

Executive summary

Report on the LAC constituency consultative process on the development of the New Global Fund Strategy 2023-2025

The Latin American Representation to the Global Fund supports the global consultation and reinforced it through the use of a survey aimed at the government sector of implementing countries and their multilateral partners, in order to obtain in-depth information on experiences, contributions and assistance needs in priority areas for the Latin American Region.

This report presents the results of the first phase of a survey carried out by the Latin American and Caribbean Representation to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). In this review process, information has been compiled on the following priority areas for the Latin America Region: i) Sustainability, Transition and Co-Financing, ii) Alignment of Global Fund grants with National Strategic Plans; iii) Participation of LAC countries in the governance of the Global Fund; iv) Role of the Global Fund in strengthening the generation of data and strategic information at the country level; v) Response articulated with the Community/Civil Society and bridge financing.

A Steering Committee for Latin America and the Caribbean, formed by key actors, national authorities, representatives of Civil Society Networks, technical partners of PAHO/WHO and UNAIDS, and GF portfolio managers for Latin America and the Caribbean, accompanies this process. The LAC Steering Committee is in constant communication and consultation with other sub-regional structures: PANCAP/CARICOM, the Executive Secretariat of the Central America Integration System (SICA/COMISCA) and ORAS/CONHU Andean Region, to ensure inclusion and coordination of all countries in the LAC Region.

This survey represents the first phase towards compiling information on recommendations and unique contributions from Latin America, as part of the developing process of the New Global Fund Strategy. Based on these findings, a second phase of this consultation will go into more depth through the use of interviews and focus groups with key actors in the Region that will support a series of final recommendations. These final recommendations will represent a substantive contribution from the Latin American Region, to be taken into account in the ongoing process towards the new GF strategy.

Methodology:

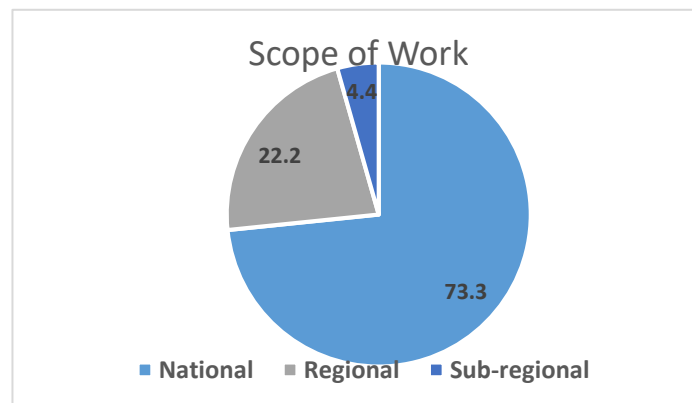
A self-administered semi-structured questionnaire was developed consisting of a total of 34 questions¹, most of them open-ended, that is, without preassigned response options. The questionnaire was completed online from July 28 to August 17, 2020.

Dissemination of the questionnaire was carried out with a view to ensuring widespread distribution in the Latin American Region, and in collaboration with LAC Steering Committee members and LAC Platform.

Participant profile:

The self-administered questionnaire was answered by a total of 45² people from the Region.

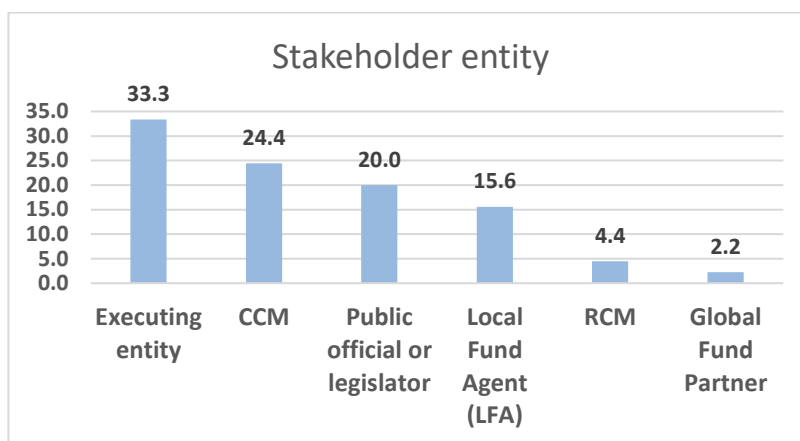
In relation to the projection and scope of the work, the vast majority of the responders are located at the national level (73.3%), while less than a quarter carrying out regional level actions (22.2%).



