SYSTEMATIZATION OF COUNTRY EXPERIENCES IN THE CONTRACTING OF NON-STATE ACTORS TO PROVIDE HIV SERVICES
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## Acronyms

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<th>Description</th>
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<tr>
<td>AFIP</td>
<td>Administración Federal de Ingresos Públicos (Federal Administration of Public Revenue)</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<td>CCC</td>
<td>Civil and Commercial Code</td>
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<td>CENOC</td>
<td>Centro Nacional de Organizaciones de la Comunidad (National Center for Community Organizations)</td>
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<tr>
<td>CUIT</td>
<td>Clave Única de Imposición Tributaria (Unique Tax Identifier Code)</td>
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<td>DSyETS</td>
<td>Dirección de SIDA, Enfermedades de Transmisión Sexual, Hepatitis y Tuberculosis (Directorate of AIDS, Sexually Transmitted Diseases, Hepatitis and Tuberculosis)</td>
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<tr>
<td>IGJ</td>
<td>Inspección General de Justicia (Inspector General of Justice)</td>
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<tr>
<td>LBGT</td>
<td>Lesbian, Bisexual, Gay and Transgendered</td>
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<tr>
<td>LUSIDA</td>
<td>Proyecto de Control del SIDA y Enfermedades de Transmisión Sexual (Project for the Control of AIDS and Sexually Transmitted Diseases)</td>
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<tr>
<td>MSM</td>
<td>Men Who have Sex with Men</td>
</tr>
<tr>
<td>PMO</td>
<td>Programa Médico Obligatorio (Compulsory Medical Program)</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>RACI</td>
<td>Red Argentina para la Cooperación Internacional (Argentine Network for International Cooperation)</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
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Acknowledgements

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Note: This assessment was conducted during April and May 2018 and reflects the situation at that time. Recent changes in laws and government systems are expected to affect public financing processes in a negative way, dismantling structures and cutting budgets.
Executive Summary

There have been many important advances in the global responses to HIV, TB and malaria in the last decade. However, control of epidemics and compliance with the 2030 Sustainable Development Goals will depend to a large extent on whether responses can increase access to health services for affected populations and vulnerable groups. To support better access, many countries have chosen a model of health service delivery that includes collaboration with non-state actors, particularly with Civil Society Organizations (CSOs). The purpose of this document, developed with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), is to describe Argentina's experience with public financing for the provision of HIV services by CSOs for key populations. The results are expected to support other countries interested in improving their own public financing systems, by providing clear and detailed information on the design of this mechanism, as well as observations on its strengths and limitations.

Argentina has a robust civil society, and a rich history of CSO activity. Between 2003 and 2013, the Global Fund provided three HIV grants which supported services delivered by CSOs.

When the Global Fund funding concluded in 2013, no other international donor matched the funding, and resources for CSO projects reduced significantly. In response, the Dirección de SIDA, Enfermedades de Transmisión Sexual, Hepatitis y Tuberculosis (Directorate of AIDS, Sexually Transmitted Diseases, Hepatitis and Tuberculosis – DSyETS) created a CSO fund financed by the national budget.

Although CSOs receive funds from other Ministries, in addition to the Ministry of Health/DSyETS this document uses the DSyETS’s system of grant provision as an example to describe the basic functions and processes of public financing of CSOs for HIV service provision in Argentina.

General Legal Frameworks of Civil Society

As a federal country, Argentina has several levels of government which are responsible for the regulation of different aspects of CSO operation.

Since August 1, 2015, the legal framework of CSOs is regulated at the national level in the Civil and Commercial Code (CCC) (Law No. 26.994), which contains specific provisions for the definition of different types of civil society entities. Of all the types of legal status possible in Argentina, the majority of CSOs are formed as civil associations, simple associations and foundations. The tax status of CSOs is regulated and institutionalized at the federal level, based on a tax framework. Civil society entities which provide public health services, social assistance and education are exempt from all national taxes. The process of registration as a legal entity is regulated at the provincial level. Fees and
registration requirements vary from province to province. Approximately half of the country’s CSOs are registered in the Autonomous City of Buenos Aires, and therefore are subject to its regulations. In Buenos Aires, CSOs are regulated by the Inspección General de Justicia (Inspector General of Justice – IGJ).

**Structure of Public Financing of CSOs**

There are different types of public financing processes for CSOs in Argentina: public contest, framework agreement, and direct hire. The use of public contest is the most common when awarding grant funds to CSOs. The type of selection process to be used within the public contest depends on the total amount of funds. The following scale will be applied:  

1. Either Tender or Public Bid: more than $300,000 ARS ($14,614 USD)  
2. Either Tender or Private Bid: more than $75,000 ARS ($3,654 USD) and up to $300,000 ARS ($14,614 USD)  
3. Direct hire: up to $75,000 ARS ($3,654 USD)  
4. Simplified procedure: up to $10,000 ARS ($487 USD)

Furthermore, a public bid is issued when selection of a contractor is to be made primarily based on economic factors, such as better price. A tender is used when selection of a contractor is based primarily on non-economic factors, such as technical-scientific, artistic or other abilities, as appropriate. The latter is most often the relevant method for contracting CSOs to provide health services, including HIV services.

