in decision-making
- › Country Ownership

As a financing institution, the Global Fund’s primary purpose is to channel funds to program implementers. The following steps must be taken before countries can receive funding:

1. Decide country fund allocations (decision made at the Global Fund Secretariat level, using an allocation methodology which takes into account disease burden, income classification, and other qualitative adjustment factors)
2. Country dialogue
3. Development/review of the National Strategic Plan
4. Development of the funding request
5. Incorporation of feedback from the Technical Review Panel
6. Decision from Grant Approval Committee
7. Undertaking of grant-making process
8. Board approval

Countries take the lead in determining where and how to best fight AIDS, TB and malaria and how to respond to diseases and build resilient and sustainable systems for health.

# About this tool

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## PURPOSE

This Sustainability, Transition and Co-Financing Tool has been developed to facilitate the process in which CSOs and communities play a pivotal and meaningful role in the Global Fund processes especially as it relates to the present Sustainability, Transition and Co-Financing Policy (STCP). By equipping communities with the necessary information and guidance, CSOs should be better equipped to hold decision-makers accountable to ensure ongoing support for key and vulnerable populations. These populations are often the most impacted by transition processes in the LAC region due to human rights barriers to access and limited political will to invest in tailored and targeted services.

## AUDIENCE

The primary audience for this tool are civil society organizations and communities, with a special focus on key populations (KP). “Civil society” is the term used to designate all those stakeholders who are neither government bodies nor private sector enterprises: groups such as nongovernmental organizations, advocacy groups, faith-based organizations, networks of people living with the diseases, and other populations most affected.

This tool and the lessons learnt through this process will serve to inform Country Coordinating Mechanisms (CCMs), stakeholders and other key decision-makers in the disease response on how to engage civil society partners and communities in all Global Fund processes throughout the grant cycle, but most importantly, those unique challenges posed by transition and sustainability planning at the country level.

## HOW TO USE THIS TOOL

This tool seeks to increase awareness and knowledge on the Global Fund including the important role that communities should play throughout all its processes in particular the process of transition and sustainability planning of the HIV, TB and malaria responses.

The tool comprises of 4 sections: 1.) Global Fund Basics; 2.) The Global Fund Sustainability, Transition and Co-Financing Policy; 3.) Key Partnerships in the Process, 4.) Technical Assistance for Civil Society Organizations.

The expectation is that CSOs and communities will be able to use the tool as an organizational and personal resource document, but also as a source of information for training sessions for their members where necessary and possible.

# Section 1: Sustainability, Transition and Co-Financing

## 1.1 THE GLOBAL FUND TRANSITION PLANNING

As countries experience economic growth, they should have the capacity to increase spending on health, progressively moving away from external-donor financing toward domestically funded health systems. This is a welcome trend, but the Global Fund recognizes that a sustainable transition requires time and that support is required to achieve lasting impact in the response to HIV, Tuberculosis and Malaria.

The Global Fund works closely with countries to help them achieve long-term sustainability of health programs, so they can maintain progress and continue to expand services after Global Fund support ends. Ultimately, ending the epidemics will only be achieved with sustainable health systems that are fully funded by countries through their own national resources. The Global Fund partnership takes a holistic approach to sustainability, both at the programmatic and financial

level. Working with partners, the Global Fund engages with all eligible countries to support strengthened sustainability and well-planned and successful transitions.

The Global Fund works with countries to plan for transition. One way to do this is by conducting Transition Readiness Assessments (or other comparable analyses) with the government and partners. Such assessments look into several factors including the country's epidemiological context, domestic funding and budget priorities, the policy and legal environment, and support for human rights, gender equality, and key and vulnerable populations. To strengthen planning and better manage transitions, the Global Fund may also provide transition funding for up to three years to disease programs that become ineligible for regular Global fund grants, in order to help smooth the process of transition from external financing.

### WHAT IS THE SUSTAINABILITY, TRANSITION AND CO-FINANCING POLICY?

The Sustainability, Transition and Co-Financing Policy (STCP) brings together three inter-related themes to provide a coherent approach to delivering the long-term sustainability of health systems and national disease responses for HIV, TB, and Malaria.

The Overall Goal: INVESTING TO END THE EPIDEMICS

The **S**, the **T** and the **C**:



## 1.2 THE STC POLICY

### SUSTAINABILITY is relevant to all countries

The ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of external funding by the Global Fund and other major external donors.

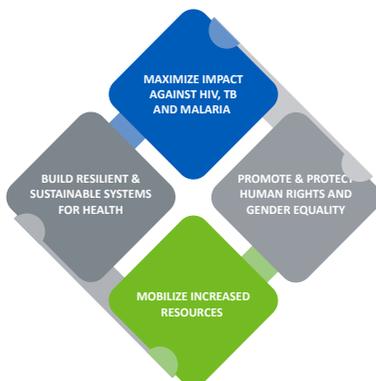
**TRANSITION** - Transition preparedness should be a priority for all Lower Income (LMI) countries with 'low' and 'moderate' disease burden and all Upper-Middle Income (UMI) countries.

The process by which a country moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate.

### THE SUSTAINABILITY, TRANSITION AND CO-FINANCING POLICY AND THE GLOBAL FUND 2017-2022 STRATEGY<sup>2</sup>

The Global Fund Strategy 2017-2022 places a strong emphasis on the need to support sustainable responses for epidemic control and successful transitions away from direct grant support. It also stresses the need to support countries to use existing resources more efficiently and to increase domestic resource mobilization:

- › **Maximize Impact Against HIV, TB and Malaria**
- › **Build Resilient & Sustainable Systems for Health**
- › **Promote & Protect Human Rights and Gender Equality**
- › **Mobilize Increased Resources**



### WHAT IS THE POLICY DESIGNED TO DO?

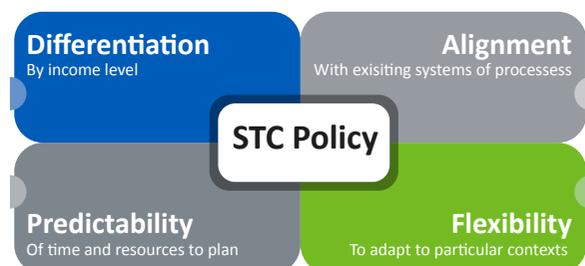
The policy takes a proactive approach to addressing the sustainability challenges and transition risks faced by a broad range of countries and grant components. These include the following risks:

- › **Financial**
- › **Programmatic**
- › **Governance**
- › **Alignment**

### THE 4 KEY PRINCIPLES OF THE POLICY ARE:



- › **Differentiation**
- › **Alignment**
- › **Predictability**
- › **Flexibility**



<sup>2</sup> [https://www.theglobalfund.org/media/2531/core\\_globalfundstrategy2017-2022\\_strategy\\_en.pdf](https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf)

### SUCSESSES AND LESSONS LEARNT

- ✓ Political will and government leadership
- ✓ Accounting for human rights and gender
- ✓ Investing in health systems and local capacity
- ✓ Aligning program design with government systems
- ✓ Early planning and enhanced clarity on transition processes
- ✓ Planned, multi-stage, gradual timelines
- ✓ Investing in transition
- ✓ Monitoring progress after transition

