



PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)

SOCIAL CONTRACTING TOOLKIT



**A GUIDANCE NOTE FOR DECISION-MAKING
FOR COUNTRY IMPLEMENTATION OF
SOCIAL CONTRACTING**



SOCIAL CONTRACTING TOOLKIT

A Guidance Note for Decision-making for Country Implementation of Social Contracting



March 2021

© Caribbean Community (CARICOM) Pan Caribbean Partnership against HIV and AIDS (PANCAP)

The findings, interpretations and conclusions expressed herein do not necessarily reflect the views of the Caribbean Community (CARICOM), Pan Caribbean Partnership against HIV and AIDS (PANCAP) or its Member States. The designations employed and the presentation of material throughout the work do not imply the expression of any opinion whatsoever on the part of CARICOM PANCAP concerning the legal status of any country, territory, city or area, or of its authorities or concerning its frontiers or boundaries.

The principal authors are Veronica S. P. Cenac and Lucien Govaard, consultants for CARICOM PANCAP, supervised by Dr Rosmond Adams, Director, CARICOM PANCAP.

Publisher:

The Pan Caribbean Partnership against HIV and AIDS (PANCAP), Caribbean Community (CARICOM) Secretariat, Turkeyen, Greater Georgetown, Co-operative Republic of Guyana.

Tel: 592-222-0201 - 75 Ext. 3441 or 3443 | Fax: 592-222-0203

Website: www.pancap.org |

Email: pancap@caricom.org www.caricom.org and www.pancap.org



ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
BLFA	Belize Family Life Association
CARICOM	Caribbean Community
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
CCM	Country Coordinating Mechanism
CEED	Community Education Empowerment and Development
CSO	Civil Society Organisation
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GSWC	Guyana Sex Worker Coalition
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
IBBS	Integrated bio-behavioural surveys
JASL	Jamaica AIDS Support for Life
JN+	Jamaica Network of Seropositives
MOH	Ministry of Health
MOHD	Ministry of Human Development
MSM	Men who have sex with men
NAC	National AIDS Commission
NASA	National AIDS Spending Assessment
NGO	Non-governmental organization
OSF	Open Society Foundations
PEPFAR	President's Emergency Plan for AIDS Relief
PANCAP	Pan Caribbean Partnership against HIV and AIDS
PLHIV	People living with HIV
PR	Principal Recipient (of the Global Fund grant)
PWUD	People who use drugs
SDG	Sustainable Development Goal
SR	Sub-recipient (of the Global Fund grant)
SSR	Sub-sub-recipient (of the Global Fund grant)
SW	Sex worker
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development



Contents

ACRONYMS	ii
PURPOSE OF THIS TOOLKIT	1
APPLICATION	1
DEFINITIONS	2
Social Contracting – A Strategic Partnership	2
Sustainability	3
CONTEXT AND RATIONALE FOR SOCIAL CONTRACTING.....	4
CONTEXT	ERROR! BOOKMARK NOT DEFINED.
HOW THE TOOLKIT IS STRUCTURED	9
HOW TO USE THIS TOOLKIT	10
KEY PRINCIPLES AND CONSIDERATIONS FOR SOCIAL CONTRACTING	11
THE FOUR (4) STAGE PROCESS FOR IMPLEMENTING A SOCIAL CONTRACTING MODEL.....	14
STAGE 1: READINESS ASSESSMENT	14
STAGE 2: PLANNING AND PREPARATION	22
STAGE 3: IMPLEMENTATION	24
STAGE 4: SUSTAINABILITY	27
SUSTAINABILITY	27
CONCLUSION.....	28
REFERENCES	29



PURPOSE OF THIS TOOLKIT



- The **Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) 2019-2025** is a strategic investment approach that represents consensus among PANCAP partners to guide regional efforts for sustainable health and development.
- Priority areas and recommended strategies focus on critical issues that must be addressed if Regional goals and targets are to be achieved. A key strategy is to strengthen collaborative approaches by Ministries of Health and Finance to **identify and exploit synergies for cross-sectoral financing and to direct domestic resources to institutionalise Civil Society Organization (CSO) efforts under national programmes**, as part of strategic priority area 5: **“Resourcing for Sustainability”**.

This **PANCAP SOCIAL CONTRACTING TOOLKIT** is a guide to provide assistance to regional countries in implementing a **social contracting mechanism** in partnership between governments and CSOs as a **programmatic and financing option** to sustain or expand health services to inadequately served and other vulnerable populations.

APPLICATION

This Toolkit is a reference document designed to be used by Governments and CSOs in CARICOM member countries in the rollout of social contracting mechanisms as a sustainable approach to service delivery for HIV services. The Toolkit is, however, not restricted to use solely in the delivery of HIV services but can serve as a useful tool for developing a funding mechanism between governments and CSOs for the delivery of other health services. This is not to say that this is the only model of government/CSO partnership.

In this Toolkit, other examples of existing partnerships between governments and CSOs or the private sector are referenced as part of understanding the national landscape of financing options at the country level.



DEFINITIONS

SOCIAL CONTRACTING – A STRATEGIC PARTNERSHIP

A Strategic Partnership by which government resources are used to fund entities which are not part of government (called here Civil Society Organizations, or CSOs) to provide health services which the government has a responsibility to provide, in order to assure the health of its citizenry.

Alternatively, **social contracting may be defined** as a programmatic and financing option by which governments finance programmes, interventions and other activities implemented by a civil society actor.¹

Social contracting mechanisms must include a legally binding agreement in which the government agrees to pay a CSO for services rendered, and the CSO agrees to provide certain deliverables in exchange, either as services provided or health outcomes reached.²

TABLE 1: GENERAL ELEMENTS OF A SOCIAL CONTRACTING MODEL

Legally Binding Partnership	The state (through central or local authorities) delegates the provision of social services, including health, to private entities including CSOs through; <ol style="list-style-type: none"> a. a legally binding agreement in which the state agrees to pay a CSO for services rendered; and b. the CSO agrees to provide certain deliverables in exchange, either as services provided or health outcomes reached.
Structural Elements	<ol style="list-style-type: none"> 1. A legal framework that facilitates or does not restrict CSOs' work on the targeted disease or areas of work. 2. A funded mechanism that facilitates community monitoring of the disease response 3. A clearly defined role for CSOs (with targets and budgets) in disease-specific strategic plans and costed action plans 4. An existing contracting mechanism or system to provide both the state and CSOs with the tools needed for the work to be done effectively and that can be reported on (both programmatically and financially) to all parties' satisfaction. The state keeps its role in: <ol style="list-style-type: none"> a. Funding b. Control of the spending c. Control of the quality of the services provided d. Monitoring and Evaluation e. Overall planning and coordination

¹ OSF, UNDP, GFATM, Social Contracting: working toward sustainable responses to HIV, TB and Malaria through government financing of programs implemented by civil society. Background Paper (2017)

² APMG Health. GFATM. 2017. Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (PFC). Washington, DC: APMG Health.