In relation to the work environment, a third of the responses (33.3%) correspond to people who work in entities that carry out GF projects, a category that includes main recipients, sub-recipients, and members of organizations that implement projects. Those who make up a Country Coordinating Mechanism (CCM) represent 24.4%, followed by those occupying some position at the government level (officials and legislators) with 20% and those working as Local Agents of the GF (15.6%). A lower percentage of responses is distributed between those who make up a Regional Coordinating Mechanism (4.4%) and those who are members of the GF (2.2%). Of the total number of responses, 15% belong to two or more workspaces.

¹ The 14 questions for inputs into Strategy Development suggested in the Global Fund Open consultation were included in the LA survey.

² The total number of responses was initially 48; however, 3 of these were rejected for not meeting the inclusion criteria.



On the second phase, the in-depth consultation was developed to enrich the final recommendations through 4 interviews to selected key actor from the Region (three government officials and one from UNAIDS); followed by a debate with a focal group composed of 5 government officers, 4 PAHO/WHO officers and 1 ORAS/CONHU officer. Participants were strategically selected in order to secure representatives at the top management level from governments, national program managers for the three diseases or key officers from the UN technical partner agencies.

Main findings:

Regional, Sub-regional and National Situation Analysis:

- Weak political commitment and lack of priority given to the response within the government agenda:** The lack of political commitment of national governments to prioritize the financial resources destined to mitigate the impacts and growth of HIV, tuberculosis and malaria was identified as one of the main barriers to ending and achieving SDG3 in the next ten years. In this regard, several responses pointed to the low budgets assigned by governments to the health sector to *“improve prevention, diagnosis, provide an effective epidemiological surveillance system and provide timely treatment”*. During the focal group discussion, it was mentioned that the same situation is seen in tuberculosis. Regarding the mention about low levels of budget allocated to HIV, it was expanded to recognize that there is broader issue with health investment, since not every country in the Region has reached the recommended minimum level of 6% of the GDP allocation for health. Furthermore, the absence of a comprehensive approach that considers issues beyond a purely sanitary perspective, mainstreaming gender and human rights perspectives, still remains a challenge for LAC Region, as well as inclusion and equity approaches with an intercultural and poverty lens which are critical to design public policies in our region. Gender, human rights, ethnicity and migration are pervasive challenges. As one participant said *“We have learned that a pure public health approach is insufficient and ineffective. The provision of an integral response must be ensured, with a gender perspective and removing the legal barriers that impede equitable access and criminalize the affected populations. We have to consider the impact of poverty on people’s lives and reflect this in the decision making*

for health actions, including incorporating their traditional cultures and beliefs and work from there.”

Concerning the Sustainability and Transition engagement process, the progress made through advocacy and political incidence to achieve governmental inter sectoral involvement to provide continuity for actions or sustainability of the progress made against the three diseases is very limited. One of the interviews mentioned *“Sustainability is not only about funding; it is also about political commitment. Until the response to the three diseases becomes a central component of the political agenda for the governments and represents a substantial portion of the health policies, we will not be sure about sustainability, since it will depend on the political will, the external support, and depending of non-secured allocations that can be moved away, as currently shown, to other needs”*. This weak political commitment to the response to the three diseases, is reflected in the observed gaps in the compliance to the agreed State actions: *“The current HIV situation in the Region is not in accordance with the objectives agreed in the Accelerated action (Fast Track) on HIV prevention, AIDS related deaths and fight against discrimination. The established goals for 2020 were far from being achieved even before covid19 arrival”*.

The value of the GF presence in the Region goes beyond the amount of funds allocated but it is also related to the possibility of implementing innovative approaches. For instance, in Peru only 5% of the funding for TB response comes from the GF, but this amount allows for investing in innovative approaches to design and obtain strategic information generating solid evidence to influence the ownership of the response and therefore, set the ground for sustainability.

- **COVID19 and Business Continuity:** LAC is the most unequal Region at Global level, with high level of wealth concentration and 20-60 % of the population under the poverty line³. The instability that would have been created by the pandemic, with the potential loss of experienced manpower, increased the unexpected or cyclical turnover of national authorities identified during the last years, and result in the lack of continuity in strategies and actions.

