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EL SALVADOR

**STRENGTHENING NATIONAL
CAPACITY TO FIGHT
AIDS AND TUBERCULOSIS:
A CASE STUDY ON UNDP'S SUPPORT
TO THE IMPLEMENTATION OF GLOBAL
FUND GRANTS IN EL SALVADOR**



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EXECUTIVE SUMMARY

El Salvador is an important example of a country that has gradually and successfully transitioned from having UNDP as Principal Recipient of Global Fund grants to managing funding from the Global Fund through national entities.

Over the last decade, with support from the Global Fund and other partners, El Salvador has made significant achievements in the fight against HIV and TB, including universal coverage of antiretroviral treatment, steadily expanding access to services to prevent mother-to-child transmission of HIV, reduced tuberculosis (TB) incidence and high TB treatment success rates. Though a number of challenges remain to overcome stigma, discrimination and violence targeting key populations at higher risk, rights-based approaches and effective community mobilization have been central to El Salvador's response to these diseases. Sustaining and expanding those achievements will be critical to El Salvador's efforts to achieve the Sustainable Development Goals (SDGs), in particular SDG 10 (reduced inequalities), and SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages, including by promoting access to quality essential health-care services and ending the epidemics of AIDS, tuberculosis and malaria and other communicable diseases by 2030.

UNDP has been a key partner in those achievements, through implementation of Global Fund resources in El Salvador, serving for more than a decade as either interim Principal Recipient or co-Principal Recipient of Global Fund HIV and TB grants to the country. UNDP simultaneously played a key role in the establishment and scale-up of key programmes, and strengthening of the capacity of national entities to eventually manage and implement Global Fund resources.



From 2003 to 2007, UNDP acted as Principal Recipient (PR) of Global Fund HIV and TB grants in El Salvador, with sole responsibility for the management and implementation of more than US\$ 40 million in Global Fund financing, procurement of health products, and providing oversight and support to sub-recipients. Between 2007 and 2013, the government of El Salvador became co-PR and – with the support of UNDP – undertook a major capacity-building process to develop the technical expertise of local leaders, empower civil society organizations and strengthen the ability of key institutions to manage major health programmes and international funding.

As a result, in 2012 and 2013, UNDP exited as PR for all grants, transferring management of the TB grant to the Ministry of Health, and of HIV grants to the Ministry of Health and to PLAN El Salvador (as co-PRs). At the same time, at the request of the government and the Global Fund, UNDP continued to provide capacity development support to the new Principal Recipients in the areas of procurement and supply chain management, sub-recipient management, and monitoring and evaluation.

The following factors enabled the transition of the management of Global Fund resources from UNDP to national entities in El Salvador:

- An effective relationship of trust between national UNDP and stakeholders, including government and civil society, based

on the country's long history of engagement with the UN. This relationship enabled UNDP to act as an effective neutral party among all stakeholders in El Salvador's response to HIV and TB.

- A strong, well-staffed and well-respected UNDP Country Office that offered the right mix of skills and approaches to the country at the right time. These skills included expertise in financial management, administration and procurement and technical aspects of HIV and TB programming, as well as human rights, law reform, anti-discrimination and experience working with key populations. UNDP's approaches specifically aimed to address social exclusion and ensure multisectoral action, both of which have strongly contributed to the expansion of HIV and TB programming in El Salvador.

- UNDP's focus on fostering a shared national vision for the responses to TB and HIV through strong support for El Salvador's Global Fund Country Coordinating Mechanism and inclusive national strategic planning processes.

- Clear expectations among all stakeholders that, from the beginning, UNDP's role as co-Principal Recipient was intended to be an interim step towards the eventual transition of responsibilities to national entities. This understanding enabled UNDP to act as a 'companion' to the country as its capacities evolved.

- An effective division of labor between the government and UNDP when acting as co-Principal Recipients, enabling the government to focus on the expansion of treatment and care, while UNDP leveraged its specific expertise in procurement, prevention, human rights and key populations.

- Significant investments in people and leaders committed to health, human rights and sexual diversity.

- A staged process of capacity building focusing initially on supporting the country to become familiar with Global Fund processes and requirements; secondly, on sustained development of capacities in government and civil society to implement programmes, and finally, on addressing outstanding capacity gaps and preparing for transition.

- Attention to the long-term sustainability of the national HIV and TB responses.

From January 2015, for the first time, El Salvador was independently managing and implementing Global Fund resources allocated to the country. Its experience shows that, with sustained investments in infrastructure, processes and people, a country emerging from prolonged conflict can successfully rebuild national institutions, foster multisectoral collaboration, and implement innovative approaches to health, while also advancing human rights.

Blood samples are collected as Salvadorans take part in a national testing for AIDS day in San Salvador. © Luis Galdamez/Reuters





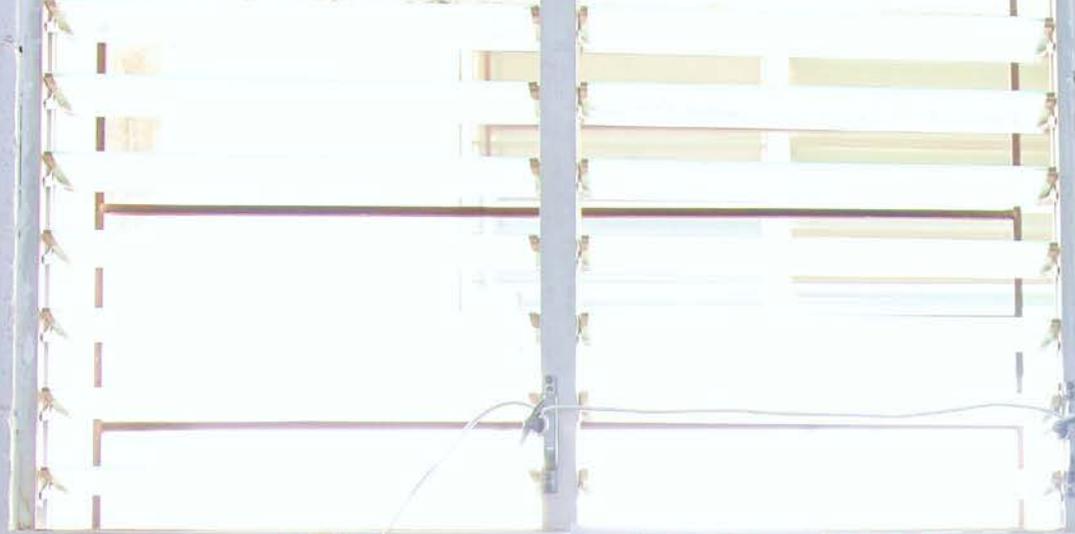
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OVERVIEW: ABOUT EL SALVADOR