It should be noted that Argentina does not use multi-year budgets. Public funding is also not delivered in regular cycles in Argentina, and CSOs should closely monitor Calls for Proposals to identify opportunities when funds are available. Each institution that provides public financing has its own process, which is described in each relevant Call for Proposals.

For CSOs which receive state funding, there are two key budgetary restrictions:

- A CSO must contribute at least twenty-five percent (25%) of its own resources to cover its expenses (outside the grant of the federal government).
- A CSO may not allocate more than fifty percent (50%) of the amount received to the payment of salaries, per diem or equivalent costs.

These restrictions can be problematic for CSOs which may not be able to contribute 25% of its own resources, or which function on models which revolve heavily around human resource expenditure.

**Public Financing of CSOs in the HIV Response**

Although the DSyEST has had funds to support CSOs for 10 years, it is in the last three years that these funds have been distributed in the form of grants to CSOs for service provision. In 2014 and 2015, the DSyEST delivered grants for a total of $2,794,706 ARS ($325,425 USD), distributed as $1,415,836 ARS ($175,482 USD) to 14 organizations in 2014, and $1,378,870 ARS ($150,220 USD) to 10 organizations in 2015. The average disbursement to an individual organization during that period was $115,084 ARS ($13,401 USD).

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1 The exchange rate from ARG to USD was calculated by the current rate for 1 January 2018.
In 2017, grants from DSyETS were delivered in the amount of $597,600 ARS ($31,849 USD) to six civil society organizations. No awards had yet been delivered in 2018, at the time of this assessment.

It should be noted that there is no specific budget line item which is devoted to CSO funding via the DSyETS. Rather, the DSyETS may choose on a discretionary basis to make funding available for CSO service delivery grants, based on availability of funding and needs identified, year-to-year.

Funding for CSOs by the DSyETS is aligned with the “Strategic Plan for HIV for the period 2018-2021.” Therefore, CSOs must implement activities which fall within one or several of the Plan’s strategic directions.

Services must target one of the following groups as identified in the strategy: the general population, youth, men who have sex with men (MSM), sex workers, people who use drugs, people living with HIV (PLHIV), prisoners, children, migrants, women infected with HIV, and pregnant women in general.

The following is the list of eligible costs which can be supported under the DSyETS grants:

- Compensation of volunteer expenses for health promoters
- Compensation of trainer hours
- Travel and mobility
- Refreshments for workshops, groups and/or meetings
- Library and computer supplies
- Communication expenses
- Administrative expenses
- Printing and design of graphic material for the diffusion of local resources
- Professional fees
- Equipment

**DSyETS Tendering & Selection Process**

To detail a single, exemplary process, this systematization will focus on the process outlined by the DSyETS, as issued in their most recent Call for Proposals in 2018. However, it should be kept in mind that CSOs accessing public funding from other institutions may be subject to different processes and requirements.

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2 Expenses charged to "salaries" and "per diem" items cannot exceed 50% of the requested budget.
The process of bidding, selection, monitoring, evaluation and accounting in the 2018 DSyETS Call for Proposals included 10 steps, as presented below.

1. Schedule of the public Call for Proposals
2. Review requirements
3. Review amount and budget restrictions
4. Submit documentation
5. Define duration
6. Fill in the work plan
7. Receive technical evaluation
8. Implement and act upon the monitoring results
9. Deliver final report
10. Accounting
**Capacity Building**
There are several measures in place to assure that CSOs have the capacity they need in order to apply for and implement publicly funded projects. As part of the Call for Proposals, the DSyETS offers technical support to organizations who need support in the preparation of projects.

In addition, the Chief of the Cabinet of Ministers sponsors an online “Guide for Civil Society Organizations” that aims to promote citizen participation and foment connections and collaborative work, thus strengthening the institutional capacity of CSOs. CSOs can browse or perform specific searches according to their needs and interests and will find brief descriptions of programs/activities and their own page with specific information.

Since the end of 2015, the new government has promoted training for civil society, offering greater opportunities to CSOs to receive capacity building through a variety of institutions.

**Results & Impacts of Public Financing to CSOs**
Argentina has adequate legal and regulatory frameworks to encourage contracting CSOs, the government claims to be committed to improving systems, processes and laws related to public financing to CSOs.

Additionally, it can be interpreted that the HIV epidemic has stabilized in Argentina “thanks to advances in the national response and the commitment of multiple actors from the public sector and civil society. Sustained prevention actions, as well as improvements in access to diagnostic tests and treatments, including the use of rapid tests and the simplification of antiretroviral regimens, has made it possible to stabilize the incidence of infection and improve the living conditions of thousands of people affected by the virus. In turn, progress on human rights and gender equality, together with the incipient implementation of the Law on Comprehensive Sexual Education, contributed to generating a context that favored the reduction of stigma and discrimination and improved access to health services for the most vulnerable groups” (HIV/AIDS Newsletter, DSyEST, December 2017).