SUSTAINABILITY

Current efforts focus heavily on *fiscal imperatives* such as increasing domestic funding. While this is important, focusing solely on financial sustainability measures conveys very little about the actual sustainability of specific programmes, disease trajectories or enabling environments. Sustainability for the HIV response needs to be more nuanced to include the following elements:³

TABLE 2: ELEMENTS OF SUSTAINABILITY FOR AN HIV RESPONSE ⁴

Epidemiological	<p>Are the investments effective at containing the epidemic?</p> <p>One possible measure of epidemiological sustainability is when the number of people on treatment is greater than the number of new infections. This is critical for ensuring that gains are not reversed and that new infections and deaths will not rise when countries transition from donor support.</p>
Financial	<p>Is there a credible long-term financing scenario?</p>
Political	<p>Is there political support and country ownership to ensure increased domestic financing?</p>
Structural	<p>Is the legal and policy environment conducive for an effective response?</p> <p>Is the social and environmental context enabling for an effective long-term response?</p>
Programmatic	<p>Does the specific programme or intervention make sense in an integrated primary care system?</p> <p>This involves transitioning from an emergency response to a long-term mainstreamed approach.</p>
Human Rights	<p>How will the right to health be protected for populations who might be excluded from decision-making based on the five preceding factors?</p> <p>The human rights tenet is critical for ensuring that key populations are included in sustainable HIV responses, particularly in cases where the epidemiological data supports targeted programming for these groups.</p>

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) acknowledges the need for a more complex interpretation and dimensions of sustainability including, as outlined above, financial, epidemiological, programmatic, structural, governance, political and human rights, and underscores that individual focus areas for specific countries will vary, influenced heavily by the country and regional context. Based on an appreciation of the six (6) dimensions as outlined in **Table 2**, the Global Fund defines sustainability as follows:

³ Oberth, G. and Whiteside, A. (2016). "What does sustainability mean in the HIV/AIDS response?" African Journal of AIDS Research, 15 (1): 35-43.

⁴ Ibid



“the ability of a health programme or country to both maintain and scale up service coverage to a level, in line with the 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”.⁵

Or more succinctly,

“a programme is defined as sustainable when it is able to maintain service coverage at a level that will provide continuing control of a health problem even after the removal of external funding”.

Sustainability considerations should therefore often include: (a) robust national planning (either for specific diseases or the health sector), (b) enhancing domestic resource mobilisation to progressively increase domestic financing for health, (c) enhancing “Value for Money”, investing in resilient and sustainable systems for health (RSSH), (d) enhancing alignment and implementing Global Fund activities through national systems, (e) increasing efforts to address human rights and gender-related barriers to access, and (f) strengthening national governance.

CONTEXT AND RATIONALE FOR SOCIAL CONTRACTING

REDUCTION IN DONOR FUNDING

The resources available for HIV responses in the Caribbean peaked in 2013 and declined precipitously until 2016, followed by a recovery through 2018. HIV response resources then declined by 22%, leaving the region at just 42% of its 2020 target. The main source of funding for HIV responses in the region is United States Government bilateral sources, which accounted for 54% of the total in 2019. Domestic resources constituted 28% of the total, the Global Fund accounted for 16%, and other international sources accounted for 1%. HIV resource availability from domestic sources increased by 38% from 2010 to 2019, while funding from United States Government bilateral sources, the Global Fund and all other international sources decreased by 19%, 30% and 92%, respectively (all trends measured in constant 2016 US dollars to control for inflation). The Global Fund is the only source that increased between 2018 and 2019.⁶

Box 1 – Decrease in HIV Funding – 2010 - 2019

US Government	- 19%
GFATM	- 30%
Other Int'l Sources	- 92%

Alternatively:

Domestic Sources	increased by	- 38%
------------------	--------------	-------

UNAIDS 2020 GAM Report

⁵ Global Fund. 2019 Sustainability, Transition and Co-financing Guidance Note, 15 May 2019. Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva, Switzerland
https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf

⁶ UNAIDS, 2020 GAM Report



TRANSITIONING OUT OF ELIGIBILITY FOR DONOR FUNDING

Many Caribbean countries have graduated to middle-income status, thus diminishing their income-related eligibility for donor financing access and placing increasing burdens on them to fund and manage their priority health programmes without external support.⁷ Further, the economic impact of the COVID-19 pandemic will result in a 5.2% contraction of economic growth in the Caribbean and Latin America, with GDP for the Caribbean expected to fall by an average of just over 6% in 2020.⁸

As more countries transition out of eligibility for external funding, donors have developed sustainability tools and assessments to evaluate readiness and risks to health gains. Countries gradually assume full programmatic and financial responsibility for HIV programmes to promote sustainability. For example, PEPFAR has developed the PEPFAR Sustainability Index and Dashboard as part of its annual performance reviews and country operational planning exercises.⁹ The Global Fund adopted a new Global Sustainability, Transition and Co-financing Policy on such country transitions, including making their timing more predictable and transparent; conducting country financial sustainability studies, or “transition readiness assessments” and requiring countries to provide higher levels of domestic co-financing as they approach the point at which Global Fund support ceases.¹⁰

Countries that have received Global Fund support have learned to work with community-based and civil society organisations as key partners in reaching out to inadequately served and other vulnerable populations and providing oversight in cardinal aspects such as preventing discrimination, ensuring quality of care, helping to increase coverage rates and promoting adherence.

As external financing becomes more limited, a greater share of funding responsibility will need to come from domestic sources, primarily governments. Whether and how domestic financing will enable such critical work to continue, expand and be sustained is a priority consideration for members of key populations and all others living with or otherwise vulnerable to HIV. Thus, successful transitions require providing support for designing and implementing sustainable responses, including funding mechanisms for essential services that are better provided by civil society and community-based organisations. Social contracting represents primarily a sustainable approach to HIV service delivery.

⁷ 2020 World Bank Classification for the Caribbean

- Lower Income (Less than US\$1025) – Haiti
- Upper Middle Income (US\$3996 – US\$12375) – Antigua and Barbuda, Dominica, Grenada, Jamaica, Cuba, Saint Lucia, St. Vincent and the Grenadines, Suriname, Belize, Guyana, Dominican Republic
- High Income (US\$12376 and above) – The Bahamas, Barbados, Trinidad and Tobago, Bermuda, Curacao, UK Territories, Sint Maarten, French Territories, Aruba, St. Kitts and Nevis

⁸ International Monetary Fund 2020 Outlook.

⁹ For example, see PEPFAR. 2016. “PEPFAR Guyana 2016 Sustainability Index and Dashboard Summary”. <https://www.pepfar.gov/documents/organization/260734.pdf>

¹⁰ Supra ant Note 5



EPIDEMIOLOGICAL CONTEXT

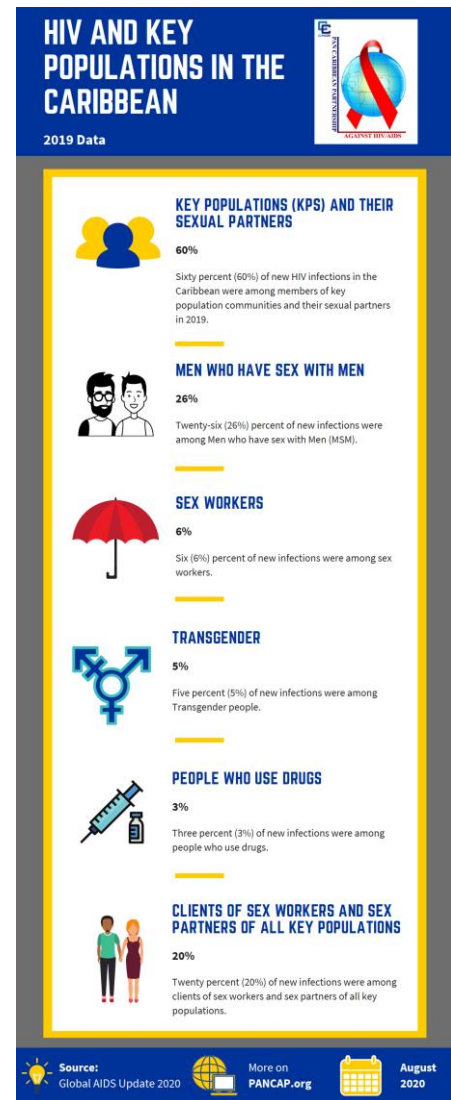
UNAIDS estimates that 44% of all new HIV infections among adults worldwide occur among key populations and their partners.¹¹ Globally, sex workers, Men who have Sex with Men (MSM) and Persons who inject drugs (PWID) are 10, 24 and 24 times more likely, respectively, to acquire HIV compared with the general population ages 15 years and older.¹² Transgender women are 49 times more likely to be living with HIV and prisoners are 5 times more likely to be living with HIV compared to other adults.¹³