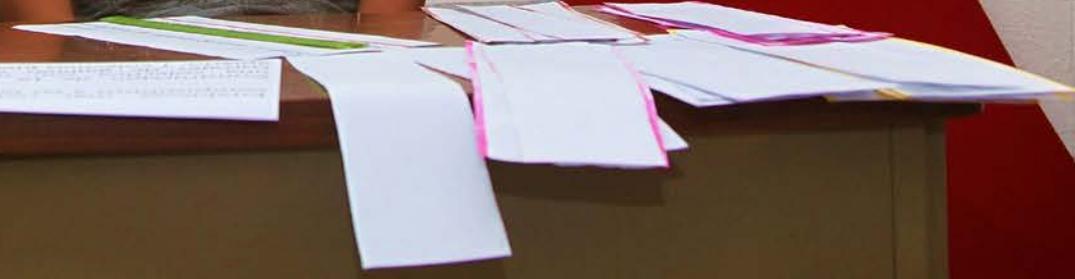
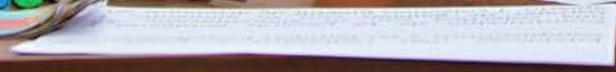
El Salvador, the smallest and most densely populated country in Central America, is a lower middle-income country with a population of approximately 6.8 million people (2013). The population is young and highly urbanized, with nearly a third of the population under the age of 15 years, around 30 percent of Salvadorans living in or around the capital, San Salvador. Per capita GDP in 2013 was around US\$ 7,500. El Salvador is continuing a process of social and economic reconstruction and democratization after a 12-year civil war that concluded in 1992. The country faces significant social and economic inequalities and high levels of crime and violence.

MAJOR HEALTH CHALLENGES

The five leading causes of death in El Salvador in 2008 were firearm injuries, heart attacks, pneumonia, road accidents and chronic renal failure. Half of all reported deaths in 2008 were from chronic, non-communicable diseases. Life expectancy of 74 years is consistent with the regional average, while the rate of under-five mortality stood at 16 deaths per 1000 live births (2012), compared to the average of 56 across lower middle-income countries. Dengue fever is endemic in El Salvador, and in 2014 the country experienced a significant outbreak of Chikungunya that was declared a national emergency. However, good progress has been made in the control of vaccine-preventable diseases. El Salvador has reduced its malaria burden by 99 percent since 1990 and, while malaria remains a health risk, the number of reported cases is low (24 in 2010) and the country is well positioned to eliminate the disease in the coming years.



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THE HEALTH SYSTEM

The Salvadoran health system is highly fragmented among services provided through the public health system, the social security system and the private sector. The number of physicians is low in rural areas, and the country has a very low number of nurses and midwives compared to the regional average. Quality of and access to health services frequently remain linked to capacity to pay or participation in the formal labor market. As a result, poor populations in both rural and urban centers have had limited access to health care. Responding to this gap, the government is working to expand first-level, community family health teams and specialized community health centers, with a focus on low-income municipalities. The second level of the health system encompasses basic hospital services at the municipal level and general hospitals at the department level, while the third level consists of regional and specialized hospitals.

HIV

HIV has remained a consistent health challenge in El Salvador since the first cases were diagnosed in the country in 1984. While prevalence in the general population is low, at around 0.09 percent, the epidemic is highly concentrated in key populations at higher risk, specifically, female sex workers, men who have sex with men (MSM) and transgender women (Table 1). As in many other countries, HIV prevalence among transgender women, in particular, is alarmingly high, at more than 25 percent.

Recent studies show that, while more than 90 percent of sex workers consistently use condoms and undergo HIV testing,

MSM and transgender women do so much less frequently. Studies have also shown that knowledge of basic principles of HIV transmission and prevention methods among key populations in El Salvador ranges from 50 percent to 80 percent, highlighting the need for ongoing, tailored HIV information and education among these groups.

The annual number of new infections in the country has remained relatively steady since the beginning of the epidemic, between 1,400 to 1,800 cases per year over the past five years. Men consistently account for around two-thirds of new infections. While the majority of new infections are among people aged 20-39 years, the proportion among people aged 40 and above has recently been increasing.

Coverage of antiretroviral prophylaxis to prevent mother-to-child HIV transmission has been gradually increasing, reaching 47 percent of pregnant women in 2013 (203 women). In 2013, the mother-to-child transmission rate was 0.3 percent.

Around 21,000 people are currently living with HIV in El Salvador. Of these, around 10,100 people, or 85 percent of those eligible under 2010 guidelines, were receiving antiretroviral therapy (ART) in 2013. The country reports that there is currently no waiting list for patients needing ART. Around 73 percent of those who initiated ART in 2012 were continuing treatment after 12 months, down from 87 percent the previous year, indicating that adherence remains an ongoing challenge for many people. To help address this, the government has recruited peer treatment supporters in all 20 hospitals in the country that provide ART.

Table 1 HIV prevalence among key populations in El Salvador (2002-2012)

Year/population	Sex workers	MSM	Trans women
2002	3.2%	15.3%	n/a
2008	5.7%	10.8%	25.8%
2012	3.14%	10.0%	n/a

“PMTCT is successful and sustainable. The government takes it very seriously. Our vision now is to move to Option B-plus.

– National AIDS Programme Director

“Prior to the Global Fund, the response was largely biomedical and about accessing health clinics. ART coverage was only 20 percent in 2003. Coverage has expanded and many lives have been saved. Originally it was a struggle for the medicines, but since 2006 or 2007, everyone who needed access has had it.

– Treatment activist

The national HIV response is guided by the National Multisectoral Strategic Plan for HIV and Sexually Transmitted Infections (STIs) 2011-15 (*Plan Estratégico Nacional Multisectoral de la Respuesta al VIH-sida e ITS*). The plan's main priorities are the prevention of HIV and STIs, improving quality and integration of care, promoting human rights for key populations, ensuring sustainability of the national response (including strengthening of civil society) and strengthening strategic information systems. A key challenge in the next few years will be to further increase access to ART based on expanded eligibility criteria published by WHO in 2013.



