

SYSTEMATIZATION OF COUNTRY EXPERIENCES IN THE CONTRACTING OF NON-STATE ACTORS TO PROVIDE HIV, TUBERCULOSIS AND / OR MALARIA SERVICES

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The Mexican government and society in general recognize the importance Civil Society Organizations (CSOs) in contributing to services for key and vulnerable populations (including service delivery, counseling, raising awareness, and research), and the role of CSOs in promoting the participation of affected persons in civil society.

BACKGROUND

Public financing for CSOs working in HIV/AIDS began in the early 2000s with projects for men who have sex with men (MSM). Financing came from the National Institute for Social Development (*Instituto Nacional de Desarrollo Social-INDESOL*), which is part of the Ministry of Social Development, and funds ranged from \$16,326 to \$32,652 USD. In 2006, the National Center for the Prevention and Control of HIV and AIDS (*Centro Nacional para la Prevención y control del VIH y el sida-Censida*) was created as the governmental agency responsible for public financing of CSOs that provide HIV services. Between 2013 and 2018, *Censida* has distributed \$38.7 million USD for 766 projects. In addition to funds from *Censida*, *INDESOL*, the National Council of Science and Technology (*Consejo Nacional de Ciencia y Tecnología-Conacyt*), and the Ministry of Labor and Social Security offer public funds for gender and inclusion projects, that can include CSOs working in HIV, as well as funds for training. Municipal budgets partially finance the work of some CSOs. Due to financial crises, it has not been possible to expand public financing in recent years.

STRUCTURE OF PUBLIC FINANCING

The services provided by CSOs with the support of public financing include community centers, testing and prevention, distribution of commodities, harm reduction, and prevention of vertical transmission.

The process of financing CSOs is carried out through *Censida's* public Call for Proposals, which is accompanied by a detailed guide for proposals. CSOs participate in the bidding process via the virtual platform: Prevention Activities Monitoring System (*Sistema de monitoreo de acciones en prevención-SMAP*), and each CSO may present one to two projects. The process is public and transparent, though historically more-experienced CSOs are approved for more projects.

CONCLUSIONS AND RECOMMENDATIONS

- The creation of an agency that is decentralized from the Ministry of Health, such as *Censida*, can offer a transparent and competitive public financing mechanism. Mexico has this unique institution, and other countries may consider a similarly efficient governing and financing structure.
- Collaboration between CSOs and government facilitates a broader reach of programs, better identification of needs, more-aligned strategies for at-risk populations, and meaningful

- participation of affected persons.
- Legal and policy frameworks are considered adequate according to stakeholders, but interpretation and implementation of the frameworks can make processes cumbersome and costly for CSOs. It is imperative to create mechanisms to better clarify and disseminate the information provided in the frameworks.
 - The regulatory framework derived from the Federal Law for the Promotion of Civil Society Organization Activities (*Ley Federal de Fomento a las Actividades Realizadas por Organizaciones de la Sociedad Civil-LFFAROSC*) has transformed over the years, thus becoming more complex. Legislation is needed to update the law and synchronize the regulatory frameworks. This could lead to expanded possibilities for CSOs to improve and grow.
 - In order to have a broader impact, CSOs in Mexico should be incorporated effectively as part of integrated community health systems. This would improve their sustainability and strengthen strategies and synergies, thus better serving key and vulnerable populations.
 - Public financing mechanisms in Mexico should be reviewed regularly with the participation of CSOs, in order to respond more efficiently and effectively to the needs of key and vulnerable populations, organizations and institutions.
 - In order to sustain the current work of CSOs and promote growth, government and CSOs should explore additional sources of income. Examples include income from casinos and lotteries, income from public sales, and taxes on alcohol, tobacco, etc.
 - CSOs recognize the need to work more closely with each other on pressing issues in the field, and to incorporate activities such as outreach, testing, access to services and follow-up in their proposals for public funding.
 - For public financing in Mexico, it is important to recognize both the capabilities and limitations of CSOs to conduct prevention projects and provide health services, and to respect their level of knowledge.
 - CSOs must be strengthened and expanded in order to respond more effectively to key and vulnerable populations, and to become sustainable as organizations. This includes building capacity in management of public funds.
 - CSOs need to participate in all stages of public financing in Mexico, from preparation of the Call for Proposals to evaluation of program results. In order to achieve a more comprehensive national health budget, members of civil society should have input in designing strategies, including defining budget lines, limitations and amounts to be awarded.
 - Beneficiaries should be included in the evaluation of projects receiving public financing in Mexico, through focus groups or other methodologies. They should analyze lessons learned, identify gaps in services and obstacles, and ensure that CSO proposals respond to these needs.
 - CSOs and government need a space to discuss barriers to accessing public financing. There need to be publicly funded forums, or other kinds of gatherings, that meet on a regular basis, and could facilitate the mobilization of leaders in HIV-themes, and establish synergies that could be the basis of government-financed projects.