Targeted focus on human rights programming, increasing access to and linkages to services by key populations and investments in civil society organisations that engage and extend the health facility reach to key populations to improve uptake of HIV prevention, care and treatment services are some of the strategic investments recommended by development assistance partners and emerging from research in this area.¹⁴

In the Caribbean, key populations, including MSM, sex workers, transgender people and persons who use drugs, have higher infection rates.

- Sixty percent (60%) of new HIV infections in the Caribbean were among key population communities and their sexual partners in 2019.
- Twenty-six (26%) percent of new infections were among Men who have sex with Men (MSM).
- Six (6%) percent of new infections were among sex workers.
- Five percent (5%) of new infections were among Transgender people.
- Three percent (3%) of new infections were among people who use drugs.
- Twenty percent (20%) of new infections were among clients of sex workers and sex partners of all key populations.

The 90/90/90 status of the Caribbean as at the end of 2019 was 77/81/80. That is, 77% of people living with HIV know their status, 81% of persons diagnosed were on treatment, and 80% of persons on antiretroviral therapy were virally suppressed. Until the Caribbean targets and reduces infection rates among key populations achieving the new 95/95/95 global targets by 2030 to end AIDS will not be attained.¹⁵



¹¹ UNAIDS. Ending AIDS: Progress Towards the 90-90-90 Targets. Geneva, Switzerland: UNAIDS; 2017.

¹² UNAIDS. Prevention Gap Report. Geneva, Switzerland: UNAIDS; 2016

¹³ Baral SD, Poteat T, Stromdahl S, Wirtz AL, Guadamuz TE, Beyrer C. World-wide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis.* 2013;13(3):214–22

¹⁴ UNAIDS. Prevention Gap Report. Geneva, Switzerland: UNAIDS; 2016; The Global Fund. Key populations action plan 2014-2017. Geneva, Switzerland: The Global Fund; 2014; World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations 2016 update. Geneva, Switzerland: WHO Press; 2016; FHI 360/LINKAGES. Key population program implementation guide. Washington, DC: FHI 360/LINKAGES; 2017

¹⁵ UNAIDS. Fast-Track Ending the AIDS Epidemic by 2030.

https://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf



WHY SOCIAL CONTRACTING?

The primary focus of a social contracting model must be “sustainability”. A sustainable response requires the allocation of domestic resources to focus on the most effective approaches to HIV prevention

and treatment to secure the long-term sustainability of HIV programmes. Investing resources in people and organisations that can reach the key populations is a strategic investment to improve, expand the reach and achieve greater efficiency in health service delivery.

Box 2. What We Know/Lessons Learned

- Ninety percent (90%) of key population programs are funded by donors.
- Transitioning out of donor funding can potentially leave key populations and the civil society organizations that serve them vulnerable if key population programming is not locally owned and sustainable.
- Protecting the human rights of key populations and access to HIV services will continue to require targeted attention.

Source: Health Policy Project.

Social contracting could be an advantageous option in any country seeking to build and improve its health system.

The sustainability of civil society groups' vital services depends on them having access to alternative funding sources. Governments and other domestic sources are the most logical and sometimes the only option for maintaining effective and comprehensive responses and strengthening systems and procedures to maintain those usually neglected programmes, such as prevention for key and vulnerable populations. Social contracting has been shown to be an effective way to link the two sectors formally.

CSOs play a critical role in HIV responses. In many countries, they are the only or the leading service providers for key populations – Men who have sex with men, people who use drugs, sex workers, and other vulnerable groups. CSOs also provide substantial support to people living with HIV, including social protection services.

Comparative advantages of CSOs in reaching key populations include:

- Ability to reach populations with difficult access
- Experience in the implementation of preventive strategies and provision of services aimed at key populations and vulnerable populations.
- Capacity for political advocacy.
- Knowledge and use of the dynamics, languages, and codes of the community sectors
- Trust already generated in the populations with which they work.
- Strengthened community systems with skills and capacities to provide services and implement projects



The process for public funding of community-based HIV prevention strategies goes beyond simply providing funding to CSOs, as it requires initiatives at the policy, programme and financial levels to complete. In countries transitioning from foreign aid to domestic financing, the sustainability of the HIV response requires more than just a sufficient HIV budget allocation. A legal framework, effective mechanisms and transparent procedures that allow governments to contract CSOs for the provision of HIV related services to everyone who needs them are essential. This option could help prevent reductions and disruptions in targeted services for key and vulnerable populations (in particular) and ideally contributes to a more rapidly expanding effective HIV response.

We need now more than ever to engage in partnerships, grounded in trust, transparency, accountability and efficiency towards assisting governments to implement its policies and support achievement of national strategies and plans.

We need now more than ever to accelerate work on meeting the 95/95/95 Global targets by ensuring that testing and prevention, linkage and retention in care and achieving viral suppression are continued and sustained.

Dr. Rosmond Adams
Director, PANCAP



HOW THE TOOLKIT IS STRUCTURED

This **Guidance Note** aims to assist regional countries to develop and implement a social contracting mechanism in partnership between governments and CSOs with recommended actions set out in a 4-stage process and examples of regional and international experiences, where possible, to guide decision-making.

This Guidance to Countries recommends a four (4) Stage process detailed hereunder with the various actions at each stage to implement social contracting in the Caribbean.

Stage 1 – READINESS ASSESSMENT

- A. Securing the political will of Government and CSOs (Political Will and Partnership) for social contracting
- B. Assessing the Legal and Regulatory Framework
- C. Assessing the Financing Options
- D. Advocacy - Making an Investment Case for moving to the next step
 - Justification of the rationale and scope of social contracting, cost/benefit analysis of engaging in social contracting, services to be procured, costing and potential funding sources in alignment with country context.