Volunteers light up candles during the International AIDS Candlelight Memorial in San Salvador. © Stringer El Salvador/Reuters

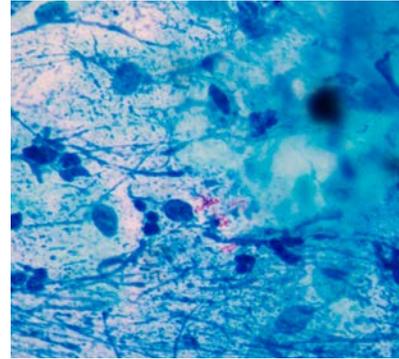
“ HIV work is horizontal, compared with very vertical structures for TB, partly because TB is concentrated in marginalized urban centers and those affected are socially excluded. Once they’ve finished their treatment, people don’t want anything more to do with TB. We need more investments in horizontal structures for TB and adopting a human rights approach.

– HIV/TB activist

Resources available through the Global Fund’s new funding model will enable the country to expand HIV prevention through community centers (centros comunitarios), as well as treatment and care through comprehensive community care centers that provide basic packages of services and “complementary packages” that extend services such as legal aid to key populations and vocational training to people living with HIV.

TUBERCULOSIS

Tuberculosis in El Salvador is concentrated among socially and economically marginalized populations in urban centers. There were around 2,000 cases of TB in El Salvador in 2012. The national TB programme has achieved significant results in recent years, with incidence falling from nearly 60 per 100,000 in 1994 to 25 per 100,000 in 2012. Prevalence in 2012 was estimated at 34 per 100,000, while mortality has fallen from 2.35 per 100,000 in 1997 to 1.0 per 100,000 in 2012. Treatment success rates are approaching 90 percent. The prevalence of multi drug-resistant TB is low, with only 8 cases reported in 2012. Around 80 percent of people with HIV/TB co-infection are receiving treatment for both diseases.



Current priorities, based on the National Strategic Plan for the Prevention and Control of Tuberculosis in El Salvador (Plan Estratégico Nacional para el Control de Tuberculosis) 2008-15, include expansion of the programme's reach to 30 priority municipalities, implementation of new diagnostic technologies (GeneXpert), closer integration of HIV and TB services and more effective detection and management of TB in prisons. In 2014, an intensive process began to develop the next national strategic plan for TB, with a focus on increasing the participation of affected communities and the private sector in the response to TB.

HUMAN RIGHTS

National law in El Salvador establishes the right of people living with HIV to be treated in a dignified manner without stigma or discrimination. A revision of the HIV law is currently under consideration which will increase sanctions in the case of violations of the law. There is no specific law criminalizing HIV transmission.

Same-sex relations are not criminalized in El Salvador. In 2009, the Public Health and Social Welfare Ministry passed a directive to eliminate all forms of discrimination based on sexual orientation in public health services, and in 2010, a presidential decree prohibited discrimination in public administration on the basis of gender identity or sexual preference. There is no comparable law applicable outside the public sector. In 2010, the government also created a Department for Sexual Diversity within the Secretariat for Social Inclusion to promote public policies that are inclusive of lesbians, gay, bisexual and transgender persons.

Although sex work is not criminalized, the law prohibits inducing, facilitating, promoting or giving incentives to a person to work as a prostitute, or paying anyone under the age of 18 for sexual services. Local ordinances frequently hinder the practice of sex work at the municipal level, and law enforcement officials can be hostile to sex workers. With Global Fund resources, training has begun to raise awareness about HIV transmission and sexual diversity among police officers.

In 2010, an HIV Unit was established in the national Office of the Ombudsman for Human Rights, with a mandate to investigate and prosecute HIV-related human rights violations in the country, particularly those committed against key populations. In 2014, a draft gender identity law has been prepared which is under consultation before it is submitted for approval to the National Congress. If enacted, it would recognize the chosen gender identity of trans persons. Despite these advances, people living with HIV and key populations most at risk of HIV in El Salvador, including female sex workers, men who have sex with men and trans women, frequently experience high levels of stigma, discrimination, violence and hate crimes, including assault and murder. Many of these crimes are committed with impunity and go unreported.

“Despite the fact that we’ve made improvements, there is still a lot to do. There is still a lot of discrimination, and a lot of hate crimes. If the media discuss men who have sex with men or trans people, we often see a spike in violence. The institutions required to respond are still weak, and the conservative groups are strong.

– Chief HIV Unit, Office of the Human Rights Ombudsman



02

FINANCING THE RESPONSES TO HIV AND TB

” *In the transition, effective coordination between the Global Fund, UNDP and the country has been key. We’ve really depended on each other.*

– *National AIDS Programme staff member*

DOMESTIC EXPENDITURE

National private and public expenditure on health in El Salvador has grown from US\$ 990 million in 1998 to \$1.4 billion in 2009. Public sector spending has increased from nearly \$500 million in 2001 to more than \$900 million in 2010.

The national budget for HIV reached approximately US\$150 million for the period 2008-12. Total annual HIV expenditure from all sources has steadily increased from \$41 million in 2008 to \$62 million in 2013, including a significantly increased proportion of spending on HIV prevention. Public and private domestic sources accounted for nearly 75 percent of national HIV spending, with 22 percent coming from international sources, primarily the Global Fund. The United States Agency for International Development (USAID) and other bilateral and regional organizations also contribute to the national HIV response.

The national budget for TB for the period 2011-2012 represents 0.86 percent of the total national health budget. Total expenditure for 2011-2012 was around US\$16 million, of which 61 percent was provided by the national government, 23 percent from Global Fund, and the remainder from other sources.

GLOBAL FUND SUPPORT

Since the first grants were made in 2003, the cumulative value of signed Global Fund commitments to El Salvador is more than US\$ 93 million for HIV and TB, of which more than \$75 million had been disbursed by late 2014 (Table 2).

Global Fund grants were made in Round 2 (TB and HIV), Round 7 (TB and HIV) and Round 9 (TB). Round 2 and 7 HIV grants were consolidated into a single stream of funding in 2011 and supplemented by additional funds granted to El Salvador as an early applicant under the Global Fund's new funding mechanism for the period 2013-2016.