### KEY ASPECTS OF SUSTAINABILITY PLANNING

Sustainability is a key aspect of development and health financing, and all countries, regardless of their economic capacity and disease burden, should be planning for and embedding sustainability considerations within national strategies, program design, grant design, and implementation. Specific strategies to strengthen sustainability will often be influenced by country and regional context, but key aspects include (although are not limited to):

- › Strengthening of National Strategic Plans
- › Development of health financing strategies
- › Alignment and integration of systems
- › Identifying efficiencies and enhancing optimization of disease responses
- › ☑ Gradual, increased domestic financing of national disease response and interventions financed by the Global Fund, including via co-financing

### KEY ASPECTS OF TRANSITION PREPAREDNESS AND TRANSITION

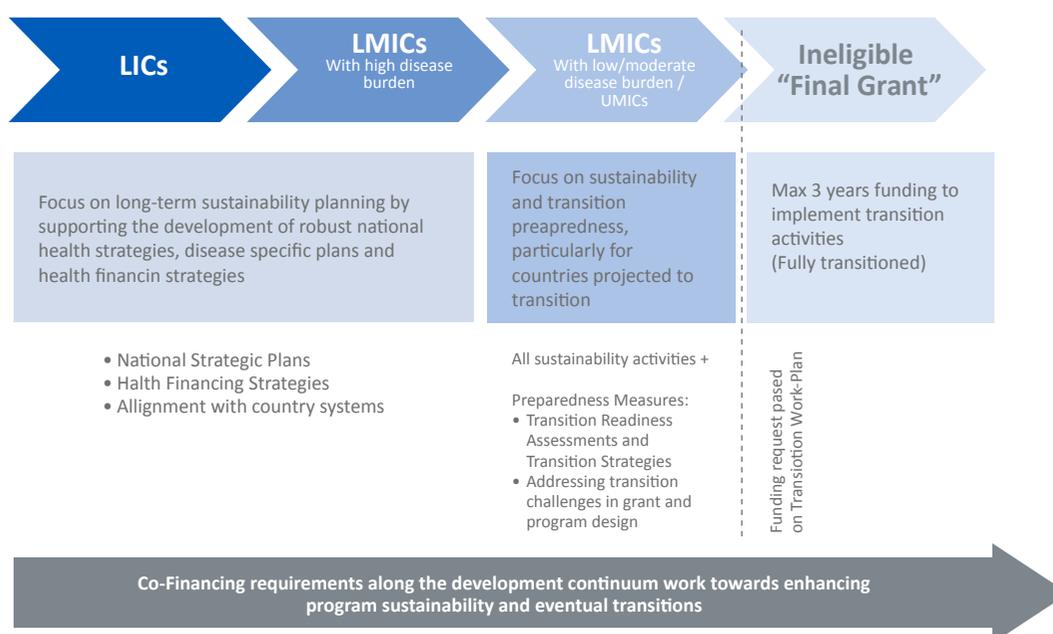
Early and proactive engagement with countries is essential to enhance transition preparedness. Transition is a process that depends on eligibility, but is also affected by changes in allocation (and the ability to finance the national disease response with that allocation). Specific strategies to strengthen transition preparedness will often be influenced by country and regional context but key aspects include:

- › Development of Transition Readiness Assessments, strategies for transition, and/or Sustainability Plans
- › Progressive and accelerated government financing of key interventions
- › Enhanced focus on key populations and structural barriers to health access (including human rights)
- › Enhanced focus in grants on thematic areas that could represent sustainability and transition gaps, including: contracting of non-state actors, strengthening of Monitoring and Evaluation (M&E) and procurement systems, reduction of dependence on Global Fund for purchasing commodities, etc.

## 1.3 THE PROCESS – PREPARATION AND CHANGES

### MODIFICATIONS IN ALLOCATIONS

As a country moves along the development continuum, it's possible that there are reductions in the size of the Global Fund allocation. Reductions in the size of the allocation may require a country to progressively assume key parts of the national disease response even multiple allocation cycles prior to transition. Countries are encouraged to plan early, and work to increase financing of all key interventions of the national disease response as they move along the continuum. The Global Fund's review of funding applications for UMICs and LMICs with low/moderate disease burden will include considerations around how transition preparedness is incorporated in the national disease response.



The Global Fund's Eligibility Policy is designed to ensure that available resources are allocated to countries with the highest disease burden and lowest economic capacity and to key and vulnerable populations disproportionately affected by the three diseases. Eligibility is determined by a country's income classification, as measured by Gross National Income (GNI) per capita (World Bank Atlas Method), and official disease burden categorization. The Global Fund updates its eligibility list annually. Importantly, eligibility does not guarantee that a country will receive an allocation from the Global Fund.

### Global Fund 2019 Eligible Countries - Latin America and the Caribbean

COUNTRY	INCOME CATEGORY	DISEASE COMPONENT	DISEASE BURDEN	ELIGIBILITY
Belize	UMI	HIV	High	Yes
Belize	UMI	TB	Not High	Not eligible
Belize	UMI	Malaria	Not High	Not eligible
Bolivia	Upper-LMI	HIV	High	Yes
Bolivia	Upper-LMI	TB	High	Yes
Bolivia	Upper-LMI	Malaria	Not High	Yes

COUNTRY	INCOME CATEGORY	DISEASE COMPONENT	DISEASE BURDEN	ELIGIBILITY
Colombia	UMI	HIV	High	Yes
Colombia	UMI	TB	Not High	Not eligible
Colombia	UMI	Malaria	Not High	Not eligible
Costa Rica	UMI	HIV	High	Yes
Costa Rica	UMI	TB	Not High	Not eligible
Costa Rica	UMI	Malaria	Not High	Not eligible
Cuba	UMI	HIV	High	Not eligible
Cuba	UMI	TB	Not High	Not eligible
Cuba	UMI	Malaria	Not High	Not eligible
Dominica	UMI	HIV	High	Yes
Dominica	UMI	TB	Not High	Yes
Dominica	UMI	Malaria	Not High	Not eligible
Dominican Republic	UMI	HIV	High	Yes
Dominican Republic	UMI	TB	Not High	Yes
Dominican Republic	UMI	Malaria	Not High	Not eligible
Ecuador	UMI	HIV	High	Yes
Ecuador	UMI	TB	High	Not eligible
Ecuador	UMI	Malaria	High	Yes
El Salvador	Upper LMI	HIV	High	Yes
El Salvador	Upper LMI	TB	High	Yes
El Salvador	Upper LMI	Malaria	Not High	Yes
Grenada	UMI	HIV	Not High	Yes
Grenada	UMI	TB	Not High	Yes
Grenada	UMI	Malaria	Not High	Not eligible
Guatemala	Upper LMI	HIV	High	Yes
Guatemala	Upper LMI	TB	Not High	Yes
Guatemala	Upper LMI	Malaria	Not High	Yes
Guyana	UMI	HIV	High	Yes
Guyana	UMI	TB	High	Yes
Guyana	UMI	Malaria	Not High	Transition (2019)
Haiti	LI	HIV	High	Yes
Haiti	LI	TB	High	Yes
Haiti	LI	Malaria	Not High	Yes
Honduras	Lower LMI	HIV	High	yes
Honduras	Lower LMI	TB	Not High	Yes
Honduras	Lower LMI	Malaria	Not High	Yes
Jamaica	UMI	HIV	High	Yes
Jamaica	UMI	TB	Not High	Not eligible
Jamaica	UMI	Malaria	Not High	Not eligible
Nicaragua	Lower LMI	HIV	High	Yes
Nicaragua	Lower LMI	TB	Not High	Yes
Nicaragua	Lower LMI	Malaria	Not High	Yes