Stage 2 – PLANNING AND PREPARATION

- A. Setting up an Implementation Committee
- B. Determining which Government Entity will be the Purchaser of Services or contracting authority
- C. Determining criteria for selecting the Providers of Services
- D. Conducting assessment or Strengthening of Government and CSOs Capacity for Management and Implementation
- E. Identifying Services to be contracted
- F. Conduct costing of Services
- G. Developing clear Procedures and Guidelines
- H. Develop a Monitoring and Evaluation (M&E) Framework
- I. Allocating funds from the national budget or other funding sources

Stage 3 – IMPLEMENTATION PROCESS

- A. Setting social contracting priorities according to National Strategies and available funding
- B. Tendering/Bidding/Selection Process
- C. Contracting
- D. Monitoring Implementation and quality of services
- E. Ensuring quality of services
- F. Reporting and payment

Stage 4 – ROADMAP FOR SUSTAINABILITY

- A. Review or modify legislation where necessary
- B. Insertion of social contracting into National Strategies and Policies



How to use this toolkit

This toolkit will explain:

- The concept of social contracting
- The four stages of the social contracting process

It will help you to:

- Understand the concept of social contracting
- Identify the critical steps needed for social contracting
- Identify where are you in the social contracting process by working through the four stages
- Use it as a **step-by-step** guide in the social contracting process
- Explore social contracting as an option for sustainability



Key Principles and Considerations for Social Contracting

To inform the development of this Toolkit, a review of the processes undertaken in 5 countries in the Caribbean, including Barbados, Belize, Guyana, Jamaica and Suriname, which are either engaged in social contracting for HIV services or considering implementation was conducted. Based on the lessons and recommendations emerging from the various country experiences with Social Contracting, the following is a summary of key considerations.¹⁶

Table 3: Summary of Key Considerations for Social Contracting

COMMON CHALLENGES	
CHALLENGES	REMARKS
Ensuring participation and buy-in of all relevant stakeholders, including key partners who are best placed to take responsibility for championing the cause.	Without the country's ownership on the part of both Government and CSO, social contracting cannot be achieved; similarly, without these stakeholders taking action, social contracting will remain an idea rather than a reality.
Lack of familiarity with financial and administrative processes and regulations that govern access to domestic funds.	A cause of delays for many countries stems from a lack of familiarity with applicable rules and processes that come into play as part of social contracting, particularly national procurement rules and regulations and government budget processes. When these are well understood, the impact on the overall procurement and contracting process can be anticipated and mitigated.
Preparedness for implementation in terms of clear processes, templates, available budget, guidelines, etc.	Generally, the more prepared a country is for implementation in clarifying the processes, creating specific templates and guidelines ensures greater transparency, comprehension of the process by all stakeholders and mitigates delays.
Availability of dedicated staff for implementation and monitoring	Social contracting should adhere to principles such as transparency, accountability, and shared responsibility. Regardless of the model, both the relative “newness” and the nexus between social contracting and continued service delivery to (key) populations require dedicated effort to ensure its success.
KEY INSIGHTS (LESSONS)	
<ul style="list-style-type: none"> - CSO readiness needs to be given due consideration, as their comparative advantage is a critical element to enable continued service delivery to key populations. - Social contracting requires capacity building for both Government and CSOs. In many instances, social contracting will reform the partnership between Government and CSOs. It will increase interdependence and accountability. - Establishing and communicating clear guidelines that will govern the social contracting implementation may facilitate smoother implementation; however, these should not be overly burdensome to defeat their purpose. 	

¹⁶ PANCAP. 2020. Social Contracting in the Caribbean: A Report on Interviews conducted among representatives of Government and Civil Society in Barbados, Belize, Guyana, Jamaica and Suriname, September 2020, Pan Caribbean Partnership Against HIV/AIDS, Georgetown, Guyana



- The social contracting model that a country will implement should take into consideration the country's history in working with CSOs and lessons from existing systems. This could create strategic efficiencies towards establishing the mechanism.

CONSOLIDATED RECOMMENDATIONS

Shared responsibility: ensure dialogue and consensus-building precedes decision-making.

Ownership and trust: these are foundational elements of the relationship between government and CSOs.

Preparedness and partnership: stakeholders to develop and communicate the necessary processes, tools, guidelines and policies beforehand as much as possible.

Readiness: build the necessary capacity in both Government and Civil Society to participate in a Social Contracting mechanism to ensure continued service delivery to (key) populations.

The effective rollout of social contracting will require planning, ongoing advocacy, and collaboration between government and CSOs as they build partnerships to deliver HIV services. This partnership must be grounded in trust, transparency, accountability, meaningful participation and efficiency geared toward assisting government in implementing its policies and supporting the achievement of national goals as outlined in each countries' National Strategic Plan. Implementation of a social contracting process may be informed by the following recommended core set of principles and conditions:

A core set of ten principles for social contracting are generally recommended, including:

- **Key Principles**

- **Ownership and trust:** these are foundational elements of the relationship between government and CSOs
- **Commitment** – on the part of both government and CSOs
- **Shared Responsibility** - ensure dialogue and consensus-building precedes decision-making
- **Preparedness and partnership:** all stakeholders to develop and communicate the necessary processes, tools, guidelines and policies beforehand as much as possible.
- **Readiness:** build the necessary capacity in both Government and Civil Society to participate in a Social Contracting mechanism to ensure continued service delivery to key populations.
- **Independence** - The independence of all CSOs should be recognised and supported. This includes their right within the law to comment on and challenge government policy and determine and manage their affairs. CSOs and communities also should be engaged in shaping and reviewing social contracting policies and structures.
- **Transparency** - application and selection procedures should be clear and transparent and provide for maximum clarity and openness of the process (e.g., requirements to publish



the tender announcement in official and local media, allowing appropriate time for submission of proposals, publicising the selection criteria and names of selected applicants).

- **Fairness/Equity** – while equal treatment of applications should be a main priority, that includes, for example, a set of pre-established clear and objective criteria, which ensures nondiscrimination and selection of the most qualified applicant based on the merit of the proposal. **Equity** requires that procedures be established to ensure non-monopolisation by CSOs with greater capacity, for example, using a “consortia” approach to determine eligible applicants.
 - **Accountability** - refers to, among other things, spending the allocated funds in an agreed way and with clear reporting obligations.
 - **Goals-oriented arrangements** - public funding should be allocated for clearly defined goals and priorities according to government policies and public health needs. Indicators should drive evaluation to measure the achievement of these goals.
- **Other Key Considerations**
 - The process must adapt to the needs and capacities of the country;
 - It is important to ensure that key populations are targeted by implementing effective interventions and obtaining value for the money while respecting people’s dignity and rights in the process.



THE FOUR (4) STAGE PROCESS FOR IMPLEMENTING A SOCIAL CONTRACTING MODEL

STAGE 1 – READINESS ASSESSMENT

The systematisation of previous experiences of countries that have implemented public financing modalities for community HIV and Tuberculosis prevention strategies recommends that the following activities be implemented for their preparation.

A. SECURING THE POLITICAL WILL OF GOVERNMENT AND CSOs - (POLITICAL WILL AND PARTNERSHIP)

PHASE 1

GETTING THE GO!

It is not to be assumed that either Governments or CSOs understand or are willing to engage in social contracting as an option to sustain and expand service delivery of HIV services, particularly to key and other inadequately served populations.

Engaging in a sensitisation process or advocacy at the inception stage of the process is key for **country ownership, commitment and building shared responsibility**. As social contracting has been a recommended strategy as part of country transition from donor resources for the HIV Response, there has been some reliance on these donors to initiate the advocacy among Governments and CSOs, particularly in countries that do not have a history of directly funding CSOs for the delivery of services as part of the HIV Response.

One of the lessons learned from the process in the five countries reviewed was that ensuring participation and buy-in of all relevant stakeholders, including key partners who are best placed to champion the cause, is the first step to moving the process from an idea to a reality. This decision should be made by the country and not by donors.





WHO CAN INITIATE?

Donors: Where there is no country buy-in, donors may be best placed to initiate the dialogue and engage in advocacy for moving a decision to assess the capacity for engaging in social contracting. This will generally entail the donor encouraging either a government entity, generally the Ministry of Health or the Country Coordinating Mechanism (CCM) and CSOs of the efficacy of implementing social contracting. It should then fall to the relevant local entity to bring the partners together in making a commitment for social contracting. This will ensure some level of **country ownership** and **commitment** to the process. Donors should, therefore, “facilitate” the process.

