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LATIN AMERICA: STRATEGY DEVELOPED TO SUPPORT CIVIL SOCIETY TO TRANSITION TO SUSTAINABILITY

The Regional Center for Technical Assistance (CRAT in its Spanish acronym) has developed a strategy to support civil society organizations (CSOs) and community groups in Latin America and the Caribbean (LAC) to plan for sustainability of their outreach strategies to control HIV, TB and malaria. CRAT is the host of the regional communication and coordination platform under the Global Fund's Community, Rights and Gender (CRG) Initiative. The initiative provided the funding for the development of the strategy.

Several countries in the region will receive transition funding in 2017-2019 (see [GFO article](#)). A key component of the transition process is the sustainability of programs implemented by CSOs and community groups. The governments of countries preparing for transition are expected to work with civil society and communities to ensure their programs are funded after Global Fund support ends.

The strategy consists of a two-stage process. The first stage involves facilitating a joint assessment by CSOs and community groups of the epidemics and of the funding available, as well as of possible alternative sources of funding. The second stage entails developing a joint plan for CSOs and community groups to transition to sustainability. The strategy calls for outcomes of the two stages to be presented to the country coordinating mechanisms (CCMs) and national disease programs to feed into national plans for transition.

CRAT has piloted its strategy in Belize, Panama and Paraguay. Results of the pilot projects were presented during a regional meeting of the regional platform in Panama on 21-22 March 2017. According to the coordinator of the regional platform, Anuar Luna, “The development of the strategy will allow CSOs and community groups to contribute from the outset of the national transition processes with one strong voice.”

CRAT reported positive results in all three pilots. In Belize, the stage one assessment highlighted (a) the critical role civil society played in the establishment of the National AIDS Commission and the development of national multi-sectoral plans for HIV and TB; and (b) the effectiveness of CSOs in auditing government interventions.

The stage two plan for Belize called for action in four areas that were deemed necessary to ensure the sustainability of the civil society response, as follows:

- Elimination of legal barriers. The plan calls for the passing of an HIV law that would protect people with HIV from discrimination and provide a human rights framework for the response to HIV.
- Prevention, testing and treatment. The plan calls for these programs to shift their focus to most affected populations; and for prevention programs to include comprehensive sexuality education in religious schools.
- Governance and sustainable partnerships. As the National AIDS Commission acts as the CCM in Belize, the plan calls for the improvement of management systems of governmental and multi-sectoral institutions where government and civil society are already represented, as well as those of CSOs and community groups themselves.
- Financial sustainability for civil society. The plan states that, given the limited time left for funding from the Global Fund and PEPFAR, the Government of Belize should increase its allocation of funds for civil society-led interventions.

The results of the work in Belize were presented to the National AIDS Commission.

In Panama, a similar methodology was used. The joint plan for CSOs and community groups was grounded in the national assessment and expects to achieve the following results: sustainable human and financial resources for organizations participating in the response to HIV and TB; increased participation of CSOs and community organizations in the design, implementation and monitoring of national and regional plans; and the decentralization of the response to the provincial level with participation of CSOs and community groups.

The work in Panama identified risks for sustainability, both internal and external to the CSOs and community organizations. Internal risks included limited empowerment of community representatives and operational and structural weaknesses of the organizations. External risks involved the lack of sustainability of the multi-sectoral mechanisms themselves (i.e. the CCM and the National AIDS Commission), which hinders the meaningful participation of civil society, as well as the lack of acknowledgement from the government of the need to involve civil society in all stages of the response to HIV and TB. A meeting with the CCM and representatives of organizations working on HIV and TB was held to discuss the results of the work.

In Paraguay, a similar process was also followed, leading to a first draft of an action plan. However, CSOs asked for revisions to be made to the plan to better address the risks to sustainability, as well as identify possible alternative funding sources. The work was presented to a Global Fund mission which was in the country at the time.

Based on the results of the three pilots (see the final reports for [Belize](#), [Panama](#) and [Paraguay](#)), CRAT

concluded that the methodology used to develop strategies was sound and is suitable for use in planning for transition to sustainability in other countries in the region. CRAT said that it was appropriate to make civil society pivotal in the transition process, although the experience from Belize reinforced the need to involve government and other public institutions from the outset, as opposed to them merely being presented with the results, to make sure that transition plans are fully understood and supported by all actors. A lesson learnt from the Panamanian experience is that a mechanism, such a steering committee of organizations, should be set up from the very beginning to ensure that there will be a strong leadership in the implementation of the joint plan.

The final results of the implementation of the methodology will be shared with a broader group of key actors in the region, including other CRAT representatives, CRG representatives, and other international donors, during a meeting in Bogota, Colombia, in May.

Belize, Panama and Paraguay all have TB components that are ineligible for further funding and that are receiving transition grants for 2017-2019. The allocations for these components are as follows:

Belize TB – \$537,829

Panama TB – \$906,507

Paraguay TB – \$2,915,321

Belize's HIV component is still eligible for funding. However, the Secretariat has recommended that Belize use a tailored-for-transition funding request for its HIV component because this approach is expected to help the component prepare for transition in the coming years. The Belize HIV component received an allocation of \$1,378,449.

Panama's HIV component is also still eligible for funding. However, Panama is expected to become a high-income country in the next few years, which would make it ineligible for any kind of funding. For this reason, the Secretariat has recommended that Panama also use a tailored-for-transition funding request for its HIV component. The Panama HIV component received an allocation of \$1,779,385.

A Guidance Note on Sustainability, Transition and C-Financing of Programs Supported by the Global Fund is available on the Fund's website [here](#). Look under "Technical Briefs."

The author of this article was involved as a consultant in the implementation of the draft strategy in Panama.

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