COUNTRY	INCOME CATEGORY	DISEASE COMPONENT	DISEASE BURDEN	ELIGIBILITY
Panama	UMI	HIV	High	Yes
Panama	UMI	TB	Not High	Not eligible
Panama	UMI	Malaria	Low	Not eligible
Paraguay	UMI	HIV	High	Yes
Paraguay	UMI	TB	Not High	Not eligible
Paraguay	UMI	Malaria	Not High	Not eligible
Peru	UMI	HIV	High	Yes
Peru	UMI	TB	High	Yes
Peru	UMI	Malaria	Not High	Not eligible
St Lucia	UMI	HIV	Low	Yes
St Lucia	UMI	TB	Low	Yes
St Lucia	UMI	Malaria	Low	Not eligible
St Vincent and the Grenadines	UMI	HIV	High	Yes
St Vincent and the Grenadines	UMI	TB	Not High	Yes
St Vincent and the Grenadines	UMI	Malaria	Not High	Not eligible

**For a complete Global Fund Eligibility List 2018 click the following link:**

[https://www.theglobalfund.org/media/7214/core\\_eligiblecountries2018\\_list\\_en.pdf?u=636737408030000000](https://www.theglobalfund.org/media/7214/core_eligiblecountries2018_list_en.pdf?u=636737408030000000)

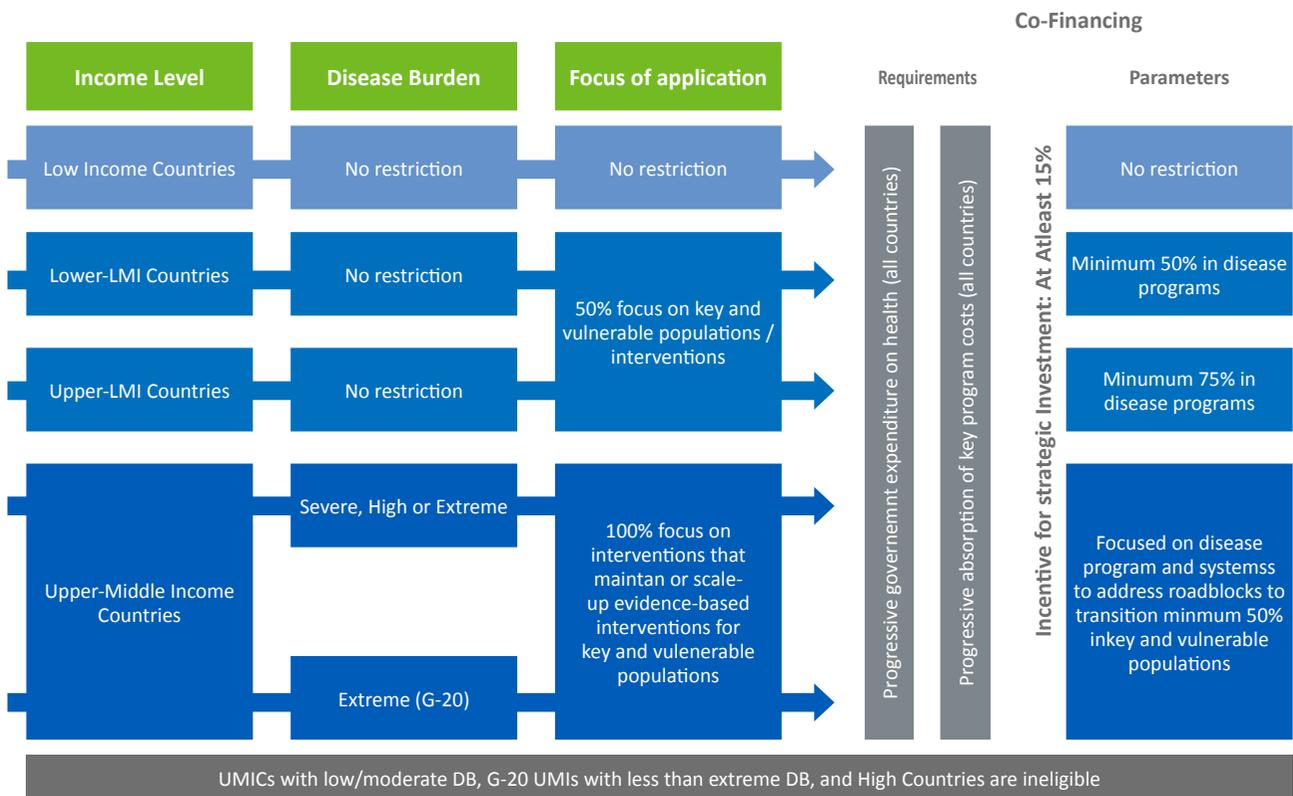
**CO-FINANCING: WHY IS IT IMPORTANT FOR THE PROCESS?**

As fiscal capacity increases, countries are also expected to increase contributions to disease programs and health systems. Domestic funding should progressively absorb costs of key program components, including but not limited to:

- › human resources
- › procurement of essential drugs and commodities
- › programs that address human rights and gender related barriers and programs for key and vulnerable populations

The STC Policy includes a co-financing policy aimed at incentivizing increased domestic resources for health, and progressively focused investments along the development continuum as a country prepares for transition.

**FOCUS OF APPLICATIONS AND CO-FINANCING BASED ON INCOME LEVEL AND DISEASE BURDENS**



## 1.4 THE IMPORTANCE OF TRANSITION PLANNING AT COUNTRY LEVEL

### TRANSITION PLANS AND PROCESSES

The Global Fund encourages countries to proactively plan for transition, including addressing challenges and bottlenecks that may prevent a successful transition from Global Fund financing. To strengthen planning and better manage transitions, the Global Fund provides transition funding for up to three years to disease programs that become ineligible for regular Global Fund grants. In addition, The Global Fund works with countries to plan for transition. One way to do this is by conducting transition readiness assessments with the government and partners. Such assessments look into several factors including the country's epidemiological context, domestic funding and budget priorities, the policy and legal environment, and support for human rights, gender equality, and key and vulnerable populations.

A number of tools have been developed to assist countries in conducting their transition readiness assessment processes and developing their transition plan which guides their transition funding request. One such tool is: ***AMPG Health Inc. Guidance for Analysis of Country Readiness for Global Fund Transition***

[https://plataformalac.org/wp-content/uploads/2018/03/TRAGuidance\\_eng\\_AcesoGlobal\\_APMG\\_2017\\_FINAL\\_.pdf](https://plataformalac.org/wp-content/uploads/2018/03/TRAGuidance_eng_AcesoGlobal_APMG_2017_FINAL_.pdf)

A number of countries in the Latin American and the Caribbean Region have completed the process of preparing their transition readiness assessment and work plans.