**Assessment of Successes & Challenges**
Argentina has adequate legal and regulatory frameworks to support the contracting of CSOs, and despite fluctuations in sources of financing, the government remains committed to improving systems, processes and laws related to public financing of CSOs.

However, cyclical economic and political crises, as well as devaluation of the local currency, has a serious impact on the development of Calls for Proposals, awards and execution of CSO-led projects. Changes in government affect the continuity of programs, generating a permanent “revisionism” effect, which slows down procedures. With no designated line item in the budget to assure the financing of services provided by CSOs, the services they provide are particularly vulnerable to being cut during financial crises and political reorganization.
Furthermore, there are limitations to the current system, which does not provide core funding costs to support administrative, financial or other operating costs, and which funds projects for only 9 months out of the year. Therefore, CSOs must engage in complementary fundraising, and cannot depend on government funding to provide continuous services. Sometimes slow processing of proposals and disbursement of funds can further exacerbate the 3-month gap between awards – creating significant risk for individuals left without services.

Conclusions
It is clear that CSOs play a fundamental role in the provision of services, counseling, awareness, consulting and research in Argentina, without which it would not be possible to reach key populations with treatment and follow-up. Argentina has developed a clear system through which public financing can be directed to CSOs to deliver these elements. However, economic and political volatility mean that this system is not regularly or adequately funded.

Although public financing of CSOs is a necessary element that allows the provision of key services, and also supports coordination between government and civil society actors, financing at current levels and frequency in Argentina does not guarantee the provision of adequate services, or for the maintenance of a functional civil society. As a result, CSOs in Argentina do not depend exclusively on public financing, and seek to diversify their resources, while actively participating in public financing calls when they are available.

Countries wishing to learn from the Argentinian experience may choose to build on the positive elements of government collaboration and a clear system of Calls for Proposal and selection and monitoring of awardees, but are advised to consider issues of regularity and continuity of funding in order to overcome some of the challenges which continue to be face by this country.
INTRODUCTION

There have been many important advances in the global responses to HIV, TB and malaria in the last decade. However, control of epidemics and compliance with the 2030 Sustainable Development Goals will depend to a large extent on whether responses can increase access to health services for affected populations and vulnerable groups. Governments are not always able to provide health services to key and vulnerable populations due to factors such as budget constraints, lack of motivation among health providers, key populations’ distrust of health services personnel, difficulties accessing key populations, stigma and discrimination. To address this, many countries have chosen a model of health service delivery that includes collaboration with non-state actors, particularly with Civil Society Organizations (CSOs). International literature indicates that CSOs led by peers often have better opportunities to reach key populations with services that include prevention, information, rapid tests, access to treatment and monitoring.

The purpose of this document, developed with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), is to describe Argentina’s experience with public financing for the provision of HIV services by CSOs for key populations. The results are expected to support other countries interested in improving their own public financing systems, by providing clear and detailed information on the design of this mechanism, as well as observations on its strengths and limitations.

The information presented below is based on a literature review, as well as interviews with key stakeholders, in both the government and civil society.
Argentina has a robust civil society, and a rich history of CSO activity. The start of public financing to HIV-related CSOs in Argentina can be traced to 1997 when the Proyecto de Control del Sida y Enfermedades de Transmisión Sexual (Project for the Control of AIDS and Sexually Transmitted Diseases – LUSIDA) which was created to be executed over a period of four years, with a World Bank loan of $30 million USD, and with the State providing financing for the purchase of supplies and condoms.iii

LUSIDA ended in 2001, and in 2003 the Global Fund began financing the national HIV response, for the next 10 yearsiv. Between 2003 and 2013, the Global Fund provided three grants with disbursements of $28,402,468 USD each, of which 60% ($17,041,481 USD) supported services delivered by CSOs.vi

Since 2007, Argentina’s national HIV response has been implemented under the stewardship of the Dirección de Sida, Enfermedades de Transmisión Sexual, Hepatitis y Tuberculosis (Directorate of AIDS, Sexually Transmitted Diseases, Hepatitis and Tuberculosis – DSyETS). The DSyETS guarantees the free provision of medicines for all people living with HIV, STIs, viral hepatitis, tuberculosis, and leprosy, treated within the public sector. People diagnosed with any of these infections have the right to receive comprehensive coverage that includes diagnosis, control and access to all treatments approved in the country. This is carried out through 24 provincial programs, 12 Health Regions of Buenos Aires, municipal programs, and more. Furthermore, condoms and lubricants are distributed for free at fixed distribution sites, including CSOs.

