



# THE MEXI- CAN EXPERI- ENCE

Investing in social contracting for strengthening the HIV response.

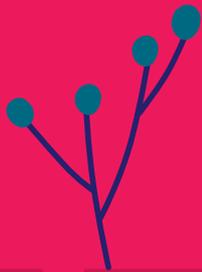
MEXICO / JULY 2019

# INTRODUCTION

THE present case study describes the social contracting model between the government and HIV Civil Society Organizations (CSOs), its background, evolution, and recent interruption, with the purpose on sharing the experience, and lessons learnt of the different stakeholders involved in the HIV/AIDS response.

# BACKGROUND

HIV CSO offer comparative advantages in reaching the communities, providing health and care services, and implementing projects with a combined prevention focus. The first-time public funds were used for a prevention strategy was in 1997, supporting the first HIV focused NGO. It wasn't until 2000 that the first strategy of what we now know as social contracting, was implemented, creating a national hotline service supporting for the sexual diversity communities.



# EVOLUTION



AFTER 2000, request for proposals (RfP) for service provision on information, education and communication strategies were launched for gay men, and MSM. In 2006 an annual RfP became institutionalized, a becoming a federal program that lasted until 2018.

Between 2006 and 2009, the strategy began to improve building on the lessons learned of the different actors involved. The partnership between academia and CBO/NGO was enabled, promoting the use of scientific evidence to inform the work implemented by the communities. The evaluation system was public, and the process had barely minimum regulation for procurements and expenditures.

From 2010 to 2013 a blind evaluation process for proposals was introduced and applications were reviewed by an external panel involving at least three different reviewers. In 2010 the National Aids Program launches the first call for proposals focused on vulnerable women. Targeted prevention categories were developed, to improve focused interventions with most at risk populations.

In 2011, Mexico was granted a five-year grant from the Global Fund to fight Aids, Tuberculosis and Malaria. Nevertheless, due to changes in the eligibility criteria, only received the first two years, plus an additional one-year transition investment by the fund.

On December of 2012, the Mexican congress obtained extra funding allocation to secure a smooth transition. That same year, the national strategy was refocused on community systems strengthening and combined prevention, with special emphasis on health, dignity, and positive prevention (SDPP in Spanish), based on an UNAIDS and GNP+ approach.

Between 2014 and 2018, two additional categories were applied: Strengthening and consolidation of the National Aids Program, and the implementation of Community Detection Centers (CCD in Spanish).

On 2019, the newly elected federal government, terminated all grants for civil society, considering that corruption and clientelism were present in resources allocated to all CSOs, benefiting a large number of so-called NGO's, and not vulnerable communities. This blunt decision lead to the suspension of social contracting to the HIV and Key Populations civil society organizations.

# SMAP

MONITORING SYSTEM  
FOR PREVENTION  
ACTIONS



IN 2011 the Monitoring System for Prevention Actions was implemented. Based on a virtual platform in which CSO and academic institutions would register to submit proposals to be funded by the government. The platform allowed the online registration, management, monitoring, supervision and evaluation of projects.

After the National HIV Program published a call for proposals, the organization would register and submit their legal, fiscal, and support documents, as well as, a technical and financial proposal. Then, it was verified against the eligibility requirements and technical component was assessed in an iterative process at least three times. Approved proposals were financially revised and adjusted, follow by a grant agreement. A mentor was assigned to support and monitor the program. Along its implementation, medium-term and final technical and financial reports would be submitted through the same platform.

THE Ministry of Health resources allocations for social contracting investing in prevention projects, implemented by the civil society organizations, and academic institutions goes as follows.

## NATIONAL AIDS PROGRAM PUBLIC FUNDING TO CIVIL SOCIETY ORGANIZATIONS 2006-2008

Año	USD <sup>1</sup>
2006	\$ 2,584,416
2007	\$ 2,733,432
2008	\$ 2,636,391
2009	\$ 1,865,821
2010	\$ 2,131,411
2011	\$ 3,285,582
2012	\$ 1,875,794
2013	\$ 5,731,785
2014	\$ 7,385,918
2015	\$ 6,093,784
2016	\$ 5,224,618
2017	\$ 5,413,270
2018	\$ 5,398,137
<b>Total</b>	<b>\$52,360,360</b>

<sup>1</sup> The exchange rate is calculated as the average rate of each year.