The LAC Regional Platform has also developed a tool that guides civil society organizations to assess their transition readiness: ***Civil Society Social Dialogues for Sustainability***

<https://plataformalac.org/en/2017/04/social-dialogues-sustainable-civil-society-2/>

The tool and methodology to assess risks and needs associated to sustainability and planning of actions from the civil society and communities' perspective within the context of the sustainable transition from the Global Fund grants. This methodology was tested in a pilot project implemented in Paraguay, Panama and Belize during the period between November 2016 and February 2017. The tool has also been implemented in Bolivia, Dominican Republic, Guyana and Perú.

The reports of these processes can be found at the following link below:

[\*\*\*Transitioning and sustainability of civil society in the HIV/TB response of Belize\*\*\*](#)

The process of transition preparedness and planning must be one led and owned by country stakeholders. Even though the Global Fund commits to provide funding support and guidance to countries during this process, the prioritization of programmes and activities, the goals and the ownership must be at the national level.

## Civil Society Social Dialogues – The BELIZE Experience

Belize is listed as a country in transition for Tuberculosis and even though it is still eligible for HIV funding the amount has been reduced by 45% for the 2019-2021 allocation. The process in Belize was a successful one as it enhanced the capacity of civil society organizations in the HIV/TB response to engage in dialogue and planning in preparation for the transition. This is the first exercise of its kind as there has not been no transition readiness exercise in the country when it was conducted. The methodology provided an excellent opportunity for the civil society organizations to build a shared vision on changes in the social, political, and financial environment and the challenges and opportunities that this entails for civil society in HIV and TB. Based on the findings, dialogue and vision of the civil society organizations a plan of action was developed which lays the foundation for addresses the challenges and opportunities presented by the transition processes. The participating civil society organizations agreed on 4 priority areas: 1.) Policy and Removal of Legal Barriers, 2.) Programing: Prevention and Testing and treatment, 3.) Governance and Sustainable Partnership and 4.) Financial Sustainability. Risks and opportunities were identified among these 4 areas and the plan of action identified mitigating actions that need to be implemented to ensure the transition readiness of civil society in Belize.

It can be concluded that the LAC Regional Platform methodology was applied in Belize successfully and the expected outcome was achieved. Because of this process in 2017, civil society successfully engaged in the process of the transition readiness assessment and transition plan development at the national level in 2018. The Civil Society Transition Plan informed both processes as well as the development of the transition funding request 2019-2021.<sup>3</sup>

### KEY THEMATIC AREAS IN TRANSITION PLANNING

While this depends heavily on country context, some key areas to consider are:

KEY AREAS	WHAT TO CONSIDER
Program for key and vulnerable populations	How reliant on the GLOBAL FUND is the country for interventions for key populations?
Capacity and Role of Non-State Actors in Service	Can non-state actors contract with implementers to provide key services as part of the health system?
Implementation of Global Fund grants	Are implementers of GF grants integrated fully into the national health system, and can they manage the transition process?
Ownership of key interventions and integration into national systems	Are all key interventions co-financed by national authorities, and are all systems aligned?
Salaries, operational costs and trainings	Are key operating costs and trainings still covered by the GF, and to what extent?
Strong M&E systems	To what extent do M&E systems capture the key data needed, particularly around key and vulnerable populations?
Reliable and efficient health products procurement and supply chain systems	To what extent are these able to deliver affordable, quality assured health products and key commodities without GF support?
Governance during and after transition	Are there mechanisms for long term inclusion of all key stakeholders in the national disease response?

<sup>3</sup> Transitioning and sustainability of civil society in the HIV/TB response of Belize

## National Transition Planning in Action: A Case Study of Bolivia

### Incorporation of work plans of CSOs in the National Transition Plan before the Global Fund

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*In 2017 the Evaluation and the development of the National Transition Plan (NTP) of Bolivia were carried out with the financing of the Global Fund (GF). An important component of the NTP is oriented towards the strengthening of civil society organizations (CSOs), specifically strategic objective No. 4: Guarantee the effective participation of CSOs in TB, Malaria and HIV linked to the State. In that same year, the first Social Dialogue of CSOs was held with technical support from the LAC Platform; a shared vision was built to face the changes in the social, political and financial environment; challenges and opportunities for the civil society of HIV, TB and malaria were identified; and an action plan was formulated by CSOs to face the transition period.*

*In 2018, the CRG Strategic Initiative of the GF approved a technical assistance aimed at CSOs, which was implemented by ICASO. The objective was to update and operationalize the components of the CSOs in the NTP based on the work plan of the first Social Dialogue. The following key activities were carried out: reviewing both plans and analysing overlaps, synergies and gaps; integrating the relevant activities of the Social Dialogue in the NTP; preparing civil society to face challenges in the transition and providing guidance in identifying priorities in the short, medium and long term; as well as supporting the establishment of a civil society mechanism for the monitoring and oversight for the NTP.*

*The NTP was reviewed and synergies, duplications and gaps were identified for civil society. A document was developed to be validated by the CSOs through a second Social Dialogue, which was attended by 30 leaders of CSOs and national networks of both vulnerable populations and affected by the 3 diseases. These initiatives were included in the proposed modification of the NTP, under strategic objective No. 4, and were approved at the meeting of the CCM of Bolivia. The new strategies and activities were:*

- *Strengthening of alliances between social movements*
- *Resource mobilization strategy for CSOs*
- *Development of social enterprises*
- *Monitoring and evaluation mechanism of CSOs to NTP*
- *Communication strategy to reduce the stigma and discrimination associated with HIV and TB*
- *Strategy of political incidence to guarantee the intercultural approach in the response to the three diseases*
- *A leadership school.*

*The CSOs requested support from the LAC Platform for the validation of a Leadership School and a communication strategy against the stigma and discrimination associated with TB and HIV. Currently, CSOs want to continue advancing in their strengthening to participate effectively in the transition processes and in the sustainability of the response to the withdrawal of the GF.*

**Additional Thematic Areas in Transition Planning:**

- › Epidemiological context: the drivers of infection and any key and vulnerable populations that might be disproportionately affected as well as age and gender related disparities and vulnerabilities.
- › Economic situation: the country's macroeconomic outlook and the fiscal capacity of the government to increase public sector financing.
- › Political context: the term of the current government and its commitment to financing the disease program.
- › Policy and legal environment: the policy and legal issues that may impact on the transition.
- › Human rights and gender: human rights and gender related barriers in access to services.
- › Disease Program: the current interventions being implemented, service delivery coverage, across the dimensions of gender and age, and including for key and vulnerable populations, and an analysis of where scale-up is needed to achieve policy objectives.
- › Health systems: the current capacity for health systems planning, M&E; procurement system management including how ARVs are procured; what reforms are happening in the health sector and their potential relevance for the sustainability of the disease program; the enabling factors required for transition and what systems components present road blocks to transition.
- › Financing: who are the major funders, how the public financial management system is structured, whether key services of the disease program are included in the national health insurance.