The COVID-19 Pandemic also posed maximum stress on the national Health Systems in the region and governments had to allocate significant percentage of their national budgets to the response to this emergency situation. Several programs, including the ones who respond to HIV, TB and Malaria, have experienced a high level of disruption in their prevention and treatment interventions.

As result of the survey analysis, the current **COVID-19 pandemic** was mentioned by 1 in 5 respondents as a barrier to ending the three diseases and achieving SDG 3, **in terms of public policies and care**. Responses on this issue are divided between those concerned with programmatic issues: *“as of today, almost six months after the WHO declared COVID-19 a pandemic, many governments still do not have a protocol to go ” back to normal” in their States, which delays the achievement of grant goals even more”*; *“global health events, such as COVID-19, which delay scheduled interventions to*

³ Sources:

CEPAL. División de Estadísticas (2020) Anuario estadístico de América Latina y el Caribe 2019. Cepal, Chile. CEDLAS and The World Bank (2018) Source: Socio-Economic Database for Latin America and the Caribbean.

counteract the diseases, cannot be overlooked ..."; and those concerned about the economic impact on the countries: *"Within the framework of the COVID-19 contingency, it is necessary to maintain and sustain economic resources to support management of tuberculosis programs in such priority issues as supply of cartridges or molecular biology equipment, availability of elements of biosecurity etc."*. In relation to **care**, the responses focused on pointing out *"the gap in care services, as a result of the COVID-19 pandemic"*. The Region is unique and pioneer in relation to elimination strategies for the three disease, but in the current pandemic scenario, the services have been affected and there is a negative impact on patients' recruitment, forcing us to think on a relaunching, strengthening and push forward in the new GF strategy 2023-2025 in order to be able to retake the pace to achieve the shared goals within the SDGs. It is also important to note that those countries that achieved elimination, as in malaria, may require in future the necessary funding support to sustain their gains, due to the negative impact from the COVID-19 pandemic on the programs.

When the survey asked about the impact of the **COVID-19 pandemic on the country's financing capacity**, only two respondents consider that there will be no impact; the remainders foresee direct impact as a result of the economic crisis the countries are suffering with an average decrease in GDP of 5.3%, which is considered one of the worst falls in the entire history of the region. Furthermore, with the exception of one, **all respondents believe it is necessary to reconsider the tasks of preparing for the transition in light of the COVID-19 Pandemic**.

Regarding the flexible use of the funds allocated for 2020 to the three diseases to be applied to the **COVID-19 response**, responders mentioned that: *"Much of the current funding (financial, equipment and infrastructure) is being deviated to the pandemic response", "The response capacity for the other diseases is being negatively impacted by the reduction in resources of every kind, or because of the neglect to any other public health program"*

Regarding possible approaches to this negative impact, comments were about the need to revisit the way the responses are conceived, *"In the 2000 the GF was focusing in excluded and vulnerable populations, but along the years it moved to a more technical and supplies centered approach away from the support to access to jobs and education. In the current situation with the regional economies devastated it may be necessary to go back and look again to the socioeconomic determinants"*.

- **Need to review Eligibility Criteria:** Due to the COVID-19 social, health and economic negative impacts on the three diseases and the foreseen economic recession and impact on GDP, several countries in the LAC Region will have their eligibility re-qualified and their grants transition readiness will inevitably be affected. The World Bank will have to review their qualifying factors.

At this stage, several respondents point out the need to revise the eligibility criteria to include *"middle-income countries, [and to] account for migration problems, and inequities"*. To achieve this, they propose using *"allocation indicators such as the GINI index, because a national income indicator does not always classify an entire territory or measure internal inequities, which are those that prevent achievement of the SDGs."* mainly in relation to the delimitation in terms of per capita income, which conceals and makes invisible the strong inequalities and inequities that exist in the region. In the words of the respondents: *"if we look at the criterion for income level of countries, there are other variables that are likely to put at risk results achieved, once the transition process starts. As there are gaps in access both to a better standard of living for the*

population at risk, and to health services, in a short time we could experience setbacks in results”; “the other aspect is equity in the countries: in a country that has vast inequality, even if its income reaches the levels for transition according to the World Bank, there will be people living on high risk”, “other criteria of great impact have to be included like migration, to allow for differential analysis.”, “populations affected by malaria present striking inequalities with very complex socioeconomic situations that are difficult to address for providing prevention and treatment, and in this context those countries in the Region with the highest malaria burden are GF non-eligible (Brazil, Colombia and Peru), except for Venezuela becoming eligible next year”, “we propose reconsideration of eligibility criteria for next year, for the three diseases, in these countries, taking into consideration that the same affected health system provides response to all the three”.