CSOs/MOH/CCM or NAC: CSOs, the Ministry of Health, the CCM or the National AIDS Commission as appropriate in the country circumstances, may initiate the dialogue with other partners to determine the efficacy of implementing social contracting and in the same vein seek to convene all the relevant partners to secure a commitment to assess the effectiveness of social contracting. This process ensures that there is **country ownership** of the process and will establish the beginning of the necessary **partnership** essential for a successful rollout of social contracting. It is recommended that key population CSOs and organisations of persons living with HIV are at the table. Other Partners to consider will include:

- Ministry of Finance / Budget Office
- Ministry with responsibility for CSOs or NGOs
- Country Coordinating Mechanism of National AIDS Commission

OUTCOME: Approval to move to the second phase of the readiness assessment - The outcome at this stage is to get the approval to proceed to considering social contracting and to move to the assessment of the legal and regulatory framework and financing options.

RECOMMENDATION: Once the decision is made by the country to consider the option of social contracting, it is recommended that the Committee referred to in Step 1 be in place. This Committee will provide the partnership forum for determining and guiding the next phases of the social contracting process set out in the following sections of the Toolkit.

PRECURSOR FOR MOVING TO STEP 2: Once the determination is made to proceed to the next phase of the readiness assessment, the question to consider may be how to get this done? What resources are available? Is there a possibility to get technical assistance?



Of the five Caribbean countries at various stages of the process, technical assistance was provided for the readiness assessment in Belize through the Caribbean Vulnerable Communities Coalition (CVC) as a technical assistance provider to the GF Community Rights and Gender Special Initiative. In Guyana, Jamaica and Suriname, the Health Policy Project also provided technical assistance for the readiness assessment and preparation and planning phases, including training CSOs in the costing of services and understanding budget processes. In all cases, the technical assistance providers were either local or regional. There is, therefore, regional capacity to provide the requisite technical assistance to countries to move through the requisite steps of assessing, planning and implementing social contracting in the region.

B. ANALYSIS OF LEGAL AND REGULATORY FRAMEWORK

PHASE 2

CONFIRMING THE LEGAL REGIME FOR SOCIAL CONTRACTING IS IN PLACE

WHAT SHOULD THE ANALYSIS OF THE LEGAL AND REGULATORY FRAMEWORK ADDRESS?

Among the most pressing enabling environment issues are those of the legal, policy and regulatory nature. A range of laws and policies shapes the legal framework for social contracting and implementation practices related to CSOs, including those governing their legal formation and oversight, licensing, the permissibility and taxation of CSOs, and regulation of foreign funding of domestic entities, among others.

Therefore, the analysis of the legal and regulatory framework is intended to guide a country in examining:

- 1) whether CSOs are legally permitted to register, receive funds from government, and use those funds to contribute meaningfully to the HIV responses, particularly among key populations;
- 2) whether CSOs are sufficiently and sustainably involved in planning and implementing HIV responses among those populations;
- 3) whether any legal or structural/regulatory barriers hinder the government from directly funding CSOs; and
- 4) whether there are any opportunities for publicly funded contracting of CSOs and which funding mechanism(s) would be the most useful.

ISSUES TO DETERMINE FROM THE LEGAL AND REGULATORY ANALYSIS

- 1) Legal authority for CSOs to be incorporated
- 2) Legal authority for CSOs to receive funds from public sources
- 3) Legal authority of government to fund CSOs from public sources
- 4) Capacity of CSOs to provide services and be accountable
- 5) Capacity of CSOs to meet prerequisites for service delivery (licensing) and other quality assurance mechanisms
- 6) Capacity of government to develop and manage contracting process and monitoring of CSO service delivery



CONDUCTING THE LEGAL AND REGULATORY REVIEW

1. The Legal and Regulatory Review

In the context of the implementation of the new Global Sustainability, Transition and Co-financing Policy (2016), the Global Fund developed a tool - The Social Contracting Diagnostic Tool (SCDT), to better understand the complex barriers to and opportunities for the continuation of evidence-based and cost-effective interventions for key populations implemented by CSOs. The Tool is intended to guide a country in examining whether civil society organisations (CSOs) are legally permitted to register, receive funds from government, and use those funds to meaningfully contribute to HIV, TB and malaria responses, particularly among key populations and whether civil society is sufficiently and sustainably involved in planning and implementing HIV, TB and malaria responses among key populations.

This Tool is referenced here as it provides an excellent guide to the conduct of the legal and regulatory framework to assess the readiness for social contracting. Guyana, Belize, Jamaica and Suriname have used the Tool in their social contracting processes.

Step 1 – Desk Review of the Legal and Regulatory Framework - to determine the legal and regulatory framework related to:

- the participation of CSOs in the national HIV and TB responses,
- the status and registration of CSOs,
- restrictions on hiring practices and licensing requirements for service provision by CSOs,
- whether CSOs can be funded from domestic sources,
- existing modalities for funding of CSOs,
- the public finance regulatory framework,
- the health financing trends, including HIV and TB appropriations and spending,
- the budget and procurement classifications and regulations,
- the level of HIV funding to CSOs or HIV funding to key populations,
- procurement practices of government where funding of CSOs occurs,
- service provision standards and
- monitoring and evaluation mechanisms conducted.



Specific Issues to Consider

A. Registration of Civil Society Organisations

Objectives:

- Determine procedure for registration based on the applicable legislation and identify potential bottlenecks. For example, the requirement of approval of the Articles by a Government agency under Companies Acts or the restriction of activities for “improper purposes” under Charity Acts.
- Determine “allowed” and “restricted” activities by NGOs in accordance with the relevant Acts.

Laws relating to the registration and conduct of non-government organisations

- Companies Acts (registration of Not-for-Profit companies)
- Charity Acts
- NGO Registration Acts
- Accreditation with a Government Ministry or other entity as a Community organisation
- Money Laundering legislation (restrictions applicable to NGOs)
- Criminal laws – whether the behaviour of certain key populations are criminalised and, therefore, whether CSOs may be liable to harassment or arrest.

B. Provision of Health Services

Objectives:

- Determine the health services that CSOs may provide in accordance with applicable public health legislation and the licensing requirements, if any.
- Determine the process for obtaining the appropriate licenses.
- Determine whether there are restrictions on hiring practices within CSOs.

Laws relating to the provision of health services by non-governmental organisations

- Licensing laws, rules and regulations for the provision of clinical or medical services
- Public Health legislation
- Medical Associations rules and regulations and accreditation
- Customs Duties and Import laws and regulations relating to commodities (whether licensing is required for importing condoms, lubricants, test kits etc.)
- Taxation legislation

C. Funding of Civil Society Organisations

Objectives

- Determine the laws and regulations that may facilitate funding to CSOs and the rules and regulations that may restrict funding.
- Determine whether there are any specific restrictions relating to activities targeting key populations.
- Determine whether government procurement practices support or hinder direct financing by government to CSOs.
- Determine the salary scales related to community health workers and detailed costing of services provided by NGOs if they were to be funded through the government.