## KEY INFORMATION FOR THE EMPOWERMENT OF THE COMMUNITIES IN THEIR PARTICIPATION IN TRANSITION

### Country Briefs

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*The LAC Platform is in the process of conducting and disseminating national studies “Country Briefs” on access to information, capacity development and technical assistance. The Country Briefs describe the country’s situation regarding the transition, sustainability and co-financing policies of the Global Fund. These documents are mainly oriented towards CSOs and communities, in order to provide an updated overview of how political processes are developed at national level. They also serve as a basis to guide advocacy and participation actions being led by the communities. They include information on country context, updated epidemiological information for the 3 diseases, information on Global Fund contributions, brief description of the current grants, situation of the country with respect to the transition policy, sustainability and co-financing Global Fund policies, timelines for the transition, actions developed with communities (Human Rights and Gender), access to technical assistance, challenges and milestones for the transition preparedness.*

*Some examples of the information are:*

- Cuba has made the greatest progress in its transition plan, and it is expected to be the first country in the region to transition in HIV.*
- Haiti is the country with the least chance of transitioning in the short term.*
- There are similarities in the transition processes in terms of the situation of the community response, human rights and gender.*
- A series of inequalities prevail in the communities in aspects such as the level of organizational development, the lack of capacities -mainly among the smaller ones; the absence of networking and articulation with other social actors are common in almost all the countries in the region.*
- The situation of human rights continues to be a great challenge as stigma and discrimination prevail, and violations of the rights of people in different areas continue to be reported.*
- Gender inequality also continues to be a major problem, particularly acute among transgender populations, the most vulnerable to both HIV and TB infection, as well as to gender-based violence. It has been possible to document that access to technical assistance services is limited.*
- There are few providers in the region and organizations do not perceive technical assistance as a resource for capacity development.*
- Except for countries that have not yet started transition processes like Haiti, all countries have started the preparation of National Strategic Plans, National Transition Plans, and in some cases Social Dialogues (Panama, Paraguay, Bolivia, Guyana, Belize and the Dominican Republic).*
- Some of the major concerns include the definition of mechanisms to implement social contracting strategies, once the Global Fund has withdrawn, and ensuring that governments assume the health expenditures that the Global Fund has been covering.*

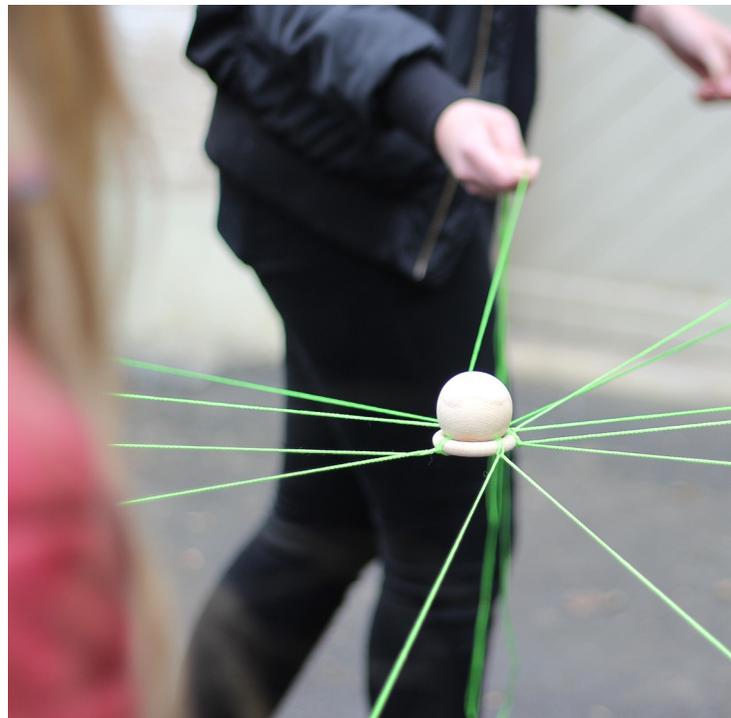
*This work will contribute to improve understanding among TA providers on communities needs and help them to provide appropriate and quality TA services.*

## Section 2: Key Partnerships in the Sustainability and Transition Process

### 2.1 THE ROLE OF THE CCM

The Country Coordinating Mechanism (CCM) has a key leadership role in the transition preparedness process as well as overseeing the transition from Global Fund support and toward domestic ownership and financing. CCMs have the responsibility to coordinate the country dialogue, to support the assessment of transition readiness and develop a strategy for transition as early as possible. As the country prepares for transition, the role of the CCM should be appropriately adapted to enable a successful transition process. This may include but is not limited to: 1) modifying the composition of the CCM, such as by inviting the Ministry of Finance or Planning, the World Bank, the Private Sector, and or other key stakeholders who may play a role in the transition process to become CCM members and 2) using CCM funding to help drive the transition planning process, implement or oversee aspects of transition work-plans, or enhance capacity of CCM members around transition related topics. The CCMs can also play a key role in leading the transition process by:

- › Being central to the principal of local ownership and participatory decision-making
- › Playing important role as country-level partnerships focusing on national priorities
- › Having access to strategic information about the program performance
- › Being able to coordinate with national governments and across sectors
- › Helping ensure inclusive, multi-stakeholder and country-owned process
- › Support social dialogue among CSOs to identify risks and challenges on STC, and advocate for it.



#### **GOVERNANCE DURING AND AFTER TRANSITION:**

Countries preparing for transition should plan the change or replacement of the role of the CCM after transition, particularly with respect to the key principles of inclusion and participatory decision-making. Some options that may be effective include maintaining the CCM. In this case it will be necessary to identify sources of funding to continue CCM functions after transition. Another feasible option is the merging of the CCM with other governing entities, with an emphasis on trying to ensure the continued participation of civil society and communities in national governance mechanisms overseeing the disease response. In either of the cases it is important to ensure that the core CCM principles of inclusivity and participatory decision-making are maintained.

## Country Coordinating Mechanism Evolution

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Country Coordinating Mechanisms (CCMs) have had a central role in the Global Fund partnership since our founding. Today, to better deliver on the Global Fund Strategy 2017-2022, the CCM model and structures are being strengthened through the CCM Evolution project.

### **Implementation**

The pilot implementation phase of the project, running from September 2018 through the end of 2019, aims to improve the performance of CCMs. The results and lessons learned from the phase will inform an investment case, to be presented to the Global Fund Board, with the aim of evolving the CCM model for 2020 and beyond.

Eighteen CCMs are participating in the pilot phase. They were selected to represent different types of CCMs and at different maturity levels. Each CCM:

- Falls into one of three contextual groupings
- Falls into one to one of three maturity levels
- Is carrying out a series of activities implemented under four focus areas

**Contextual groupings:** The 18 participating CCMs each fall into one contextual grouping, and each grouping has its own performance expectations.

**Maturity levels:** Each participating CCM also falls into one of three maturity levels:

- **Functional:** CCMs working to develop basic governance practices, such as conflict of interest management and information transparency
- **Engaged:** CCMs with stronger governance practices, effective engagement with civil society including key populations, and grant oversight and risk management
- **Strategic:** CCMs that strategically engage at the national level and tackle issues regarding long-term sustainability and influence on national programs

The project seeks to advance CCMs along the maturity levels.