To the problems generated by using the GDP as a criteria for eligibility, in addition there is the delay in reflecting the changing realities of the countries, as mentioned by one participant, *“For instance, in the case of, Venezuela according to the WB it is classified as a HIC, even today, in spite of the tremendous economic crisis and its official poverty index, it is still catalogued as HIC. When will that be changed? In 2 to 4 years it may be reflected in the WB figures and by then it will be too late to get the funds they need now”.*

- **Universal Health Coverage Strengthening:** The COVID-19 Pandemic slowed down the progress to Universal Health Coverage. Several respondents highlighted the existing gap to achieving universal access in those countries with *“weak, fragmented health systems, where health is seen as a service”*; pointing out that the problem lies in the region’s existing difficulties in guaranteeing timely access to quality health care services.

This fragmented view, not only results in the lack of participation of other areas of government, but also in the absence of references to these diseases in the agenda of other government institutions. As expressed by one participant *“the social protection system in the country has not considered or integrated the affected people as direct beneficiaries of the social protection system currently functioning. Diseases like tuberculosis, are debilitating and most of those affected are driven to poverty or extreme poverty, but the social protection systems do not include them as beneficiaries”.*

Also to note, is the limited view of the three diseases within the health policies, with a narrow exclusive health view, forgetting the social dimension as referred by the participants *“It is only a responsibility of the Ministry of health and it is only looked at as a disease”, “There is no consideration or inclusion in any other ministry or public policies”.*

When this aspect was taken to the focal group, it was considered as a structural feature of LAC with fragmented health systems, no integrated health services network and a weak or nonexistent primary health care level in response to the three diseases. Furthermore, the existence of HIV service delivery centered in the tertiary level of care, has no sense, since with the current simplified treatment schemes it could be transferred to the PHC level, as mentioned by one participant *“centering the response and care at the tertiary level not only clogs the system and promotes the concentration, but also weakens the community approach and engagement provided by the first level. First level units should be given the financial resources and training needed to respond to the prevention and treatment demands”.*

- **Civil Society as key essential player for achieving goals of saving lives:** The CSOs and Regional Networks have been embedded in the response at national, regional and global level, as part of the design, implementation and monitoring of country and multi-country grants and reaching effectively the most vulnerable and key populations affected by the three diseases as well as contributing to the increase in their access to prevention. The importance of continuing to strengthen community response and civil society organizations was pointed out among the results of the survey, due to their limited participation in planning, implementing actions and in decision-making processes at national level. Transitions put Civil Society Organizations and key populations at risk since their programming is heavily donor funded, leaving the promotion and prevention actions carried out by civil society without resources once the GF withdraws from the Region, and as one of the participants said *“It is critically important that we develop a strategic mechanism to ensure that the monitoring and social control of programs exercised by the civil society remains sustainable, as well as to safeguard transparency and independence of the financing of civil society as a watchdog outside of the government funding, in order to protect the gains achieved and the investments made.”*.

During the focal group discussion several best practices to strengthen the community response were highlighted. *“From the HIV response there are several very positive experiences of CSOs as services providers like in Venezuela with the Society of Infectious Diseases as part of the implementation of the Master Plan to strengthen the response to HIV, TB and Malaria in Venezuela⁴”, “Another good practice is the participation of regional Associations and Scientific Societies on HIV and other diseases in the Regional Forum as a model of an inclusive debate”.*

Specific recommendations for the Global Fund:

The Global Fund role as a responsible partner in supporting countries to build sustainable health systems and contribute to Universal Health Access and Coverage:

- **Stepping up political advocacy with national authorities:** This recommendation seeks to influence at different advocacy levels those decision makers at the global, regional and national level; in order to *“Support inclusive response models, strengthen integrated health systems adapted to the needs of the communities and include HIV, TB and malaria at every level”*.
- **Making progress in the sustainability of the response:** This recommendation seeks to identify the need to increase domestic resources and links with strategic partners for planning long-term actions.