Table 2 Total Global Fund support to El Salvador 2003-2016, US\$

Component	Signed	Disbursed
HIV	\$83.4 million	\$65.5 million
TB	\$10.2 million	\$9.8 million
Total	\$93.6 million	\$75.3 million

After an initial period of intensive Global Fund support for scaling up treatment and care, including procurement of drugs and the establishment of clinical, laboratory and administrative infrastructure, the government has progressively assumed greater responsibility for investments in this aspect of the national HIV programme, while the Global Fund has focused its financial support for treatment and care on the procurement of second-line ART, training, and peer- and community-based services for people with HIV. Global Fund financing has also supported strengthening of national health information systems and programme monitoring and evaluation.

Since 2007, most Global Fund HIV resources have been focused on implementing innovative approaches to HIV prevention and behavior change among key populations, focusing on sex workers, men who have sex with men and transgender women, as well as prisoners, gang members and mobile populations.

This support has included:

- Procurement and distribution of condoms, lubricant, HIV tests and other health products;
- HIV counselling and testing, including mobile services;
- Increasing respect for human rights and gender equality in the response to HIV, including through anti-discrimination training for health care workers, government employees and NGOs;
- Improvement of the quality of life of people with HIV through strengthening the social protection system, including through peer and adherence support, and vocational and life skills training;
- Education programmes and capacity development for specific groups, including teachers, in-school and out-of-school youth, rural women, and religious and community leaders; and

- Strengthening of national entities and institutions, including the Country Coordinating Mechanism (CCM), government departments, health services and community-based organizations.

Global Fund resources for TB in El Salvador have been focused on the following programming:

- Increasing case detection and scaling up directly observed therapy (DOTS) in the general population, including procurement of drugs and health equipment;
- Prevention and management of TB in vulnerable groups, including prisoners, health care workers exposed to TB and people with HIV; and
- Prevention of multidrug-resistant TB.





03

EVOLUTION OF UNDP'S ROLE AS INTERIM PRINCIPAL RECIPIENT



UNDP has been a key partner in implementation of Global Fund resources in El Salvador, serving for more than a decade as either interim Principal Recipient or co-Principal Recipient of Global Fund HIV and TB grants to the country (Table 3). While playing a key role in the establishment and scale-up of key programmes and the management of funding, UNDP's long-term goal was to build the capacity of national entities so that they could eventually manage and implement Global Fund resources themselves.

EARLY IMPLEMENTATION

From 2003 to 2007, UNDP was the interim Principal Recipient for both HIV and TB grants, with sole responsibility for the management and implementation of more than US\$ 40 million in Global Fund financing, procurement of health products, and providing oversight and support to sub-recipients. During this period, grant management was undertaken by a Programme Implementation Unit based in the UNDP Country Office, working closely with the National HIV and TB Programmes in the Ministry of Health, the key sub-recipient.

“UNDP was an excellent PR, then shared the role with the Ministry of Health. Initially, it took a while for the Ministry to get up to speed and to learn Global Fund procedures. But UNDP and the Ministry worked very hard to collaborate, and the HIV programme director got the support of the political institutions of the country. That’s how the HIV programme began to be empowered in the Ministry of Health.

– CCM Member

TOWARDS TRANSITION

In 2007, a gradual process of transitioning responsibility for Global Fund grant management and implementation to national entities began, with the Ministry of Health becoming co-Principal Recipients of both HIV and TB grants, along with UNDP. Under this arrangement, the Ministry of Health’s National HIV Programme took primary responsibility for scale-up of HIV treatment and diagnostics, the training of health care providers and monitoring and evaluation, while UNDP focused on procurement, HIV prevention, human rights and capacity building for key populations, implemented through 10 to 12 sub-recipients. Only a partial transfer of responsibility was made due to persistent weaknesses in government procurement systems and the government’s relative inexperience in working with civil society groups.

Table 3 Global Fund grants and Principal Recipients in El Salvador 2003-2016

Grant	Funding period	Principal Recipient(s)
HIV		
Round 2	2003 – 2008	<ul style="list-style-type: none"> • UNDP as PR and MoH as sub-recipient (2003-2007) • UNDP and MoH as co-PRs (2007-2008)
Round 7	2008 – 2011	MoH and UNDP as co-PRs
Single Funding Stream (consolidation of Rounds 2 and 7)	2011-2013	MoH and UNDP as co-PRs
New Funding Model	2013-2016	<ul style="list-style-type: none"> • UNDP and MoH as co-PRs to end of 2013 • Exit of UNDP as co-PR, December 2013 • MoH and PLAN El Salvador as co-PRs from January 2014 • 1 year targeted technical support from UNDP for new PRs, Jan-Dec 2014
TB		
Round 2	2003 – 2009	<ul style="list-style-type: none"> • UNDP as PR and MoH as sub-recipient (2003-2007) • MoH and UNDP as co-PRs (2007-2009)
Round 9	2010-2015	<ul style="list-style-type: none"> • MoH and UNDP as co-PRs to 2012 • Exit of UNDP as PR, 2012 • MoH as sole PR from 2012

As co-Principal Recipient for the Global Fund TB grant, the Ministry of Health (through the National TB Programme) became mainly responsible for TB diagnosis, treatment and training medical personnel. UNDP was responsible for the procurement of medicines and health equipment, and for community-based services.

“When we started, there were three of us in the Global Fund Unit in the Ministry. We sometimes looked at the Global Fund documents and scratched our heads, because there was little information on the Fund’s website about what to do, and at that time the Fund was just a teenager itself. Now, there are 12 of us in this Unit, and 35 people working on the National AIDS Programme. UNDP has held our hand along the way, so we’ve grown and learned.

– Global Fund Unit Director, Ministry of Health

“As we became co-PR, capacity-building from UNDP was important in helping us to understand the Global Fund, its requirements, the performance-based funding model, the reporting process and how to implement the community components of our national strategy. All of this was new to us.

– National TB Programme Director

From 2007 to 2011, in addition to acting as co-Principal Recipient, UNDP undertook a more intensive capacity building effort, drawing upon its expertise as a UNAIDS cosponsor and technical agency, and progressively handing over responsibilities to the country with a view to an eventual full transition of the Principal Recipient role to national entities. Significant capacity building was undertaken with the Ministry of Health as co-Principal Recipient, including support for

the establishment of a Global Fund Management Unit in the Ministry. UNDP also intensified its effort to build the capacity of the Country Coordinating Mechanism as governance and grant oversight body, and provided technical assistance and support to government and civil society sub-recipients, as well as other organizations. A number of the major capacity building activities are described in more detail in Section 4.