**Box 1: LUSIDA Project**

*LUSIDA* was an important milestone in the financing and development of CSOs in Argentina. Started in 1997 and completed in 2001, it constitutes the first public funding with international funds for CSOs. The *LUSIDA* Project’s activities included:

- Improve Epidemiological Surveillance;
- Develop models of care networks and medical-architectural projects;
- Train primary and secondary level teachers on HIV prevention;
- Support and strengthen the networks of people living with HIV (PLHIV);
- **Support CSOs to carry out HIV prevention projects for vulnerable groups – 131 Community HIV Prevention Projects were supported;**
- Update a campaign targeted at key populations aimed at promoting HIV prevention through personalized interaction – in populations at higher risk of exposure to the epidemic (MSM, sex workers and people who inject drugs and their sexual partners); and:
- Implement a communication strategy, with messages related to preventive measures: how not to share syringes and needles.
When the Global Fund funding concluded in 2013, no other international donor matched the funding, and resources for CSO projects reduced significantly. In response, the DSyETS created a CSO fund, financed by the national budget.

The DSyETS considers CSOs as key partners in empowering people with HIV, defending their rights, and expanding access to services. The current DSyEST National Strategic Plan includes strategies to accompany, incentivize, strengthen, promote and disseminate the work of CSOs. These strategies were defined as “alliances, financing, support for their activities and the action steps of each activity.”

Public financing for civil society activities via DSyETS includes logistical support for civil society meetings; development of joint action strategies; participation in events and trainings; receipt and resolution of queries from organizations; design and distribution of human rights informational materials; delivery of condoms for community distribution; and direct financial support through service delivery grants. This exercise was designed to focus on public financing supporting services delivered by CSOs, and therefore will focus on describing the mechanism which supports grants for service delivery.

It is important to note that since 2010 CSOs also started receiving funds from other ministries such as the Ministry of Social Development and the Ministry of Labor, in response to productive microenterprise and job training for the most affected populations, among other actions. For example, Nexo, A.C. has received funds from the Ministry of Labor, Employment and Social Security since 2010 to carry out professional training courses for companies and state entities. Therefore, it should not be construed that the DSyETS is the only possible avenue for CSOs to receive funding for HIV service provision; however, since the DSyETS provides the most frequent and directly-linked funding for HIV, this document will use the DSyETS system of grant provision as an example to describe the basic functions and processes of public financing of CSOs for HIV service provision in Argentina.

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3 The Global Fund provided financing for the public sector beginning in 2003, and CSOs were supported through Global Fund sub-grants until 2012.

“The work of civil society is fundamental for a comprehensive response to human health, especially in regard to HIV/AIDS and STIs where organizations and historically affected groups of people have been key actors in developing targeted actions for the community. The DSyETS generates strategies to accompany, encourage, strengthen, promote and disseminate the work of civil society organizations. These strategies are translated into alliances, financing, support for their actions and work.”

GENERAL CIVIL SOCIETY FRAMEWORKS & ROLES

In order to understand the frameworks under which CSOs receive grants to provide HIV services, it is important to understand the foundational frameworks governing all CSOs in Argentina. As a federal country, Argentina has several levels of government which are responsible for the regulation of different aspects of CSO operation.

FEDERAL LEVEL

Since August 1, 2015, the legal framework of CSOs is regulated at the national level in the

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<th>Table 1. The legal make-up of civil society organizations</th>
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<td><strong>Civil Associations</strong></td>
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<td>A Civil Association is “a stable union of a group of people, whose existence is not affected if its members change, which has a corporate constitution and a collective name, and whose assets are administered by its members. It has members and its own administrative body. It does not have the aim of any pecuniary benefit, but pursues non-profit purposes, and tends towards the attainment of a common good. It should be noted that these entities do not lose their character of non-for-profit due to the fact that they carry out one or more lucrative operations to benefit their purpose.” (\text{xvi})</td>
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<tr>
<td>Within Civil Associations, there are mutual associations, promotion and development associations, associations of service providers, retiree associations, etc.</td>
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<tr>
<td><strong>Simple Associations</strong></td>
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<tr>
<td>A Simple Association is an association made up of members, with a non-profit purpose, that is not an officially established legal entity (with a corporate constitution) but is subject to law. It possesses a constitution or designation of authority via a public record, deed, or other document, that is certified by a public notary. (\text{xii})</td>
</tr>
<tr>
<td>Within Simple Associations, there are religious associations. They can receive donations, legacies or assets, and members of the associations are only responsible for what is donated.</td>
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<tr>
<td><strong>Foundations</strong></td>
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<tr>
<td>Foundations are “legal entities established for the common good, without the purpose of profit, through the patrimonial contribution of one or more persons, with the purpose of advancing their goals for the good of society.” (\text{xiii})</td>
</tr>
<tr>
<td>They are legal entities constituted in accordance with the respective laws and destined, according to the expressed will of its founder, to the fulfillment of social, scientific, or artistic functions, among others. (\text{xiv})</td>
</tr>
<tr>
<td>Foundations do not have associates and cannot perform activities that generate revenue; they should be supported by external contributions, mainly donations.</td>
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Civil and Commercial Code (CCC) (Law No. 26.994), which contains specific provisions for the definition of different types of civil society entities. Of all the types of legal status possible in Argentina, the majority of CSOs are formed as civil associations, simple associations and foundations.