### **Focus areas**

- The participating CCMs receive varying levels of support – depending on their contextual groupings and maturity levels – to implement activities in four focus areas:
- **CCM functioning:** Systematizing activities that have demonstrated to improve CCM functioning
- **Linkages:** Maximizing the collaboration and coordination between the CCM and the other forums; on a case by case basis, evaluating opportunities to integrate CCMs into national structures
- **Oversight:** Professionalizing the oversight function to maximize impact on grant performance; ensuring that the CCM oversight function is better integrated with portfolio management
- **Engagement:** Stimulating a strong and committed CCM leadership; ensuring better communication between CCM members and their constituency members

For more information on the CCM Evolution project, see:

CCM Evolution Phased Approach Presentation

download in [English](#) | [Español](#) | [Français](#) |

CCM Policy

download in [English](#) | [Español](#) | [Français](#) |

## 2.2 SOCIAL CONTRACTING AND CSOS

### WHAT IS PUBLIC FINANCING OF CIVIL SOCIETY FOR HEALTH SERVICE PROVISION (SOCIAL CONTRACTING)?

Public financing of CSOs for health service provision (commonly known as “Social Contracting”) is an emerging concept and, as a result, its definition remains fluid. For some it involves the process of governments bringing civil society organisations into the service mix, by providing them with funding and responsibility for the delivery of some of the services traditionally delivered by government. For others, it goes further and describes a process in which civil society has a greater role in working in partnership with government and other stakeholders on service planning, delivery and evaluation. Some interpret contracting as the mechanism whereby a financing entity procures a defined set of services from a non-state provider. Others use it more broadly to refer to public resources channelled to CSOs to implement health or social sector related interventions.

### Public Funding of Civil Society and Communities in the Response to HIV: Experience in Six Countries in Latin America and the Caribbean

In 2017, a study on Public Funding of Civil Society and Communities in the Response to HIV documented the experience in 6 countries in the LAC region. The objective was to identify and analyse experiences in public financing of civil society and communities in the response to HIV, TB and Malaria

Six countries were identified with running processes of public financing that are executing CSOs contracting for the implementation of services and/or execution of projects: Argentina, Brazil, Colombia, Costa Rica, Dominican Republic and México.

Conclusions: Different conclusions were reached which are outlined as follows:

1. The six countries have regulatory frameworks governing the contracting of the community sector, which allows CSOs to implement projects and provide services efficiently, maintaining the government’s stewardship.
2. Two models of government partnership with civil society were identified: Direct action by bodies responsible for the resources and stewardship in the sector, and Indirect action, executed through third parties, with the technical and operational support of international cooperation agencies or autonomous bodies.
3. Public announcements are the most common mechanism to promote community participation in service delivery or project implementation. The process of convening, documentation submission and selection reduces the implementation time of the expected actions.
4. Strategies to strengthen community systems are scarce in most countries. Their contribution is considered of great value in the implementation of prevention strategies, including behavioural, biomedical and structural strategies, as well as reduction of stigma and discrimination.
5. Supervision processes are conducted in most cases in person; in others, it is combined with remote supervision and the support of virtual platforms, which in addition to reducing costs, allows the delivery of technical information.
6. Evaluation processes vary and are mostly based on process and outcome indicators, not impact indicators; due to the duration of the projects and the level of difficulty and high cost of evaluating the impact of the interventions, these are not conducted.
7. The availability of resources for the promotion of community sector activities depends on the willingness and joint perspectives between authorities and CSOs; the existence of specific legislation establishing the requirements for obtaining resources may reduce this possibility.
8. Most countries directing support with domestic resources do so through civil society interventions with key and most-at-risk populations. A minority of these
9. Contracting include vulnerable populations, such as the case of Brazil and Mexico, following the recommendations to focus strategies on populations where the epidemic is concentrated and according to the type of epidemic in the region.

Source<sup>4</sup>

<sup>4</sup> LAC Regional Platform, 2017

## SOCIAL CONTRACTING TO SUSTAIN THE HIV AND TB RESPONSE

While significant progress in prevention and treatment of HIV, TB, and malaria has been made in recent years, achieving elimination targets by 2030 will require a greater focus on reaching those hardest to reach – ‘leaving no-one behind’. This will require more community interventions and partnerships with civil society to reach and serve the particular populations that experience the greatest difficulty accessing programs and services. These populations are different for each disease and vary according to context.

Reaching hard to reach populations is often best achieved by civil society organizations using strategies developed from their deep understanding of these populations, and of the particular barriers that they experience in accessing and maintaining contact with health services. This highlights the need for a strengthened role for civil society in the planning and implementation of programs and services and in particular, bringing to scale effective key population engagement programs. This need for greater reach into hardest to reach populations comes at a time of an increased demand on limited international development funds, economic growth in countries previously classified as low income, and rising inequality in middle and upper middle-income countries. In this context both donors and governments recognize the need for national governments to absorb increasingly larger shares of the costs of HIV, TB, and malaria responses.

Social contracting seeks to maintain the critical role of civil society in the HIV and TB response in concert with domestic resource mobilization efforts. These collaborative arrangements or partnerships between governments and CSOs are referred to as “social contracting mechanisms.” The process of social contracting is not simply that a government provides grants to CSOs. It requires a number of policy, financial, and programmatic initiatives to ensure successful implementation. Before embarking on the process of social contracting, stakeholders should consider the roles of CSOs, which services are needed, and how active CSOs are in the country response to HIV.

For example, in contexts where stigma and discrimination in government services is lower, CSOs may be most effective in providing support for adherence and retention, while in other contexts with higher stigma and discrimination, CSOs may be needed to provide services across the cascade—prevention, testing, and linkage to care and support. The table below provides key activities that CSOs, government and policymakers, and external donors can take to support implementation.

Steps in the social contracting process	Civil society organizations	Government agencies and policy makers	External donors
<b>Review and understand legal and regulatory needs for social contracting mechanisms</b>	<ul style="list-style-type: none"> <li>Support and engage in analysis on country ability to provide funding to CSO's</li> </ul>	<ul style="list-style-type: none"> <li>Determine which funding mechanism would be the most appropriate for the country context</li> </ul>	<ul style="list-style-type: none"> <li>Assist with the development of the social contracting funding mechanism</li> </ul>
<b>Develop/adapt regulatory process for selecting CSO's for contracting</b>	<ul style="list-style-type: none"> <li>Advocate for transparency and accountability in the contract selection process</li> </ul>	<ul style="list-style-type: none"> <li>Develop transparent procurement and contracting processes</li> </ul>	<ul style="list-style-type: none"> <li>Provide best practices globally on transparent review and accountability processes</li> </ul>
<b>Ensure domestic finances are available for social contracting mechanisms</b>	<ul style="list-style-type: none"> <li>Conduct analyses on funding sources for social contracting and advocate for annual predictable financing to be included as a budget line item</li> </ul>	<ul style="list-style-type: none"> <li>Ensure adequate predictable funding is available for social contracting to civil society</li> </ul>	<ul style="list-style-type: none"> <li>Provide seed money for pilot initiatives of social contracting in country</li> </ul>
<b>Provide quality implementation and monitoring of publicly-financed services</b>	<ul style="list-style-type: none"> <li>Strengthen capacity in organization for management, reporting, and technical monitoring and evaluation for public financing</li> </ul>	<ul style="list-style-type: none"> <li>Develop systems to fund and monitor CSO contract work</li> </ul>	<ul style="list-style-type: none"> <li>Assist CSO's and government on effective implementation and monitoring of work</li> </ul>

### Source<sup>5</sup>

<sup>5</sup> HEALTH POLICY PLUS Social Contracting: Supporting Domestic Public Financing for Civil Society's Role in the HIV Response, 2018

## Technical Assistance for the Recognition of Type “A” Community Services – Colombian Experience

This technical assistance conducted in Colombia has allowed the characterization of the situation of community organizations providing health services with different formulas. Even though they are defined as being of low complexity, their structure, level of development, and technical capacity is actually highly heterogeneous. The purpose of their actions is not homogeneous either, as there are two distinct groups: organizations focused on promotion, prevention, and diagnosis of HIV and other STIs; and organizations focused on accompaniment, advocacy and monitoring actions regarding accessibility and quality of health services aimed at vulnerable populations.