# RESOURCES INVESTMENT

# SERVICES PROVIDED BY CSO

They main services financed with public funding were:

- HIV and STIs diagnosis, and referral to health services.
- Focused prevention supplying information and supplies, including peer outreach strategies
- Harm reduction strategies for people who use drugs, including supplies, testing and proven of targeted information, including links to services.
- Support the treatment adherence and other services for people living with HIV, STIs including support to serodiscordant couples.
- Strategies to reduce stigma and discrimination, including training public servants.

# ACHIEVEMENTS

- **Scale:** Over 13,000 projects were financed, an average of 108 each year
- **Early treatment:** 83% of the people with HIV detected at a CCD, started their antiretroviral treatment, and 33% had more than 500 CD4

- **Linkage to services:** Health service linkage of people diagnosed in a CCD timeframe was of one day, in contrast with units of 1st and 2nd level, who took up to **19 days**.
- **Prevention of vertical transmission:** Since 2015, 512 pregnant women living with HIV received care and support to ensure their quality of life and prevent the vertical transmission, e.g. avoiding **38 new infections in 2018**.
- **Harm reduction:** In 2018, 400,000 syringes were distributed in only 7 and a half months.
- **Infections averted:** It is estimated that between 2013 and 2018, **22,000 new infections** have been prevented, 2/3 as a result of the National Aids Program working with CSO
- **Resource optimization:** From 2013 to 2018 avoiding new HIV cases was equivalent to approximately \$844 UDS per capita. On the other hand, the cost of an individual ART was of \$1,629 UDS. Considering an individual that outlives the virus for 20 years, investing in prevention represents saving of **\$35,000 UDS in ART per person**.



# GOVERNMENT'S CURRENT SITUATION

ON February 14th, 2018, the Mexican president Andrés Manuel López Obrador, issued an executive order to stop the public financing to civil society organizations to “end the intermediary system that has caused, opacity and corruption (...) [resources] will be delivered directly to the affected populations”

There still isn't information about the options to replace the activities that the organizations conducted with the public funding. There have been off the record reports that the harm reduction strategies, the funding would be directed to the Youth Integration Centers, a specialized in non-profit that has government participation, and specializes in addiction prevention. For the rest of the strategies, the future is uncertain, as there is no information about how the government will replace the community's efforts and activities. After four months, HIV and STIs prevention and supplies delivery strategies have not been implemented.



# LESSONS LEARNED



- CSO's must build their capacity to mobilize additional funding from non-traditional sources
- CSO's should establish partnerships and build alliances with other organization working on health, rights and development that allow a joint strategic oversight, response, and prediction to any changes that could affect their program stability and continuity.
- Granting mechanisms must be based on open and transparent calls for proposals, reviewed by independent panels operating in an institution or program independent of the government.
- It is essential that the program is evaluated, and experiences systematized, measuring the most significant changes and impacts, to clearly identify the added value of the CSO involvement on the National Aids response.
- Reaching the committed targets of 90-90-90 and combined prevention will not be possible without the meaningful participation of NGOs and CBOs reaching key and most vulnerable populations.
- Sustainable social contracting models will require greater levels of institutionalization through a legal framework, to prevent the risk related to government transitions and policies changes.
- Social contracting models should also implement at the subnational level with funding from the municipalities, state level and federal governments.
- The response and involvement of CSO will not be sustainable if its funded exclusively by the government, through grants and social contracting, since is highly dependent on the long-term political commitment of the government.
- Social contracting enables the engagement of CSO in comprehensive services provision, but it will not cover policy and advocacy work, as well, as monitoring the government interventions.
- Well-developed transparent, merit based, and independent mechanism needs to be put in place to avoid that social contracting ends being used by government for clientelism and coopting CSO.