In addition, a group of people can create an association without having to formalize through legal documentation. This type of CSO is called “Section IV Societies.” One of the main characteristics is that Section IV Societies do not require registration, they are “formed” simply by a contract – no incorporation procedure is required, only a partners agreement. While these companies rarely receive public financing, they are eligible to do so – a potentially important opportunity for some key population movements which may lack the financial resources necessary to formally incorporate.

The tax status of CSOs is regulated and institutionalized at the federal level, based on a tax framework. Civil society entities which provide public health services, social assistance and education are exempt from all national taxes.

**PROVINCIAL LEVEL**

Provincial oversight of CSOs is exercised by the Provincial Registries of Associations and Foundations of each province. The powers of supervision of the registries reach only registered CSOs within the jurisdiction of that province.

Legal status for CSOs must be requested in the Legal Entities Directorate corresponding to each province. While the tax status of legal entities is regulated at the federal level, the process of registration as a legal entity is regulated at the provincial level. Fees and registration requirements are local issues and vary from province to province.

**AUTONOMOUS CITY OF BUENOS AIRES**

Approximately half of the country’s CSOs are registered in the Autonomous City of Buenos Aires, and therefore are subject to its regulations. In Buenos Aires, CSOs are regulated by the Inspección General de Justicia (Inspector General of Justice – IGJ). As of November 1, 2015, the IGJ established that a public notary must validate all CSOs. The following documents must be submitted in accordance with the Authorization Form in order to function as a legal entity:

- Reservation of company name (reservation of name or brand so that another entity does not use the same name);
- Pre-qualification report from a notary;
- Constitutive act (with information about the founders) and statutes;
- Affidavit of politically exposed persons; and
- Proof of the patrimonial deposit, or notarial certification that proves these contributions.

Additionally, establishing a CSO implies the following costs:

- Payment for paperwork, and tariff rates that cost between $350 ARS ($17 USD) and $570 ARS ($28 USD) depending on the type of CSO.

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4 There are also regulations that regulate the National Academies (Law No. 14.467), Mutual Health Organizations (Law No. 20.321, 1973), Political Parties (Law No. 23.298), Insurance Plans (Law No. 23.360), Trade Union Associations (Law 23.551), Associations that provide health insurance (Law No. 23.661), and Development Companies, in each district or municipality.

5 The Clave Única de Imposición Tributaria (Unique Tax Identifier Code – CUIT) is filed with the Administración Federal de Ingresos Públicos (Federal Administration of Public Revenues – AFIP). The CUIT number serves as an essential identification so that a simple association can, in effect, perform as the subject of rights recognized by General Resolution 10/97 of the AFIP that establishes that all “taxpayers and/or those liable for taxes, withholdings, collection and/or information and social security resources” may obtain the CUIT. This includes “natural persons, societies – including those not regularly constituted and those that are – and associations...” and, therefore, non-profit organizations.

6 A Pe-qualification Report is a document that is issued by a notary public, and that certifies the characteristics of the legal entity being created.
• Signature certification by a public notary and other required procedures, which may increase expenses.7
• A Foundation must credit assets of, at least: $80,000 (USD$3,897).
• An Association only requires a deposit of $1,000 (USD $48.71) to carry out the procedure, which is reimbursed at the end. *These amounts are being updated by the government at this time and are subject to change.

For the City of Buenos Aires, information on fees and registration is updated periodically, and the rates, forms and registration requirements are published on the IGJ website.24 In addition, Article 363 of General Resolution 7/2015 Rules the IGJ,25 further defines what CSOs of all types can and cannot do as part of their legal operations.

7 In the constitution of a legal entity in Argentina, several forms must be paid for and several formal steps must be carried out, depending on the type of entity. For example, in the case of foundations, a triennial plan of activities must be presented and must be prepared and signed by an accountant. The Professional Council of Economic Sciences (the formal association of accountants) must certify this plan. Foundations must also publish edicts in newspapers, which are public updates about the foundation.
STRUCTURE OF PUBLIC FINANCING OF CSOs

PROCESSES FOR AWARDING PUBLIC FINANCING FOR CSOs

There are three types of direct public financing in Argentina, through which non-governmental entities may receive government funds. It should be noted that these are not limited to financing CSOs, and encompass arrangements for public financing of private and for-profit entities, as well.