So far, coordination among organizations providing this type of services has been limited. This has been a barrier for their positioning within the National Health System and their recognition by its actors, which is essential for their sustainability. Actions conducted within the context of the technical assistance have boosted the SCA Platform’s relaunch, which now has a representative Committee for Promotion serving as a Board of Directors.

The existence and strength of the SCA Platform offer several opportunities. On the one hand, mechanisms of the current Colombian legal framework can be used to the extent possible to include community services as basic health services while work is conducted to modify it and make it more inclusive and flexible. On the other hand, a solid group which continues over time is the basis for its recognition as an interlocutor by the Ministry of Health and other actors of the health sector in the country.

This requires a long-term strategic work which strengthens the SCA Platform technically and financially, and reinforces its legitimacy with respect to the organizations whose interests it represents and the community as a whole. Members themselves have undertaken this last task as a result of this technical assistance. It is also required that members are trained continuously on knowledge more specialized than that handled so far: critical analysis of epidemiological data; legal and regulatory framework; quality control of action protocols; guides for complying with authorization requirements; monitoring and impact assessment techniques; professionalization of management, marketing, and financing; and visibility and lobbying strategies with accurately defined goals, audiences, and indicators. Furthermore, everything must be documented to reinforce the institutionalization of the acquired knowledge and experience.

Organizations providing community services offer added and complementary value to the system’s traditional services. Their capacity and experience to attract, retain, and support populations vulnerable to HIV, including extramural populations, within the National Health System, are unique. However, this is not enough if organizations cannot manage to communicate clearly the benefit they offer for public health and the general population of the country. Only if they succeed in doing so, they will obtain political and social recognition, and the foundations for their sustainability will be part of the comprehensive response to HIV in Colombia.

### **SOME OBSTACLES TO SOCIAL CONTRACTING:**

- › The need to build trust between CSOs and government that is centred around constructive engagement
- › Non-existent or weak legal or policy framework to allow social contracting
- › Regulatory systems (licensing, accreditation and permits) that could impede CSOs from delivering services, including under social contracts

### **SOME RECOMMENDATIONS:**

- › Building the case for civil society involvement
- › Development of handbooks on social contracting mechanisms
- › Development of tools and guidance for assessing preparedness for domestically-funded social contracting
- › Specific country analysis
- › Work on budget advocacy

## Section 3: Technical Assistance and Strategic Community Capacity Strengthening

The role of civil society organizations is critical to ensure a smooth and effective sustainability and transition process. For CSOs especially NGOs and community groups to have the capacity to meaningful impact the processes, they must be fully equipped with the information, knowledge, skills and opportunities to do so. For this reason, entities such as the GLOBAL FUND provide opportunities specifically for technical assistance support to CSOs. It is important that CSOs take advantage of these technical assistance opportunities that can come in many forms.

### 3.1 Technical Assistance Opportunities for CSOs

Technical Assistance (TA) is the process of providing targeted support to an organization or individual for a specific need. It may be provided in many different ways, such as one-on-one support or mentoring, small group facilitation, or online using the internet.

There are a number of opportunities for technical assistance which may be accessed to support CSOs to have a more effective role in CCMs and other Global Fund processes. However, the types of activities for which TA may be accessed are very broad.

### 3.2 The Global Fund's Community, Rights and Gender Technical Assistance Program

The CRG Technical Assistance Program is one part of a Global Fund Board-approved strategic initiative. The strategic initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in GLOBAL FUND processes and ensure that grants reflect their needs. The CRG Technical Assistance Program provides support to civil society and community organizations to meaningfully engage in the GLOBAL FUND model, including during:

1. Country dialogue
2. Funding request development
3. Grant-making
4. Grant implementation

Under this program, national civil society and community organizations can apply for technical assistance in a range of areas, such as:

- Situational analysis and planning
- Participation in country dialogue
- Program design
- Oversight and monitoring of grant implementation

- Engagement in sustainability and transition strategy development

Some examples of technical assistance requests include:

- Support to design, plan and implement a consultation process to identify key population priorities for HIV funding request development
- Designing and budgeting for community systems strengthening programs as part of the grant-making process
- Facilitating a funding request review among youth organizations to identify gaps and propose appropriate interventions for inclusion
- Proactive, peer-led community engagement support to civil society and community in sustainability and transition planning

Technical assistance is provided by non-governmental organizations – including key population networks, universities and civil society organizations – that were selected through an open tender process for their demonstrated skills and capacities on community, rights and gender competencies.

***[CRG Technical Assistance Program Providers List download in English](#)***

The program currently does not support:

- Strengthening CCMs
- Long-term capacity building of civil society organizations
- Funding request writing

Organizations can request CRG technical assistance at any time throughout the funding cycle. Requests should be submitted using the form and should be sent via email to [crgta@theglobalfund.org](mailto:crgta@theglobalfund.org).

Source<sup>6</sup>:

Organizations wishing to access support to complete a CRG technical request may use the following link:

***[LAC Platform Technical Assistance Tool](#)***

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<sup>6</sup><https://www.theglobalfund.org/en/technical-cooperation/community-rights-gender-technical-assistance-program/>

## CRG – SI TECHNICAL ASSISTANCE PROGRAM

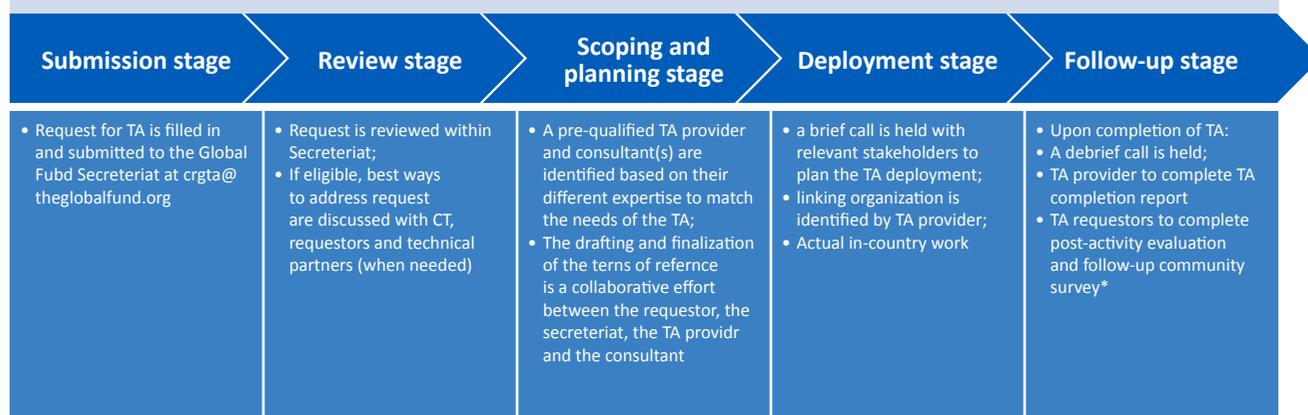
### The process

March 2018

The CRG Technical Assistance program is one part of a US \$15 million Global Fund Board –approved strategic initiative that runs through December 2019. The strategic initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in Global Fund processes and ensure that grants reflect their needs.