Laws related to the government’s ability to fund CSOs

- Finance legislation, including access to and use of government revenue
- Finance rules and regulations



- Laws, rules and regulations relating to central and local government financing
- General principles of contract law (applicable to the target country)
- Laws and regulations related to government procurement practices and oversight mechanisms, for example, the Office of Contractor General or Auditor General
- Government grades and salary scales for public officials

D. Planning Service Provision by CSOs

Objectives

- Determine whether CSOs are allocated specific roles and activities within the national policy framework related to HIV or TB as applicable.
- Determine whether CSOs participated in the budget development process for the costed action plans

Policy framework related to involvement by CSOs in country policy responses and participation by CSOs in budgetary allocations

- GF Concept Note
- National HIV/AIDS Strategic Plan/ Framework / or National TB Strategic Plan/ Framework
- Costed Action Plans for HIV or TB Strategic Plans

E. Analysis of Existing Models of Public Financing in Country

Objectives

- Determine whether there are allocations to CSO implementation of activities under these plans or other country policy frameworks, including the amount for key population activities.
- Determine the government source /entity through which the allocation to the CSO was made, for example, Ministry of Health, local government, or Ministry of Finance.
- Determine the allocation to CSOs in the last 2-3 years from external donors.
- Determine the procurement practices of government where funding of CSOs occurs, service provision standards and monitoring and evaluation mechanisms.

Legal and policy framework for funding from government budgets

- National HIV/AIDS Strategic Plan/ Framework / or National TB Strategic Plan/ Framework
- Costed Action Plans for HIV or TB Strategic Plans
- Finance legislation, including access to and use of government revenue
- Finance rules and regulation
- Laws, rules and regulations relating to central and local government financing
- General principles of contract law (applicable to the target country)
- Laws and regulations related to government procurement practices and oversight mechanisms, for example, the Office of Contractor General or Auditor General
- Anti-corruption legislation

Step 2 - In-country mission to conduct stakeholder interviews with government and CSOs

- With Civil society organisations, particularly key population organisations (NGO, faith-based organisations, private sector) and development partners, followed by the finalisation of a report on the legal and regulatory review.

Step 3 – Presentation of report at a validation consultation in-country



Step 4 – Conclusion of Report with Recommendations to address Gaps and Next Steps

- The final step of the process is to conclude the report and share it with Government, CSOs and other stakeholders for agreement on recommended next steps.

2. Capacity Assessment of Government and CSOs –

- Costing capacity building
- Budget process review
- Readiness paradox – no capacity retention strategy

C. ASSESSING THE FINANCING OPTIONS

PHASE 3

FINANCING

OPTIONS

In many Caribbean countries, there is generally one domestic source of funding for HIV prevention and control activities. This is generally from the budget allotted to the Ministries of Health. Governments, however, utilise several strategies to raise funds that may be specifically earmarked for health of which HIV prevention and control services may benefit.

Some of the strategies employed are:

- Taxation or Specific Levies
- Government Recurrent Expenditure
- Maximising Efficiencies from National Budgets
- National Health Insurance

To ensure robust and expanded public funding of civil society activities, civil society groups should prioritise budget advocacy. This means they need to understand how public budgets are made at national and local levels; be able to analyse them effectively; understand the wide-ranging political sphere (e.g., beyond just the health ministry) that determines where and with whom they should advocate; and understand the role of relevant parliaments in budget making processes. Such steps are essential to help achieve an important and valuable objective: ensuring that social contracting services are institutionalised in budgets. Once this happens, the likelihood of sustainable financing and services is far greater.

Detailed costing is useful for all social and other services potentially provided by CSOs through social contracting arrangements. The results can help CSOs and governments have a clearer idea of how much money is realistically needed to deliver specific services. Costing can also be a good tool for civil society for both effectiveness and advocacy purposes. The former can help ensure CSOs have the necessary internal processes and systems to provide high-quality services in the most efficient and effective manner. Regarding advocacy, costing information can help CSOs make a case for why such services are cost-effective in overall epidemic responses.



D. **ADVOCACY - MAKING AN INVESTMENT CASE FOR MOVING TO THE NEXT STEP**

<p>PHASE 4</p> <p>ADVOCACY</p> <p>FOR</p> <p>IMPLEMENTATION</p>	<p>Once the readiness assessments have been conducted, then advocacy work to move to the next steps should be done not to lose momentum.</p> <p>In response to the changes in the external financing landscape for HIV, governments, civil society groups at all levels, and technical partners are recognising the need for changes in how they work together.</p> <p>Social contracting could be an advantageous option in any country seeking to build and improve its health system. It could also prove especially valuable for efforts in response to HIV in countries facing funding and programming challenges related to low domestic investment in key services and/non-existent or declining donor support.</p>
---	--

The social contracting concept is based on the premise that civil society groups often can provide certain essential services more effectively and efficiently than the government or other sectors. This includes areas that have infrequently, if ever, received domestic support— such as HIV prevention, among many key and vulnerable populations.

The benefits CSO service delivery provides to national governments are essential to any HIV response, including their unique role in reaching vulnerable and marginalised persons impacted by HIV.

In recent years, however, some civil society groups reported that organisations had been forced to close or are at heightened risk of taking that step soon due to lack of funds. The sustainability of civil society groups' vital services depends on them having access to alternative funding sources. Governments and other domestic sources are the most logical and sometimes the only options. Social contracting has been shown to be an effective way to link the two sectors formally.



STAGE 2 – PLANNING AND PREPARATION

In the planning and preparation for social contracting, the following steps may prove useful.

- 1. Setting up an Implementation Committee:** The implementation committee should include Government officials, CSOs and experts in social contracting mechanisms. Ideally, the Ministry of Health, Finance and Planning should be part of the committee. Technical assistance and funding to support the process can be sought from donor funding.
- 2. Determining which Government Entity will be the Purchaser of Services or contracting authority:** Through the consultation process, it will be determined which government entity will be the purchaser of service. In many countries, the National AIDS Programme is responsible for the delivery of services. These Programmes are generally within the Ministries of Health. The MOH may serve as an easy link in the process. However, services can be delivered through other ministries such as Ministries of Education and Gender Affairs.
- 3. Determining criteria for selecting the Providers of Services: Who and what to fund?** The legal, policy and regulatory environments are of great importance. There should be a legal basis for social contracting in general but having a specific favourable law on social contracting is not necessary, nor is it sufficient on its own. A range of laws and policies shapes the legal environment for social contracting and implementation practices related to CSOs, including those governing their legal formation and oversight, licensing the permissibility and taxation of CSOs, and regulating foreign funding of domestic entities, among others. These various norms may be enabling or obstructive. These can define who and what are funded. It is important for clear criteria to be laid out and that both sides are aware of and understand the selection process.
- 4. Conducting assessment or Strengthening of Government and CSOs Capacity for Management and Implementation:** Continuous assessments and capacity building to execute and manage social contracting is critical for the mechanism to be effective. Government must have the capacity to execute, monitor and ensure that support is offered to CSOs. Similarly, CSOs must have the capacity to implement, report and deliver on agreed targets.
- 5. Identifying Services to be contracted:** The identification of services requires good knowledge of the landscape. CSOs are best positioned in offering certain services, and these services can be contracted out. It is important that in the process, duplication of services is avoided and that the services fit into the NSP and national indicators.
- 6. Conduct costing of Services:** Cost estimation is the first step in financial planning for any social contracting process. The cost estimation should be conducted annually. In the case of assigned tasks for ordered products/services, cost estimation for the current year can be based on the list of public products and services detailed by quantity, volume, unit price, service price, and estimated cost of the preceding year. In the case of bidding, cost estimation for the current year can be made based on a combination of the bidding results for the prior year and expected



fluctuations in the cost of inputs. The contracting authority can estimate the cost of providing public services during development of its budget estimate.