The following factors are evaluated to define which supplier selection process is most appropriate and convenient for the public interest:

Table 2. Types of public financing

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public bid</td>
<td>Convened for the general contracting of services, consulting and leasing of goods, within the margins established by the Annual Budget Law.</td>
</tr>
<tr>
<td></td>
<td>a. General services are understood as those the Entity contracts with third parties, whether natural or legal persons, to carry out technical activities such as cleaning, security, repairs and other similar services.</td>
</tr>
<tr>
<td></td>
<td>b. Consulting services are understood to be those of a professional and highly qualified nature, provided by natural or legal persons in the form of research, projects, studies, designs, supervisions, inspections, management, special audits. These can be procured via the following types of contest:</td>
</tr>
<tr>
<td></td>
<td>• National Public Contest, for the hiring of people and/or companies that provide consulting services with offices in the country.</td>
</tr>
<tr>
<td></td>
<td>• International Public Contest, for the contracting of consulting services that can only be provided with international participation.</td>
</tr>
<tr>
<td></td>
<td>This is the most typical way of providing public financing to CSOs for service delivery.</td>
</tr>
<tr>
<td>Framework Agreements</td>
<td>Usually framework agreements are used when more than one jurisdiction is involved (for example, joint Nation-Province actions); or when there is another actor involved such as a university or hospital network. For example, various provincial governments may enter into a framework agreement with a University for a specific program or project, and the University may then subcontract CSOs to implement portions of the program or project, using the government funds. The Ministry of Health makes decisions about when to use this mechanism. The main objective is to be able to count on human resources without increasing the number of federal employees.</td>
</tr>
<tr>
<td>Direct hire</td>
<td>Direct hiring is an additional mechanism to be used in case of emergency. Financing can occur through direct awards or contracts, which are agreements between the State and a bidder where the State entity selects the supplier directly without going through a bidding process. This financing mechanism is not advised, as it usually generates some kind of presumption of incorrect use of funds. Direct contracting is only recommended when the cost of bidding is very high in relation to the goods/services to be acquired.</td>
</tr>
</tbody>
</table>
1. Complies with objectives of cost, efficiency and effectiveness in the application of public resources;
2. The characteristics of the goods or services to be hired;
3. The estimated amount of the contract; Marketing conditions and market configuration; and
4. Urgency or emergency.

A Public Bid is issued when selection of a contractor is to be made primarily based on economic factors, such as better price. However, a Tender is used when selection of a contractor is based primarily on non-economic factors, such as technical-scientific, artistic or other abilities, as appropriate. The latter is most often the relevant method for contracting CSOs to provide health services, including HIV services.

A private bid, in which it asks a select group of individuals or legal entities to submit proposals, may also be used for smaller amounts of funds as outlined below; however, this is not a common way of soliciting bids for health services.

To decide which selection process to use according to the estimated amount of the contract, the total amount of funds – including planned extension options – should be estimated, and the following scale will be applied:

- Either Tender or Public Bid: more than $300,000 ARS ($14,614 USD)
- Either Tender or Private Bid: more than $75,000 ARS ($3,654 USD) and up to $300,000 ARS ($14,614 USD)
- Direct hire: up to $75,000 ARS ($3,654 USD)
- Simplified procedure: up to $10,000 ARS ($487 USD)

BUDGETARY RESTRICTIONS OF RECEIVING PUBLIC FINANCING

For CSOs which receive state funding, there are two key budgetary restrictions. According to Articles 1 and 2 of Law No. 11.672/05 Permanent Complementary Budget for the year 2005, the following important restrictions apply to CSOs receiving domestic funds:

- Article 1. No budget subsidy [grant] will be paid to the beneficiary institution without previously establishing its existence and regular operation, and if it does not prove to contribute at least twenty-five percent (25%) of its own resources to cover its expenses (outside the grant of the federal government). The subsidies granted to those institutions that already received other national subsidies for the same concept and with the same purpose will not be effective either.
- Article 2. No institution subsidized by the nation may allocate more than fifty percent (50%) of the amount received to the payment of salaries, per diem or equivalent costs.

These restrictions can be problematic for CSOs which may not be able to contribute 25% of its own resources, or which function on models which revolve heavily around human resource expenditure.

In addition, it should be noted that Argentina does not use multi-year budgets. Therefore, if budgets must be extended, a new funding opportunity must be created. Usually (though there is no rule) an extension request is presented and documentation from the previous proposal is applied. Discretionally, the administration may require certain requirements to be updated (for example, if key staff of a CSO have changed).

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8 It is important to remember that exchange fluctuate daily in Argentina. These conversions from ARS to USD were calculated in the beginning of 2018, but the Argentine Peso has been significantly devalued since then.
ARGENTINA, DECEMBER 2018

PUBLIC FINANCING IN THE HIV RESPONSE

KEY LEGAL FRAMEWORKS RELATED TO HEALTH & HIV/AIDS

Argentina has a well-developed health system, and many of the legal and regulatory frameworks of the broader health system provide a critical foundation for government financing of services provided by CSOs. Important elements include the legal frameworks for financing the health system, including a universal public insurance option available to everyone, as well as regulations which govern private, employer-based insurance options, assuring that all insurance mechanisms cover a basic package of services. Further, more specific legislation then outlines what is in that package of services, including HIV-related care as well as sexual and reproductive and mental health interventions.

Establishing the rights of residents of Argentina to such services is an important basis of justification for supporting the provision of services by CSOs, to assure access to services is delivered as per the legislation. Further legislation outlines rights to equal protection, including for adolescents, women and transgender populations, assuring that particularly vulnerable populations are not left behind, and further justifying the outsourcing of services for hard-to-reach populations to CSOs, who are uniquely positioned to assure access. These frameworks9 provide the crucial rationale for the allocation of resources to CSOs via the DSyETS.