⁴ For additional information:

https://www.paho.org/disasters/index.php?option=com_docman&view=download&alias=2633-plan-maestro-para-el-fortalecimiento-de-la-respuesta-al-vih-la-tuberculosis-y-la-malaria-en-la-republica-bolivariana-de-venezuela-desde-una-perspectiva-de-salud-publica&category_slug=general-news&Itemid=1179&lang=es

- **Deepening monitoring and evaluation mechanisms:** This recommendation emphasizes the need to have strategic information for decision-making, in order to *define clear goals that can be monitored on expanding health coverage and financing, among others.*
- **Validate and document successful intervention models focusing on the three diseases:** This recommendation is focused on the need to fund this component and to build it into every country's plan.
- **Define sustainable strategies and funding for human resource training in primary health care:** This recommendation focuses on the need to find innovative solutions connecting the training of HR to their incorporation (absorption) into the PHC workforce.
- **Sustain the successful experiences of fund flexibilization to respond to COVID-19**
- **Guarantee the participation and articulation at every level in the development of the conceptual notes:** This recommendation seeks to incentivize a coordinated work inside the countries, among different programs (ministries of health, other ministries, and government areas and institutions) and different levels (including civil society), in order to ensure the technical and operative strengthening and ownership of the response.
- **Strengthening integrated policies and health systems:** This recommendation is linked to the need of *"Promoting and supporting processes that contribute to the systemic functioning of public health programs, in two aspects as a minimum: I) analyze the current functioning policy and propose innovative approaches to integral and integrated management in response to the situation and needs analysis including prevention and care for the three diseases and II) Work towards an integral approach to the three diseases"*.

Actions the GF could take to promote the use of new technologies and address market bottlenecks:

- **Make progress in the generation of strategic information and operational research:** This recommendation identifies the need to ensure that information collected at the national and grant levels is used strategically in the design of actions and public policies, as well as rethinking the mechanisms used to disseminate strategic information. As one participant said *"The GF has to carry out a critical analysis of the information collected by the grants, to be able to introduce changes in the generation and collection of data and to produce relevant information that provides meaningful contributions to the response"*.
- **Capacity building for regional upgrading of the medicines production:** This recommendation follows the lesson learned after the negative impact due to the regional dependency of medicines supply on the availability of medicines due to the COVID-19 lockdowns.
- **Improve Access to supplies:** This recommendation seeks to improve the access to supplies with affordable prices, and promote this into the trade agreements.

- **Broaden the approach to scale up new treatment schemes:** This recommendation calls the attention on MDR and pre-XDR and XDR, taking into consideration accessibility, supply chain logistics and adequate patient follow.

Aspects of the Global Fund model that could be strengthened to improve partnership with community and strengthen its impact:

- **Achieve an inclusive model:** This recommendation points out a need to involve communities in the initial planning and design stages of a proposal, in order to achieve truly well-placed proposals that rely on the experience, knowledge and voices of the community throughout the entire process, as well as in decision-making: *“An inclusive planning can help to make the grants financing arrangements more efficient and effective. Efforts should be oriented to build better negotiation between associations and affected communities and the public sector, to be sure the most feasible and efficient proposals are funded to ensure programs sustainability”*.
- **Capacity building:** This recommendation seeks to ensure training and technical support, in order to *“Strengthen the capacities of the community team to address the three diseases and for community education of key populations”, “Continuous technical support to the civil society, capacity building of organized groups of those affected in domestic and external resource mobilization to ensure sustainability of community systems”,* noting that *“the strengthening of the capacity building of these communities is an ongoing need, and long term goals should be set up, with a clear statement of what are the expected collaboration goals to be achieved”*.
- **Strengthen monitoring systems and epidemiological surveillance:** This recommendation speaks to the existence of multiple information and data on the three diseases, lacking interoperability and alignment. There is also lack of adequate use of the information generated within the grants, and with the CSOs, since they are not included in the national reports nor are they discussed during the decision making process, as mentioned by one participant *“A lot of data is produced, from the community to the national level, and within the grants processes, but every stream runs separate and the only important thing seems to be just the generation of data”*.
- **Promote an integrated approach to the GF grants:** This recommendation acknowledges the lack of gender and HHRR approaches in most of the projects supported by the GF. There is a marked coincidence in recommending *“That every funding grant includes these lines of work (i.e. actions and specific funding allocations to women, sex workers, and LGTTBIQ+ communities) looking at their protection (advocacy for friendly environments, elimination of legal barriers and social changes required to avoid people becoming infected)”, “What is needed is ensure the concept notes are addressing mitigation and elimination of these diseases framed in the SDG 03”*.
- **Improve information systems.** This recommendation recognizes the existence of a large gap between the collected information, the public policies, the national grants and the decision-making process. So, it is necessary to improve the methodologies and the data