7. **Developing clear Procedures and Guidelines:** Clear procedures and guidelines must be developed to guide the process. CSOs must be aware of these procedures and guidelines. Capacity building through training can facilitate the process.
8. **Develop a Monitoring and Evaluation (M&E) Framework:** Quality control is an essential aspect of social contracting, as it ensures that services provided meet quality standards. The framework should answer the following questions:
 - Are there quality standards for services provided?
 - Which agency is in charge of ensuring that the quality standards are observed?
 - What are the monitoring and reporting requirements for CSOs engaged in social contracting? Are they effective or excessive?

One should, first of all, analyse the legal framework and find out whether quality standards exist and how they are enforced. Another aspect of quality control is monitoring and reporting requirements, which are usually part of the contract, signed with CSOs, but may also be found in legislation. One should investigate what consequences CSOs may face in case of non-compliance with quality standards and whether these consequences are fair or disproportionate to the seriousness of the violation.

9. **Allocating funds from national budget or other funding sources:** In setting up the social contracting process, governments must decide the funding source to support this mechanism, the proportion to be allocated to the process, and how it will be disbursed, whether through grants or subventions.



STAGE 3 - IMPLEMENTATION PROCESS

KEY ROLES IN THE IMPLEMENTATION OF SOCIAL CONTRACTING

- **A PURCHASER OF SERVICES OR LEAD AGENCY**

 - A government entity (both national and local levels, or a ministry) that identifies the needs and priorities allocates necessary resources, arranges for the procurement of services, and monitors implementation.
- **A PROVIDER OF SERVICES**

 - Nongovernmental, not-for-profit or for-profit organisation and/or a private entrepreneur) that delivers social services to clients as per an agreement/contract with a purchaser.
- **A BINDING CONTRACT**

 - A binding agreement on the number and description of target population for services, type of service, a modality of service provision, and a budget/cost and payment arrangements.
- **A SET OF RULES AND POLICIES**

 - A set of normative/regulatory rules and policies that ideally cover the entirety of the social contracting process, from defining the scope of contracting to monitoring and evaluating the results.

The various procedures and structure required for the implementation of a social contacting model will generally include the following detailed steps:¹⁷

STRUCTURAL ELEMENTS OF IMPLEMENTATION

- **SETTING PRIORITIES**
- **COSTING OF SERVICES**
- **ALLOCATING FUNDS**
- **DEVELOPING CONTRACTING DOCUMENTATION AND PROCEDURES**
- **BIDDING/SELECTION PROCESS (COMPETITIVE PROCESS, PRE-QUALIFICATION OR CONSORTIA APPROACH)**
- **IMPLEMENTATION AND**
- **MONITORING AND EVALUATION (M&E)**

¹⁷ The following process for the implementation of a social contracting model has been adopted and adapted from the Health Policy Plus review of social contracting in Ukraine which has had various iterations of social contracting from the year 2000. Nechosina, O., O. Semeryk, A. Nitsoy, I. Reshevska, R. McInnis, and K. Beardsley. 2019. *Social Contracting in Ukraine: Sustainability of Non-Medical HIV Services*. Washington, DC: Palladium, Health Policy Plus.



ISSUES TO DETERMINE FOR IMPLEMENTATION STAGE

- Funding is available from public sources to sustain the programme
- A public and transparent criteria and selection process with scaling to increase the competitiveness among NGOs (for example, working as a consortium among larger and weaker CSOs to bid or submit proposals)
- A binding agreement between government and CSOs with experience and capacity
- Delivery of prevention and/or care services on HIV and TB to key populations by CSOs with government funds
- Implementation monitoring by government institutions
- Costing of services and a clear system of payment for processes/products or impact (to be defined)
- Insertion into national disease response policies

Once countries have decided to move ahead with social contracting, the budgeting process is critical.

The process usually includes:

- Initiation of the process by the government
- Preparatory work between Ministries of Finance and Health
- Submission of work plans and budgets by the MOH for approval
- Government review and finalisation
- Approval of budget with allocation for social contracting

The government will then implement a process for selecting CSOs guided by the legal and regulatory framework.

Usually, a bidding and contracting process follows:

- Preparation of tender
- Implementation of competitive bidding
- Evaluation of bidding documents, proposals, and contract negotiations
- Submitting, appraising, approving, and publicising contractor selection results
- Finalising and signing contracts



KEY ACTIVITIES FOR DEVELOPING GOVERNMENT SOCIAL CONTRACTING TO CIVIL SOCIETY

STEPS IN THE SOCIAL CONTRACTING PROCESS	CIVIL SOCIETY ORGANIZATIONS	GOVERNMENT AGENCIES AND POLICYMAKERS	EXTERNAL DONORS
Review and understand legal and regulatory needs for social contracting mechanisms	Support and engage in analysis on country ability to provide funding to CSOs	Determine which funding mechanism would be the most appropriate for the country context	Assist with the development of the social contracting funding mechanism
Develop/adapt regulatory process for selecting CSOs for contracting	Advocate for transparency and accountability in the contract selection process	Develop transparent procurement and contracting processes	Provide best practices globally on transparent review and accountability processes
Ensure domestic finances are available for social contracting mechanisms	Conduct analyses on funding sources for social contracting and advocate for annual predictable financing to be included as a budget line item	Ensure adequate, predictable funding is available for social contracting to civil society	Provide seed money for pilot initiatives of social contracting in country
Provide quality implementation and monitoring of publicly-financed services	Strengthen capacity in organization for management, reporting, and technical monitoring and evaluation for public financing	Develop systems to fund and monitor CSO contract work	Assist CSOs and government on effective implementation and monitoring of work



STAGE 4 - SUSTAINABILITY

A critical enabler of sustainability is increased domestic financing. As countries move along the development continuum and expand their fiscal capacity, they are expected to take on greater ownership of the national response to HIV.

SUSTAINING SOCIAL CONTRACTS

An accountability framework should cover two important aspects:

- (1) financial audit; and
- (2) performance audit.

Also, the capacity building of CSOs can improve their performance. The monitoring and evaluation of CSO performance and capacity building to enhance their performance are very important. Discussion among key stakeholders to reach a consensus on different roles and responsibilities for supporting CSOs should be undertaken. This could be done through the support of a domestic funder and international funders such as the Global Fund, the formation of networks or alliances for mutual support, and having larger and more experienced CSOs assist others.

Additionally, capacity building should be done in technical areas and fund mobilisation and management to help CSOs deliver good quality services and sustain their organisations in the long run.

There is the need to review and modify legislation where needed to further support and strengthen social contracts. Additionally, National Strategic Plans should include the work of CSOs and how they contribute to the overall HIV response. By doing this, social contracting mechanisms can be worked into NSPs.



CONCLUSION

The social contracting concept is based on the premise that civil society groups often can provide certain essential services more effectively and efficiently than the government or other sectors, including in areas that have infrequently if ever received domestic support— such as HIV prevention among many key and vulnerable populations.

The sustainability of civil society groups' vital services depends on them having access to alternative funding sources. Governments and other domestic sources are the most logical and sometimes the only options.

Social contracting has been shown to be an effective way to link the two sectors formally. It is a financing option by which governments finance programmes, interventions and other activities implemented by civil society actors. This option could help prevent reductions and disruptions in targeted services for key and vulnerable populations (in particular) and ideally contribute to a more rapidly expanding effective HIV response.