HISTORIC & CURRENT FUNDING LEVELS

Although the DSyEST has had funds to support CSOs for 10 years, it is in the last three years that these funds have been distributed in the form of grants to CSOs for service provision. In 2014 and 2015, the DSyETS delivered grants for a total of $2,794,706 ARS ($325,425 USD),10 distributed as $1,415,836 ARS ($175,482 USD) to 14 organizations in 2014, and $1,378,870 ARS ($150,220 USD) to 10 organizations in 2015. The average disbursement to an individual organization during that period was $115,084 ARS ($13,401 USD).

In 201711, grants from the DSyETS were delivered in the amount of $597,600 ARS ($31,849 USD) to six civil society organizations. No awards had yet been delivered in 2018, at the time of this assessment. It should be noted that there is no specific budget line-item which is devoted to CSO funding via DSyETS. Rather, DSyETS may choose on a discretionary basis to make funding available for CSO service delivery grants, based on availability of funding and needs identified, year-to-year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Amount Disbursed</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$175,482 USD</td>
<td>14</td>
</tr>
<tr>
<td>2015</td>
<td>$150,220 USD</td>
<td>10</td>
</tr>
<tr>
<td>2017</td>
<td>$31,849 USD</td>
<td>6</td>
</tr>
</tbody>
</table>

9 A more detailed overview of important legislation can be found in Annex 1.
10 All exchange rates are based on averages for the stated year; however, it is important to note that, due to the instability of Argentina’s economy, the value of the dollar fluctuates daily. This means that the value of budget figures in US dollars may vary throughout the year with respect to subsequent months in which there was devaluation of the Argentine peso.
11 In 2016, no grants were given, due to a change in government at the end of 2015, changes in regulations and the discontinuation of some grants.
Box 2. Economic Caveats in the Argentinian System

The legal frameworks and public financing presented in this report provide a snapshot of Argentina’s complex economic and political situation. The value of the Argentine Peso continues to fall at an alarming rate – from December 31, 2017 to May 14, 2018, the value of the Peso fell from $18.9 to almost $24, a devaluation of nearly 25%.

In the days between August 3, 2018 and August 13, 2018, the dollar rose from $28 to almost $31. Apart from that, “Argentine inflation rose 16% in only the first half of the year, and is expected to surpass 30% by December.” Although CSOs received grants from public financing, amounts are difficult to budget, since money can yield a quarter or a third less than its original value by the end of a project due to inflation. In addition, each crisis makes it harder for CSOs to improve (grow) or open new organizations.

SERVICE PARAMETERS FOR GRANTS IMPLEMENTED BY CSOs

DSyETS funding is aligned with the “National Strategic Plan for HIV.” Therefore, CSOs must implement activities which fall within one or several of the Plan’s strategic directions. The four strategic directions of the National Strategic Plan for HIV/AIDS, STIs and Viral Hepatitis 2013-2017 were:

1. Access to the information and resources necessary to prevent the transmission of HIV, viral hepatitis and other STIs.
   a. Integration of a preventive response to HIV, STIs and viral hepatitis from different actors in public management and civil society with an emphasis on educational institutions and comprehensive sexual education programs.
   b. Strengthening of the production and management capacities of the different actors involved in the response.
   c. Encourage comprehensive and sustained communication over time within the general population and in vulnerable groups, from a human rights and non-discrimination perspective.
   d. Strengthen the strategic information production capacity to improve the response to HIV, viral hepatitis and STIs.
2. Access to timely diagnosis of and counseling about HIV, syphilis and viral hepatitis.
   a. Promote the voluntary testing of HIV, syphilis and viral hepatitis, within the general population and especially in vulnerable groups.
   b. Optimize the logistics of supply distribution centers for diagnosis.
   c. Strengthen the quality of laboratories for the diagnosis of HIV and viral hepatitis.
   d. Strengthen strategies for the diagnosis of pregnant women, their partners and children exposed to infections.
   a. Guarantee and sustain the provision of reagents for follow-up and Antiretroviral (ARV) drugs and other related treatments, increasing coverage to PLWH, STIs and hepatitis.
   b. Strengthen health teams in charge of the care of people with HIV.

and incorporate tools and devices that facilitate adherence to ARV treatments and support.

c. Strengthen care of children and adolescents living with HIV

d. Strengthen the comprehensive care of pregnant women with HIV and hepatitis.

e. Optimize distribution centers to provide monitoring and treatment supplies.

f. Strengthen the care of people with viral hepatitis.

g. Strengthen epidemiological surveillance of HIV, viral hepatitis and STIs.