to be collected so that information becomes the strategic input and vector underpinning the policies adopted. *“We should look in depth at the info systems, since they are the basis for decision-making and in spite of some progress made, there is need for more uniformity and standardization of the information”.*

Optimization of the support and technical assistance provided by the GF secretariat as a responsible partner:

- **Facilitate experience exchanges:** The GF has a strategic overview of all the grants that are implemented throughout the region. In this respect, this recommendation coincides in pointing out the importance of preparing documents or organizing meetings that allow for an exchange of experiences and lessons learned, as mentioned by one of the participants *“There is a need to establish a more and better coordinated work with the technical partners, in order to achieve common objectives, with a regional approach and a collaborative and synergistic attitude. A good example is the commitment of the countries to implement guidelines and tools that can be shared among the countries, but this is not being acknowledged.”*
- **Move forward with the adoption of broader indicators:** This recommendation looks to identify indicators that facilitate M&E of sustainable interventions not only from government actions but also from CSOs.
- **Training of GF staff:** This recommendation stresses the need to improve their knowledge of the political realities and scenarios of the countries in order to potentiate the technical approaches.
- **Improve the political understanding to accompany the technical view:** This recommendation proposes to incorporate a strategic political look into the technical review panels, in order to be able to include questions related to the health systems functioning, the HHRRs policy of the government, the legislation that may obstruct the successful implementation of the grants, as reflected by a participant *“We should not forget the presence of conservative groups in the governments, this is a key aspect the GF staff should take into consideration, since the policies they establish may threaten the achievement of the SDGs especially those related to gender and HHRR and the HIV response policies”.*

Role of the GF in improving the global health security and the response to pandemics.

- **Strengthen surveillance systems**
- **Prioritize biosecurity and critical supplies availability that** are essential for health workers' personal protection and their training.

Priority Recommendations for optimizing and/or improving the GF support to the Region:

During the focal group debate and the in-depth interviews, several concrete actions were identified for a better support of the GF to the Region, as priority recommendations:

1. Strengthen actions for political incidence at the highest political level and with national authorities in order to be able to secure the commitments and to translate them into State policies.

Among the concrete actions are:

- Increase technical assistance to countries in order to define criteria for carrying out responsible transition processes oriented to institutionalize the national financing, on an integrated approach and guaranteeing sustainability.
- Facilitate changes in the national norms and rules that are barriers for prioritizing the response to the three diseases within the national agenda, secure the health financing requirements to allow for a revival of the primary health care with a horizontal approach and a long term view.
- Review the GF role and broaden their understanding of the political scenario and realities of the countries in this Region.

2. Develop more inclusive response models in terms of sectors and levels included in the response.

Some concrete actions identified were:

- Facilitate the transfer/migration to primary health care models.
- Incentivize working models in association and coordination among different actors with presence in the response, including civil society.
- Replicate good practices in incorporating CSOs as health providers.
- Facilitate inclusive debate models incorporating Regional Associations and Scientific Societies to the Regional Forum.

3. Promote operational research and new technologies, not only investing in the first implementing phase but also looking at their sustainability.

Some concrete actions identified:

- Promote adequate dissemination mechanisms and the strategic use of the information collected, at national level and from the grants, to be feeding into the public policies design and actions.
- Support operational research.
- Support regional and national capacity building to produce medicines.
- Improve access to subsidized supplies and promote trade agreements among countries.

4. Strengthen the Regional approach.

Some concrete actions identified:

- Promote regional projects to capture the successful experiences and to share the priority technological innovations.
- Act as a facilitator and articulate across the different grants, in a synergistic dialogue with the realities of the Region.