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NEW FUNDING MODEL IN LATIN AMERICA YIELDS NEW PARTNERSHIPS -- AND NEW EXPECTATIONS

Government decision-makers and civil society stakeholders from across Latin America met in Quito, Ecuador in early April to discuss how to include civil society in decisions about smarter investments in high-impact programs to combat HIV, TB and malaria.

The meeting organized by the Global Fund, in cooperation with the Government of Ecuador and UNAIDS, was developed as a first step towards inclusive and participatory dialogue for countries preparing concept notes under the new funding model (NFM). It was attended by 150 delegates representing 13 implementing countries as well as multilateral and bilateral institutions, and international NGOs.

Silvio Martinelli, manager for the Fund's Latin America and Caribbean (LAC) region, said that while there has been steady economic growth in the region there has not always been a commensurate investment in health.

Global Fund investment in LAC has remained stable in the transition from the rounds-based approach to the NFM for those countries that remain eligible. Among those no longer eligible are Argentina, Brazil, Mexico and Uruguay. Total disbursement stands at some \$585 million — 67% for HIV, 18% for TB and 15% for malaria — a split that will remain mostly the same under the new allocations announced in March for eligible countries.

That the national delegations included representatives from both Health and Finance ministries indicated a transition in the way health programming has been traditionally handled around the region, according to Anamaria Bejar, the associate director for Latin America of the International HIV/AIDS Alliance.

“It opened the door for a broader dialogue with government partners that have not been traditionally involved in the response to the three diseases,” she told Aidspan. “It also provided an excellent opportunity for civil society to be involved in promoting a sustainable way forward for the regional response.”

Much of the discussion during the three-day meeting focused on the new requirements for governments to invest more substantially in the response to the three diseases. Under the terms of the ‘willingness to pay’ provision, 15% of the resources allocated by the Global Fund will be withheld until a country commits to boost its spending by a proportional amount on programs targeting the three diseases. That proportional amount will be determined during the country dialogue process.

“This requirement to increase domestic funding will, within three or four years, be an indicator of the responsibility that governments in the region are taking in terms of long-term response to the diseases,” Bejar noted.

El Salvador was the region’s early applicant under the NFM, and delegates were treated to several presentations of lessons learned by the Salvador team.

In particular, noted Javier Hourcade, a regional representative of the International HIV/AIDS Alliance, delegates were exhorted to invest time, money and other resources in ensuring they had quality data at the foundation of all of their discussions and strategies. These data should inform not only the development and implementation of National Strategic Plans, but also the eventual development of concept notes for proposals to the Global Fund.

El Salvador, which has moved relatively smoothly through the NFM process, was successful because the clear objectives of its strategic plan were based on sound data.

Another lesson learned from El Salvador’s experience is the importance of assessing the capacity and skillsets of potential sub-recipients prior to signing contracts with them, and providing technical assistance where possible to help improve that capacity. This is particularly critical when it comes to developing plans to help programs reach scale.

All countries that are eligible for Global Fund grants are also eligible to apply for a share of some \$44 million in technical assistance approved in March by the Board that is being offered by the Fund itself for concept note development. Other technical partners and donors are also offering technical assistance, which Hourcade said countries in Latin America and the Caribbean should heed as it will be central to the regional goal of refocusing investment in the highest-impact programs.

Participants representing Bolivia, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay and Peru were also reminded of the need to evolve the region’s strong social activist movements into engaged actors in health financing. Due to the evolving face of the three diseases, there is a need to evolve civil society’s role in fighting them, according to Enrique Chavez, director of advocacy for Observatorio Latino – Aid for AIDS.

Smaller advocacy groups should collaborate in wider networks and be seen as grassroots-level partners for larger, national organizations that at times feel like they have competing agendas, he said.

Equally, within the Global Fund architecture, there is a responsibility of the country coordination mechanism in each country to engage with, and encourage the participation of these smaller groups as they may be best-placed to target specific programs to vulnerable population groups. This includes groups working with indigenous populations, economic and political migrants and women, Chavez said.

“[To ensure the best possible impact of] the NFM, the region needs a more mature and capable civil society, working towards common goals,” he told Aidsplan.

In the session on Civil Society and Sustainability organised by Hivos and the Ecuadorian NGO Kimirina, Hivos’ HIV/AIDS senior adviser Mirjam Musch stressed that it i’s essential to broaden the concept of sustainability to include both funding and the long-term future of civil society groups, and to incorporate representation of key populations.

Governments, private sector, donors and civil society have to work in partnership, Musch said, in order to include prevention and targeted outreach to key populations in their top priorities. Countries in LAC could look to Argentina for an example of new good practice in this area: the Ministry of Health has set aside specific funds for civil society groups to implement programs at the community level.

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