Under the CRG Technical Assistance program, community based organizations can apply for support to meaningfully engage in the Global Fund model.

Applications received under the program go through the following process:



\* The follow-up community survey is to be completed by TA requestors at least 3 months and not more than 9 months after the conclusion of the TA activity.

To learn more about CRG technical assistance download resources at:

[LAC Platform Technical Assistance Tool](#)

### 3.3 The LAC Regional Platform Communication and Coordination Support for CSOs

#### What are Regional Platforms?

The GLOBAL FUND first established six Regional Platforms for Communication and Coordination under the Community, Rights and Gender (CRG) Special Initiative, which ran from 2014 to 2016. In November 2016 the Board approved continued investments for the initiative, renaming it the Community, Rights and Gender Strategic Initiative (CRG-SI) for the period 2017-2019. This next phase of the CRG-SI will continue to be implemented through three components: the Short-Term Technical Assistance Program; the Regional Platforms for Communication and Coordination; and the Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations.

The platforms are hosted by civil society organizations (CSOs) in six geo-lingual regions (see table). All six platforms will contract with the Fund and begin implementing their work before the end of 2017, with their contracts running for 2.5 years.

### Table: Regional Platform hosts

Region	Platform host
Anglophone Africa	<b>Eastern Africa national Networks of AIDS Service Organizations (EANNASO)</b> Arusha, Tanzania
Asia-Pacific	<b>APCASO</b> Bangkok, Thailand
Francophone Africa	<b>Réseau Accès aux Médicaments Essentiels (RAME)</b> Ouagadougou, Burkina Faso
Eastern Europe and Central Asia	<b>Eurasian Harm Reduction Association (EHRA)</b> Vilnius, Lithuania
Latin America & the Caribbean	<b>Via Libre</b> Lima, Peru
Middle East & North Africa	<b>International Treatment Preparedness Coalition – MENA (ITPC-MENA)</b> Marrakech, Morocco

## LAC Regional Platform Initiatives for CSOs

The Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform), is an initiative driven by VIA LIBRE and supported by the GLOBAL FUND. It is part of several interventions to support and strengthen community and civil society participation at all levels within their processes. It is a component of the Special Initiative on Community, Rights and Gender (CRG).

### The core objectives of the LAC Platform are:

**OBJECTIVE 1:** To enhance knowledge and improve meaningful engagement of communities through regular dissemination of tailored and targeted information on Global Fund-related processes and the CRG SI

**OBJECTIVE 2:** To strengthen the engagement of communities to improve the overall impact of national and regional responses including through efficient and effective Global Fund supported programs

**OBJECTIVE 3:** To support strategic community capacity strengthening initiatives by fostering spaces for engagement, collective participation, and learning within key decision-making processes, in particular as they relate to community, rights, and gender

**OBJECTIVE 4:** To improve community access to TA opportunities through greater coordination and harmonization among CRG SI short-term TA providers (Component 1), other TA providers, and donors

**In order to meet these objectives, the Platform implements activities:**

1. Update community mappings and listservs
2. Develop, synthesize, translate, and/or disseminate relevant information
3. Facilitate events for sharing and exchange
4. Support national level communities during all stages of the funding cycle
5. Compile and disseminate relevant TA information
6. Support communities to understand TA options
7. Coordinate with TA partners to review TA
8. Conduct and disseminate national TA studies
9. Host information events for TA providers

**Sustainability and transition process initiatives:**

- › Civil Society Social Dialogues Tool
- › Civil Society Social Dialogues Reports
- › Profiles of Country Transition Process Status

To know more about those initiatives go to:

[\*\*\*Social Dialogue Methodology\*\*\*](#)

[\*\*\*Social Dialogue in Belize\*\*\*](#)

[\*\*\*Social Dialogue in Bolivia\*\*\*](#)

[\*\*\*Social Dialogue in Dominican Republic\*\*\*](#)

[\*\*\*Social Dialogue in Guyana\*\*\*](#)

[\*\*\*Social Dialogue in Panama\*\*\*](#)

[\*\*\*Social Dialogue in Paraguay\*\*\*](#)

[\*\*\*Social Dialogue in Peru\*\*\*](#)

[\*\*\*Comparative Analysis of 8 Transition Plans in LAC\*\*\*](#)

[\*\*\*LAC Country Briefs\*\*\*](#)

**BI-LINGUAL**

All resources of the LAC Regional Platform are provided both in English and in Spanish. In addition, the Platform now counts with the technical support of a Caribbean Focal Point who works directly with countries in the Caribbean and other English speakers partners.

Caribbean Focal Point:

Martha Carrillo

[mcarrillo.mcconsultancy@gmail.com](mailto:mcarrillo.mcconsultancy@gmail.com)

All LAC Regional Platform information and resources can be found at:

[\*LAC Platform website\*](#)

## LAC REGIONAL PLATFORM RESOURCES FOR CSOS

Platform Bulletins

[\*LAC Platform Newsletters\*](#)

### Documents

Global Fund documents

[\*Global Fund Documents at LAC Platform website\*](#)

Studies and Support material

[\*Studies and other materials at LAC Platform website\*](#)

Evaluation and Capacity Development tool

[\*Evaluation tools and capacity building documents on LAC Platform website\*](#)

Participation in Global Fund Processes

[\*Community Participation in the Global Found at LAC Platform website\*](#)

Toolkit Funding Cycle 2017-2019

[\*Funding Cycle 2017-2019 Toolbox\*](#)

### Toolboxes

HIV

[\*HIV Toolbox\*](#)

TB

[\*TB Toolbox\*](#)

Malaria

[\*Malaria Toolbox\*](#)

Technical Assistance Opportunities

[\*Technical Assistance opportunities at LAC Platform website\*](#)

Consultants and Technical Assistance Providers

[\*Technical Assistance providers in LAC\*](#)

Community Forum

[\*The community\*](#)

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Technical assistance program on Community, Rights and Gender: An Overview

The Global Fund's approach to Monitoring and Evaluation, 2017

The Global Fund Eligibility List 2018

The Global Fund Grant Lifecycle, PowerPoint presentation

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37th Board Meeting Update on Sustainability, Transition, and Co-Financing, Global Fund 2017  
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Online resources

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[www.icaso.org](http://www.icaso.org)  
[www.theglobalfund.org](http://www.theglobalfund.org)  
[www.aidspace.org](http://www.aidspace.org)  
[www.aidsalliance.org](http://www.aidsalliance.org)



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