EXIT PLANNING AND HANDOVER

In 2011, the Country Coordinating Mechanism, UNDP and Global Fund worked closely together to initiate the process to fully transition the Principal Recipient role to national entities. Accordingly, in 2012, UNDP exited as Principal Recipient for TB grants, transferring full grant management to the Ministry of Health. To facilitate grant closure, UNDP's exit as Principal Recipient for HIV was scheduled to coincide with the expiry of the term of the single HIV funding stream grant in December 2013.

Consistent with the Global Fund's dual track financing approach, El Salvador chose to select both the Ministry of Health and a civil society entity as Principal Recipients for Global Fund HIV grants from 2014. Accordingly, in 2012, the CCM undertook the process, with support from UNDP, to select the civil society Principal Recipient. This involved reviewing a range of applicants, of which three were shortlisted. All three of these candidates were then offered capacity building support for a six month period to help them better understand the Global Fund and its processes, the role of the Principal Recipient and the national context, and in turn to be well prepared for additional assessments, including by the Global Fund Local Fund Agent. At the conclusion of this process, Plan El Salvador was selected as the civil society Principal Recipient.

In December 2013, UNDP exited as Principal Recipient for HIV grants, having progressively downsized its Programme Implementation Unit. The Ministry of Health assumed responsibility for procurement, formerly undertaken by UNDP, while PLAN El Salvador took over UNDP's HIV prevention and human rights work with key populations. At the same time, the government of El Salvador and the Global Fund requested that UNDP temporarily continue providing capacity development support to the new Principal Recipients in the areas of procurement and supply chain management, sub-recipient management, and monitoring and evaluation. This support came in the form of 12-month agreements known as National Implementation Modality projects, which concluded in December 2014. From Jan 2015, for the first time, El Salvador was independently managing and implementing all Global Fund resources allocated to the country.

“UNDP has been a companion of the new PRs in their first year. Having UNDP there for that year has given us comfort. But we couldn't put off the transition any longer. It's happened at the right time.

– CCM Chair

“The transition was a natural decision and a well-structured and planned process as the country has evolved. The key thing has been that UNDP has been an important part of the transition, and with the additional year of support, there has not been a rupture.

– Global Fund staff member

STRENGTHENING NATIONAL DISEASE RESPONSES THROUGH UNDP'S PARTNERSHIP WITH THE GLOBAL FUND

UNDP partners with the Global Fund to support and strengthen national responses to HIV, Tuberculosis and malaria. The objective is to ensure access to quality health services for all, and enable all those living or affected by the diseases to live healthy, productive lives. The partnership leverages UNDP's mandate to strengthen institutions to deliver universal access to basic services and rebuilding resilient health services in crisis and post-crisis settings. Through this partnership, UNDP:

- Supports the implementation of Global Fund programmes on an interim basis in countries facing significant capacity constraints, complex emergencies, donor sanctions, or other difficult circumstances;
- Provides policy and technical support in areas of UNDP expertise and mandate, such as human rights, gender, sustainable financing and environmental sustainability, and reaching key populations at higher risk; and
- Develops national capacity and strengthens national systems to gradually reduce the need for UNDP implementation support and to transfer the role of Principal Recipient to national entities when circumstances permit.

As of December 2015, UNDP serves as interim Principal Recipient for 48 active grants, covering 24 countries and including one multi-country programme in South Asia and one multi-country programme in the Western Pacific.



04

KEY CONTRIBUTIONS TO STRENGTHENING NATIONAL ENTITIES

” *We’ve seen significant improvements with trans women who have been traditionally rejected by health providers. The place where they get good care is the HIV clinic. They feel more comfortable. In general, health care providers in the Ministry of Health treat people quite well, and there is now usually a team that’s been trained in gender identity issues and sexual orientation.*

– CCM Chair

The transition of the Principal Recipient role from UNDP to national entities was made possible through a sustained capacity building effort for national institutions – including civil society organizations – over several years. This section highlights some of the key capacity development and institution-building activities undertaken by UNDP across key sectors in El Salvador from 2006 to 2013.

MINISTRY OF HEALTH

UNDP has provided the Ministry of Health with extensive support to integrate Global Fund processes into national systems, develop financial and administration manuals and systems, undertaken human resources planning and conduct a wide range of training activities, both to increase the capacities of government employees and health care providers, and to reduce stigma and discrimination in the provision of government services. A further key contribution has been supporting the Ministry and civil society groups to work more effectively together to address human rights, sexual diversity and the needs of vulnerable populations. As a result of this work, a key advance in service provision has involved the establishment of several community health centers around the country that cater specifically to the needs of key population groups, and the recruitment of peer treatment supporters in the 20 hospitals that provide ART.

Procurement of health commodities had consistently been identified as a significant weakness in the Ministry of Health due to lack of adequately trained staff, poor storage and distribution systems, and a regulatory framework that prevented the government from procuring drugs, condoms, lubricant and other commodities at the necessary speed and scale. UNDP has invested significant effort in helping the government to diagnose problems, update regulations and bylaws, hire qualified staff



” *It’s not been just a one-year response from UNDP. It’s been eight years of capacity building and transfer of responsibility.*

– National AIDS Programme Director

and strengthen procurement processes, including the development of manuals that cover the supply chain from request through to delivery. Together with other organizations such as USAID, UNDP has also helped both the government and sub-recipients of health commodities to improve storage facilities, quality control, logistics, inventory control, projections, forecasting and procurement information systems.

A significant milestone was achieved in 2009 when UNDP, the Global Fund and the Ministry of Health harmonized their respective indicators for HIV and TB into one national monitoring and evaluation plan. This has helped to significantly improve national capacity for tracking and reporting on the national responses to the diseases.

With the support of UNDP and several regional organizations, the National AIDS Programme is also exploring ways to ensure sustainability in the provision of antiretroviral drugs, including the potential of joint purchasing with other countries in the region. UNDP has also provided significant support to the government in the development of successive national plans and strategies, most recently in the case of the TB plan for 2016-2020, which represents a consensus of 60 organizations and 800 people, and aims to integrate civil society and the private sector more effectively into the national TB response.