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Plataforma Regional  
América Latina y el Caribe  
Apoyo, Coordinación y Contratación



Movimiento  
Nacional de  
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el VIH y el sida

MÉXICO

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**Sources:**

- AMPG Health. (2018). Systematization of country experiences in the contracting of non-state actors to provide HIV, tuberculosis and / or malaria services. Mexico. - National Institute of Public Health. (2018). Final project report: Evaluation of the HIV and STIs reduction gap strategies in Mexico 2013-2017. Mexico - Via Libre, Regional technical assistance coordination center for Latin America and the Caribbean. (2017). Public funding of civil society and communities in the response to HIV and Tb: Experience in six countries of Latin America and the Caribbean. Peru - Censida. (2018). Censida open calls for funding 2006-2018. Available in: <https://www.gob.mx/censida/es/articulos/censida?idiom=es>

# THE MEXICAN EXPERIENCE

Investing in social contracting for strengthening the HIV response.

**1983-1985-1988-1993**

- Creation of the National HIV Aids programme

**2003**

- CAPASITS  
Attention center for people living with HIV and who have no social security

Government services provision do not reach places where key populations gather. Community work is needed with key populations.

**2011**

- SMAP operations beginning

Respect of trans identities and peer attention fully covers our needs

- Mexico is recipient of GF subvention

To improve public programmes and services, it is required to strengthen civil society organizations participation mechanisms regarding government debates.

Organizations added value lies in their knowledge of drug users' problems, through its on-site work.

**1997**

- Creation of the FONSIDA for ART purchase

**2004**

- Impulse to Civil Society Organizations activities law

**2013**

- Creation of the State agency open call

The 90-95% detection of people infected with HIV will not be achieved without the organizations and their community centers.

**2016**

- Strategies' alignment with the national programme goals

Civil society organizations must be heard and considered, because they're who best know the challenges in Mexico's epidemic.

**2019**

## END OF NATIONAL AIDS STRATEGIES

**AMLO**

Do not transfer public resources to any civil society organizations, it will be directly delivered to beneficiaries.

**2000**

- First open call for public funding to civil society organizations.

Services received in CSO have been delivered with greater professionalism. I have not been victim of discrimination in government services provision.

Peer work is an effective tool to reach key populations, overcoming barriers caused by stigma and discrimination.

The role of people living with HIV is key to reach the 90-90-90 goals.

**2006-2009-2010**

- Strategies' institutionalization

Working with the organizations is key for achieving the programme goals. Civil society organizations strengthening requires medium- and long-term processes, and sufficient financial resources.

1st specific call for proposals focused on vulnerable women

**2015**

- Creation of Community CCD Detection Centers

CCD accomplishes faster detection and linking to health service.

**THANKS TO:**

"This document was possible through activists, organizations leaders, public servants, academics and direct beneficiaries, and their contributions to the HIV response history in Mexico".

• **Civil Society Sustainability Network (CSSN)** The concept of a Civil Society Sustainability Network (CSSN) was developed with the idea of having a civil society-owned group of experts to advocate for and support a medium and long-term sustainability of HIV- and TB-related programming for civil society and key and vulnerable populations. CSSN is implemented by ICSS • **International Civil Society Support (ICSS)** Based on the vision of a world where all people can fulfill their right to health and enjoy full and productive lives, ICSS's mission is to increase the scale and quality of the global response to HIV and broader health through strengthening the mobilization, participation and role of civil society. Our goal is to enhance the response to HIV and broader global health through strategic partnerships that support strong and effective civil society leadership, advocacy, capacity building and implementation at global, regional and country level. • **Regional Platform – Latin America and Caribbean** The Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform), is an initiative driven by VIA LIBRE and supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It is part of several interventions of the Global Fund to support and strengthen community and civil society participation at all levels within their processes. It is a component of the Special Initiative on Community, Rights and Gender (CRG). • **Movimiento Nacional de Lucha contra el VIH y el sida**, México It is the joint response of HIV activists and community organizations in Mexico, to the federal government's actions, through political advocacy strategies to advance human rights.