The process of social contracting is not simply that a government provides grants or subventions to CSOs, but requires a number of policy, financial, and programmatic initiatives to ensure successful implementation. Before embarking on social contracting, stakeholders should consider the roles of CSOs, which services are needed, and how active CSOs are in the country response to HIV. Governments, CSOs, and external funders have the obligation and mandate to support social contracting implementation for it to be effective and achieve its intended purpose.



REFERENCES

APMG Health. 2017. Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (PFC). Washington, DC: APMG Health.

Burrows, D., Oberth, G., Parsons, D., & McCallum, L. (2016). Transitions from donor funding to domestic reliance for HIV responses.
<https://www.globalfundadvocatesnetwork.org/wp-content/uploads/2016/04/Aidspan-APMG-2016-Transition-from-Donor-Funding.pdf>

Cenac, V., S. McLeish, and R. MacInnis. 2017. *Legal and Regulatory Framework for Social Contracting in Guyana: Desk Review and Social Contracting Analysis*. Washington, DC: Palladium, Health Policy Plus.
[HP+ Publication: Legal and Regulatory Framework for Social Contracting in Guyana: Desk Review and Social Contracting Analysis \(healthpolicyplus.com\)](#)

Global Fund. 2016. *The Global Fund Sustainability, Transition and Co-financing Policy*. GF/B35/04. Geneva, Switzerland. The Global Fund to Fight AIDS, Tuberculosis and Malaria.
https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf

Global Fund. 2017. *Guidance Note: Sustainability, Transition and Co-Financing of Programs Supported by the Global Fund*. Geneva, Switzerland. The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Health Policy Plus. *CSO HIV Budget Advocacy Costing Tool*. Washington, DC: Palladium, Health Policy Plus.
[HP+ Publication: Budget Tool for Civil Society Organisations in Indonesia \(healthpolicyplus.com\)](#)

Health Policy Plus. 2019. *10 Milestones: Advancing CSO Social Contracting for HIV Services in Suriname*. Washington, DC: Palladium, Health Policy Plus.
[10 Milestones: Advancing CSO Social Contracting for HIV Services in Suriname \(healthpolicyplus.com\)](#)

Health Policy Plus. 2019. *Suriname's Budget Process and Windows for Advocacy: A Guide to Inform Advocacy for HIV and Health Resources*. Washington, DC: Palladium, Health Policy Plus.
[HP+ Publication: Suriname's Budget Process and Windows for Advocacy: A Guide to Inform Advocacy for HIV and Health Resources \(healthpolicyplus.com\)](#)

Health Policy Plus. 2018. *Social Contracting: Supporting Domestic Public Financing for Civil Society's Role in the HIV Response*. Washington, DC: Palladium, Health Policy Plus.
[HP+ Publication: Health Policy Plus: Social Contracting: Supporting Domestic Public Financing for Civil Society's Role in the HIV Response](#)

Health Policy Plus. 2018. *Understanding the Costs of CSO-Delivered HIV Services for Key Populations in Guyana: Policy Implications for Social Contracting*. Washington, DC: Palladium, Health Policy Plus.
[HP+ Publication: Understanding the Costs of CSO-Delivered HIV Services for Key Populations in Guyana: Policy Implications for Social Contracting \(healthpolicyplus.com\)](#)

Health Policy Plus. 2018. *"Guyana's Budget Process and Windows for Advocacy: A Guide to Inform Advocacy for HIV and Health Resources."* Washington, DC: Palladium, Health Policy Plus.
[HP+ Publication: Guyana's Budget Process and Windows for Advocacy: A Guide to Inform Advocacy for HIV and Health Resources \(healthpolicyplus.com\)](#)



Health Policy Project. 2014. *Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector*. Washington, DC: Futures Group, Health Policy Project.

https://www.healthpolicyproject.com/pubs/299_GuyanaAssessmentReportUPDATEDPUBLICvFINAL.pdf

Health Policy Project. 2016. *Key Populations and HIV Programming in the Context of PEPFAR Funding Transitions Lessons Learned from The Health Policy Project*. Washington, DC: Futures Group, Health Policy Project.

https://www.healthpolicyproject.com/pubs/462_HPPHResponsibleTransitionsOverviewBriefM.pdf

JASL, CVC. 2019. *Sustaining the HIV Response in Jamaica - Sustainability, Transitioning from Aid and Health System Financing*. Jamaica AIDS Support for Life, Caribbean Vulnerable Communities Coalition, Kingston, Jamaica.

Kates, J.W. 2017. *Financing the Response to HIV in Low and Middle-Income Countries: International Assistance from Donor Governments in 2016*. Washington DC: UNAIDS and Kaiser Family Foundation.

Myrie, T. 2019. *Legal and Regulatory Assessment for Government Funding of Civil Society Organisations to Deliver HIV Services in Jamaica*. Washington, DC: Palladium, Health Policy Plus.

[Legal and Regulatory Assessment for Government Funding of Civil Society Organisations to Deliver HIV Services in Jamaica \(healthpolicyplus.com\)](https://www.healthpolicyplus.com/publications/legal-and-regulatory-assessment-for-government-funding-of-civil-society-organisations-to-deliver-hiv-services-in-jamaica)

Oberth, G. and Whiteside, A. (2016). "What does sustainability mean in the HIV/AIDS response?" *African Journal of AIDS Research*, 15 (1): 35-43.

OSF, UNDP, Global Fund. 2017, *A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society*. Open Society Foundation, United Nations Development Programme, New York City, New York, United States

PEPFAR. 2017. *Building a Sustainable Future: Report on the 2016 PEPFAR Sustainability Indices and Dashboards (SIDS)*. Washington DC: PEPFAR.

Saint-Firmin, P.P., C. McFarlane, R. Johnson, S. Sutherland, and R. MacInnis. 2020. *Understanding the Costs of CSO-Delivered HIV Prevention and Support Services in Jamaica: Policy Implications for Social Contracting*. Washington, DC: Palladium, Health Policy Plus.

[Understanding the Costs of CSO-Delivered HIV Prevention and Support Services in Jamaica: Policy Implications for Social Contracting. \(healthpolicyplus.com\)](https://www.healthpolicyplus.com/publications/understanding-the-costs-of-cso-delivered-hiv-prevention-and-support-services-in-jamaica-policy-implications-for-social-contracting)

Suriname Ministry of Health. 2019. *Suriname Social Contracting Roadmap: A How-To Guide for Advancing Public Funding to Civil Society Organisations to Deliver Critical HIV Services*. Paramaribo: Ministry of Health.

[Suriname Social Contracting Roadmap: A How-To Guide for Advancing Public Funding to CSOs to Deliver Critical HIV Services \(healthpolicyplus.com\)](https://www.healthpolicyplus.com/publications/suriname-social-contracting-roadmap-a-how-to-guide-for-advancing-public-funding-to-cso-to-deliver-critical-hiv-services)

Suriname Ministry of Health. 2019. *Suriname Social Contracting Implementation Plan for Sustaining HIV Services via Civil Society Organisations*. Paramaribo: Ministry of Health.

[Suriname Social Contracting Implementation Plan for Sustaining HIV Services via Civil Society Organisations \(healthpolicyplus.com\)](https://www.healthpolicyplus.com/publications/suriname-social-contracting-implementation-plan-for-sustaining-hiv-services-via-civil-society-organisations)

UNDP. 2010. *Handbook on Non-State Social Service Delivery Models*. United Nations Development Programme, New York City, United States.