COUNTRY COORDINATING MECHANISM

As in many countries, the establishment of the CCM in El Salvador in 2003 initially represented a challenging new approach for the country, bringing together a diverse set of stakeholders, including representatives of government and civil society, who were not accustomed to working together. UNDP’s work to build the capacity of the CCM over many years is widely seen as one of its most important legacies in the country.

A key component of this capacity building effort involved implementation of an induction process for all CCM members to help them better understand their roles. Additional training activities for the CCM have also addressed agenda setting and effective meeting management, team building, leadership training, conflict management, communications and media management skills. UNDP has also hosted and provided support to the CCM Secretariat, and assisted the CCM in proposal development for successive rounds of Global Fund financing. As a result of this sustained effort, the El Salvador CCM is functioning effectively, participation has expanded to include additional representatives from key population groups and the private sector, and the CCM is widely regarded as a model in the region.

MINISTRY OF EDUCATION

The HIV response in El Salvador has also provided opportunities to strengthen the education sector. As a sub-recipient of Global Fund grants from 2009 to 2013, the Ministry of Education trained more than 2,000 teachers who have provided comprehensive education on HIV, non-discrimination and sexuality to 400,000 school students across the country. The training materials developed during the course of the project are now part of the national school curriculum.

As a Global Fund sub-recipient, *Injuve*, the National Youth Affairs Institute based in the Ministry of Education, has integrated HIV into its programming for out-of-school youth across the country, based on a national youth consultation in 2010 that identified gaps in HIV knowledge and training needs. In addition to the development of educational manuals, videos and other tools distributed in all 14 administrative regions and most municipalities in El Salvador, the funds supported HIV training for peer youth educators and strengthened the capacity of youth networks across the country to address HIV, sexual diversity and sexual health.

OFFICE OF THE OMBUDSMAN FOR HUMAN RIGHTS

The Office of the Ombudsman for Human Rights (*Procurador de Derechos Humanos*) is an autonomous governmental organization with the responsibility to investigate and prosecute human rights violations in El Salvador. In 2010, the Office became a sub-recipient of Global Fund financing, enabling it to establish an HIV Unit to deal with human rights violations related to HIV, primarily those committed against people with HIV and key population groups. Technical support from UNDP was critical to the creation of the Unit, and included training and awareness raising among all staff in the Ombudsman's Office, implementation support for the project, technical guidance that drew upon UNDP expertise in HIV-related law and rights, and engagement of international experts to support the programme. The Unit was an important player in the El Salvador National Dialogue on HIV and the Law held in 2012 with UNDP support. A key development from the national dialogue was the creation of a standing roundtable including people with HIV and staff from both the Ombudsman's Office and other parts of government. Although Global Fund support for the HIV Unit ended in 2013, the Ombudsman's office has continued its functions and absorbed the costs of the Unit within its regular budget.

SECRETARIAT FOR SOCIAL INCLUSION

The Secretariat for Social Inclusion was established under the Office of the Presidency in 2009 to promote human rights-based approaches, inclusiveness and social equity in the formulation of public policy across government in El Salvador. As a sub-recipient of Global Fund resources since 2009, the Sexual Diversity Unit in the Secretariat has supported training for 300 police officers across the country in basic HIV education, non-discrimination and human rights issues for key populations. The training is provided by members of the LGBT community. The programme

is considered a model in the region and opportunities are being sought to extend it to other areas of law enforcement.

INSTITUTIONAL STRENGTHENING OF NGOS

Strengthening the capacity of civil society organizations as part of a human rights approach to HIV and TB has been a major focus of UNDP's work in El Salvador both as co-Principal Recipient and a UNAIDS cosponsor. UNDP has worked with a wide range of organizations, including those that represent men who have sex with men (*Entre Amigos*), sex workers (*Flor de Piedra*) trans women (*ASPIDH Arco Iris and Colectivo Alexandria*) and people living with HIV (*Asociación Visión Propositiva, Vida Nueva, Asociación Atlacatl, Redsal*), as well as leaders of youth, religious and rural women's organizations. One important contribution has been to assist many of these organizations to obtain legal status, boosting their standing in the eyes of government, enhancing their professionalism and increasing the participation of affected communities in national processes. UNDP has also supported civil society groups to acquire office equipment, develop administrative and financial manuals and procedures, undertake strategic planning, conduct procurement, mobilize resources and perform extensive staff training.

“In practical terms, you could say that UNDP was not really a Principal Recipient. Rather, the country implemented and UNDP helped. We maintained a relationship to support the country and ensure ownership at the national level. We helped with processes, laws, and administration. It's about building the institutions and going hand in hand with the country as it matures.

– UNDP Resident Representative

“UNDP has managed CCM funding well, and this is not always easy. Few countries in the world do this so well.

– Global Fund staff member



TESTIMONIALS

A key piece has been that the Global Fund and UNDP contribution has been complementary, not a substitution for national efforts. Communities have come to understand this, and to build their own capacities.

- HIV activist

El Salvador is a conservative and religious country. The move to a stronger human rights approach for key populations has been a big change here. But civil society has matured and shown its value. Policy-makers now accept that they are a key part of the response.

- UNDP Resident Representative

The capacity building process has emphasized the importance of data. So often in the past, we could only work with estimates. Now we've built capacity to generate real data.

- National AIDS Programme M&E Adviser

We didn't know all the Global Fund processes. We didn't really have strong administrative and financial systems in place to operate. UNDP strengthened the capacity of many organizations, including ours.

- Director, youth organization

If and when the Global Fund leaves El Salvador, there will be capacity because we have built it. Lots of leaders have been developed here.

- Director, sex worker organization

The CCM uses Twitter and Facebook to enhance transparency. One of the best things is having all our documents on our website. Anyone can borrow our tools. Everything is available in audio and we're trying to implement video of our meetings.

- CCM Member

The Global Fund and UNDP have helped us develop tools for sustainability. We get no government support. The institutional strengthening of NGOs has been essential to our survival.

- Member, organization for trans women

It was very difficult in the beginning because civil society members were mainly interested in how their organizations could benefit. They were very fragmented. Overall, there was a lot of conflict.

- CCM member

UNDP never had more than about 10 civil society sub-recipients, but it worked with more than 35 organizations to build capacities. It's included many things, from technical support for finance and administration, to things like doing group work and emotional intelligence, so we can ensure that in El Salvador 'things are done among friends.

- Director, MSM organization

The CCM wanted to look at all the books, which caused many delays. We've learnt that our role is to provide oversight and how PRs and SRs can improve accountability. Now a sex worker representative can easily understand the top 10 Global Fund indicators. Then she goes and implements this type of learning in her own organization.

- CCM civil society member

There has been a quantum leap in terms of improvement at the Ministry of Health. There are more staff, better capacities, much training on administration and management, stricter monitoring and evaluation, and better technical expertise on HIV.

- CCM Member

The Ministry has been open to receiving help and was creative in asking for it. As a result, it has grown and improved in transparency. We see this in the field when CCM members go to hospitals. And we can now understand and explain to others what the bureaucratic processes are.

- CCM Chair

This country has had a difficult history in the last 40 years, one of conflict and division, and we still face many challenges. So I see the CCM as a very positive force.

– CCM Member

The UNDP training and induction process for CCM members was very important, because all the members came to it as equals.

– CCM Chair

Key to success of the Global Fund project has been building a countrywide vision, not only in the Ministry of Health, but civil society as well. UNDP has helped us, but it's really been the sum of everyone's efforts.

– National AIDS Programme Director

Our laws mandate education on sexual and reproductive health in schools, but our teachers were not even aware of these laws. This project has helped them to better understand the legal framework in which they work.

– Ministry of Education Project Director

In 2006, we thought it was an important project to invest in the acuity of each person on the CCM. I was very pleased that such a relatively small amount of money made such a big impact.

– UNDP Global Fund Project Coordinator

UNDP got it right in terms of human capital and a strong team in the Country Office. The CCM was a key entry point. The persistence of making that work effectively was really important.

– UNDP Resident Representative

HIV was the entry point, but it has now become part of a bigger methodology for students that addresses sexual diversity more broadly. Putting it within a health framework made it possible, and that has opened other doors. For example, now we are hearing from teachers that they want the skills to address issues such as sexual abuse and violence.

– Ministry of Education Project Officer

We've grown a lot. In 2006 it was frustrating because civil society and the government were speaking different languages. The secret has been commitment to a country level discourse and developing a shared vision. Everyone now realizes that the CCM is about the national interest and the good of the country.

– CCM Member

This institution had been looking to do more focused work on HIV but we didn't have the structure. With the opportunity we got from the Global Fund, we put together a specific structure and incorporated a recognized person with HIV on staff. Since 2010, we've built relationships with other state institutions and with civil society. The idea was to generate in El Salvador a culture of reporting on human rights so that people have a place to go when action is needed from the State.

– Deputy Ombudsman for Human Rights

There's nothing more sustainable than developing a sound curriculum. The money may dry up, but the book stays in the school.

– Ministry of Education Project Officer





LOTERIA DEL VIH

PROGRAMA DE CAPACITACIÓN COMUNITARIA
DE FTL, VIH/SIDA Y GÉNERO CON FINANCIAMIENTO DEL
MUNICIPIO LOCAL



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05

SUMMARY OF NATIONAL ACHIEVEMENTS 2003-2014

Through its strong partnership with the Global Fund and UNDP over the last decade, El Salvador has made significant achievements in the fights against TB and HIV. These include:

- Universal coverage of antiretroviral treatment, steadily expanding access to prevention of mother-to-child transmission (PMTCT) services, reduced TB incidence and high TB treatment success rates;
- Increased attention to HIV prevention, with a strong focus on key populations most at risk of HIV, human rights, and reducing stigma and discrimination across sectors;
- Significantly increased mobilization and capacity building of civil society organizations, particularly those representing key populations, resulting in their increased participation in advocacy, health governance, technical aspects of the national AIDS and TB programmes, and service delivery for prevention, treatment and care;
- Innovative strategies to increase social protection for people living with HIV;
- A strong national partnership approach to HIV and TB, based on a shared vision for the HIV and TB responses across sectors and national strategic plans developed with the participation of all stakeholder groups;
- Strengthened capacities and accountability of national institutions, including the CCM, national AIDS and TB programmes in the Ministry of Health, the Ministry of Education and other government entities;
- A strong, active, inclusive and skilled CCM and CCM Secretariat that are seen as a model in the region;
- Development of a national monitoring and evaluation plan for HIV based on common indicators agreed to by the government, Global Fund and UNDP; and
- Increasing domestic investments in the responses to HIV and TB, with improved capacity to leverage additional regional and international support.



06

LESSONS LEARNED IN THE TRANSITION FROM UNDP TO NATIONAL ENTITIES

“ Starting from Day 1 with a capacity development process and an exit strategy is probably a more intelligent investment. Otherwise you tend to become an internal player. At the same time, the fact that we have been able to transfer capacities is because we have been doing it slowly, but surely.

– UNDP Resident Representative

“ It’s important to remember the basic principles of UNDP: diversity, multisectorality, a high level of country office support, and equal respect for people. That’s what they’ve brought to El Salvador.

– CCM Secretariat Director

The following factors have enabled transition of the management of Global Fund resources from UNDP to national entities in El Salvador:

- **An effective relationship based on trust:** The United Nations has a strong reputation in El Salvador, stemming from its involvement in negotiating an end to the civil war in 1992. As a result, there is a close and trusting relationship between UN agencies and both the government and civil society in the country, and the government is willing to ask for assistance when needed. UNDP has built on this relationship by acting as a neutral partner that has the trust of all stakeholders in the responses to HIV and TB.
- **The right mix of skills and approaches:** A strong and well-staffed UNDP Country Office, with highly regarded leadership and staff, has been able to offer the right mix of skills and approaches to the country at the right time. UNDP’s values are focused on long-term development, addressing social exclusion and working across sectors, all of which have been essential to building HIV and TB programmes in El Salvador in the last decade. UNDP has effectively lent its expertise in the areas of financial management and administration, technical aspects of HIV and TB programming, human rights, law reform, anti-discrimination and work with key populations, drawing upon its experience as Principal Recipient of Global Fund grants in more than 40 countries and its mandate as a cosponsor of UNAIDS. In addition to its Country Office, which employs mostly national staff with deep knowledge of the country, UNDP has also been able to leverage the capacity and support of its offices at regional and global levels.

” *Sometimes people are even more important than systems. El Salvador has benefited from having some very good people who have been strong and consistent leaders.*

– Global Fund staff member

- **Fostering commitment to a shared national vision:** A key factor in the transition has been the development of a culture of participatory governance and a shared national vision for the responses to HIV and TB, particularly through building the capacities of the CCM and support provided to the CCM Secretariat. As a result of induction and training efforts over the last eight years, the CCM has matured significantly, learning to effectively manage conflict, promote transparency and accountability and become increasingly inclusive. Importantly, CCM members have learned to set aside the economic interests of their own constituencies and to prioritize the interests of the country as a whole. National vision and commitment have also been strengthened by effective and inclusive national strategic planning processes, undertaken with the support of UNDP and other partners.

- **Managing expectations:** From the beginning of UNDP’s involvement in Global Fund grants in El Salvador, it was clearly understood that UNDP’s roles as Principal Recipient and co-Principal Recipient were interim steps towards the eventual full transition of responsibilities to national entities. This understanding provided the foundation for a relationship with government and civil society in which UNDP did not seek to impose, but rather, has acted as a ‘companion’ to the country and progressively handed over its responsibilities as national capacities have evolved.

- **Effective division of labour:** There has been a clear recognition by all stakeholders in El Salvador that gains in treatment access have not been matched by reductions in new HIV infections, which are highly concentrated among key populations, and that the promotion of human rights, reduction of stigma and discrimination and strengthening of community-based support services needed more attention in the national response. The “co-Principal Recipient” relationship implemented from 2007 involved a division of labor that enabled UNDP to focus closely on addressing these issues with both civil society and government partners, while allowing the Ministry of Health to concentrate on the scale-up of health facility-based services and related infrastructure.

- **Investments in people:** In the wake of the civil war in El Salvador, recent national governments and many individuals and organizations have been working to promote human rights, tackle economic and social inequity and support sexual diversity. Global Fund grants and UNDP support have invested significantly in opportunities to nurture the talents and enthusiasm of local leaders and organizations that are committed to these issues.

- **A staged process of capacity-building and transition:** A staged process of assessing capacity gaps, implementing capacity building activities and transferring responsibilities over 10 years has been critical in the transition of Global Fund grant management to national entities. This process has consisted of three main phases:

- Initially, in its role as co-Principal Recipient, UNDP focused on supporting the country to become familiar with Global Fund processes, develop infrastructure and build technical skills so that government entities could progressively assume responsibility for grant management and implementation;
- In its mid-term role as co-Principal Recipient, UNDP continued to provide routine assistance to government, while also identifying capacity gaps and making sustained investments in capacity development for national entities. These were clearly understood to encompass both government and civil society sub-recipients, as well as other key organizations; and
- In the later stages of the transition, planning for handover to national entities began around two years in advance. Key steps in this phase were 1) the identification of remaining capacity gaps (notably in the areas on procurement, sub-recipient management and monitoring and evaluation); 2) targeted capacity building in those areas; 3) support for the CCM to select a civil society entity to succeed UNDP as co-Principal Recipient, including capacity building support for shortlisted candidates; and 4) the establishment of agreements between UNDP and the new Principal Recipients to provide back-up technical support for a period of 12 months.

- **Attention to long-term sustainability:** Throughout the transition process, stakeholders in El Salvador, as in many other countries, have understood that the circumstances of international donors may change and that Global Fund financing may not be as extensive in the future. The long-term sustainability of the national response is therefore a concern to national policy-makers, civil society and activists alike. Specific efforts are being made to ensure long-term sustainability of key programmes, including through maintaining political support in the face of competing national priorities; exploring the potential of joint procurement of medicines and health products with other countries; and leveraging other partnerships to maintain programming in the areas of human rights, key populations and social protection for people with HIV, which are heavily dependent on international financial support.

“ We’ve not perfected it, but we’ve made real progress. There’s a human rights network in the government and the Ministry of Health. Before, that would not have been possible. There’s a level of awareness among health care providers. All of this is the result of years of work.

– Director, Global Fund Unit, Ministry of Health

The experience of El Salvador shows that, with sustained investments in infrastructure, processes and people, after prolonged conflict a country can successfully rebuild national institutions, foster multisectoral collaboration, and implement innovative approaches to health care, while also advancing human rights. These are all critical elements which El Salvador can build upon to operationalize the recently-adopted Sustainable Development Goals (SDGs), and in particular SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages, including by promoting access to quality essential health-care services and ending the epidemics of AIDS, tuberculosis and malaria and other communicable diseases by 2030. Given the interconnectedness of the SDGs, those elements will also help catalyze El Salvador’s efforts to achieve other goals, such as SDG 10 on reducing inequalities.

RESOURCES:

Key resources used in the preparation of this case study include:

Comisión Nacional contra el SIDA (July 2014). Informe nacional sobre el estado de situación del VIH en El Salvador en cumplimiento del plan nacional de monitoreo y evaluación del plan estratégico nacional multisectoral, año 2013

UNDP. Innovación, aprendizajes y éxitos: lecciones aprendidas y buenas prácticas del proyecto Fondo Mundial ejecutado por el PNUD en El Salvador en el período 2003-2013

Comisión Nacional contra el SIDA (March 2014). Informe nacional de progreso en la lucha contra el SIDA: Seguimiento a la Declaración Política sobre el VIH 2013

Comisión Nacional contra el SIDA (2010). Plan estratégico nacional multisectoral de la respuesta al VIH-SIDA e ITS 2011-2015: Sistematización de resultados de sesiones de análisis y formulación

UNDP. Informe annual 2013 El Salvador

UNDP. Informe final del proyecto: Estrategia de lucha el VIH-SIDA en poblaciones vulnerables como coadyuvante a la reducción de la pobreza en El Salvador 2009-2015

Mecanismo de Coordinación de País El Salvador de lucha contra el VIH Sida, tuberculosis y malaria (2012).

Mecanismo de coordinación de país El Salvador: Una experiencia de coordinación intersectorial de lucha contra el VIH Sida, tuberculosis y malaria período 2008-2010

Global Fund website El Salvador portfolio: <http://www.theglobalfund.org/en/portfolio/country/?loc=SLV>

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