4. Reduction of stigma and discrimination.

a. Promotion of prevention, diagnosis and treatment strategies, aimed at populations with increased vulnerability to HIV, STIs and viral hepatitis, within the framework of existing laws and regulations.

b. To develop political advocacy with a human rights approach, the state should consider CSOs and other significant actors when making decisions about providing care for the affected population.

c. State agencies related to Human Rights and access to justice; the National Institute against Discrimination, Xenophobia and Racism; and the Penitentiary Service should receive sensitization training to address problems related to stigma and discrimination against HIV and AIDS.

POPOPULATIONS SERVED BY PUBLIC FINANCING

In 2014, the DSyETS defined the following groups to be served by the national HIV program, and therefore also by CSOs contracted to provide services:\textsuperscript{xxx}

The general population,

\textbullet Youth,

\textbullet MSM,

\textbullet Sex workers,

\textbullet People who use drugs,

\textbullet People living with HIV,

\textbullet People in closed settings (e.g. prison inmates),

\textbullet Children,

\textbullet Migrants,

\textbullet Women infected with HIV, and

\textbullet Pregnant women in general.

Each call for proposal may provide more specific or limited populations for which services will be funded; however, this is not obligatory. In the DSyETS’s 2018 Call for Proposals, for example, there was no further specification provided.

ELIGIBLE COSTS FOR PUBLIC FINANCING

According to the DSyETS’s regulations for providing financing to CSOs to deliver services, the following is the list of eligible costs:\textsuperscript{xxx}

\textbullet Compensation of volunteer expenses for health promoters

\textbullet Compensation of trainer hours

\textbullet Travel and mobility

\textbullet Refreshments for workshops, groups and/or meetings

\textbullet Library and computer supplies

\textbullet Communication expenses

\textbullet Administration expenses\textsuperscript{13}

\textbullet Printing and design of graphic material for the diffusion of local resources

\textbullet Professional fees

\textbullet Equipment

It is important to recall that the organization must provide its own resources equivalent to 25% of the requested budget. In addition, expenses charged to “salaries” and “per diem” items cannot exceed 50% of the requested budget.

\textsuperscript{13} Expenses charged to “salaries” and “per diem” items cannot exceed 50% of the requested budget.
OTHER SOURCES OF PUBLIC FINANCING

There are other possible streams of financing for HIV-related services, in addition to the DSyETS. For example, in 2015 Fundación Huésped received funds from the Fondo Argentino Sectorial (Sectorial Argentine Fund), from the National Agency for Scientific and Technological Promotion, which financed a training and hospital equipment for the Fernández Hospital. The foundation channeled all the money to the hospital. From the same Ministry, Nexo, A.C. received funds between 2015 and 2017 that paid the organization’s rent for three years. Finally, some provincial and municipal programs give support to CSOs, such as those that exist in the Autonomous City of Buenos Aires or the city of Rosario in the province of Santa Fe.

For 2018, the following institutions offered public financing (Table 4). There are no systematized records of all HIV-related financing provided to CSOs over time.

LEGAL FRAMEWORKS GUIDING THE ACQUISITION & DISTRIBUTION OF EQUIPMENT AND SUPPLIES

There are also legal frameworks which guide the procurement of commodities in Argentina, which apply to CSOs as they do for other entities. Such procurement and distribution operates under Decree No. 1.023/01: Hiring regime of the national administration,xxxiv which comes from a mosaic of formative legislation.

However, it is important to note that the major commodity distributed by CSOs providing HIV services in Argentina is condoms, and these are provided free of charge to CSOs through participation in the country’s Fixed Distribution Site program. Through this program, CSOs apply for the installation of a condom dispenser, and are provided with as many condoms as their client demand dictates.14

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14 Fixed Distribution Sites are, in theory, provided with as many condoms as the site’s clientele needs. However, in reality there are often shortages of condoms and supplies may be interrupted or the site may not be provided with the full amount requested. Sites/CSOs wishing to participate must follow the instructions as provided by the DSyETS to express interest in becoming a Fixed Distribution Site: http://www.msal.gob.ar/sida/index.php/equipos-de-salud/preservativos-gratuitos.
Public financing is not delivered on regular cycles in Argentina, and CSOs must closely monitor Calls for Proposals to identify opportunities when funds are available. Each institution providing public financing has its own process, which is described in each relevant Call for Proposals.

This systematization focuses on the process outlined by the DSyETS, as issued in their most recent Call for Proposals “Presentation of projects for subsidies: Call for the presentation of projects,” which is included as Annex 4 within their 2018 strategy: “My health, my rights The response to HIV from a human rights perspective Mi salud, mis derechos: La respuesta al VIH desde el enfoque de derechos humanos (My health, my rights: The response to HIV from a human rights perspective).”

The process of bidding, selection, monitoring, evaluation and accounting in the 2018 DSyETS Call for Proposals included 10 steps, as presented below.

![Diagram of the process of bidding, selection, monitoring, evaluation and accounting in the DSyETS Call for Proposals](image-url)
1. Schedule of the Public Call for Proposals
When the Ministry of Health, through DSyETS, determines the existence of a need that can be covered by a CSO, the DSyETS allocates funds for the execution of a project on that particular theme. It creates a Call for Proposals, which is tied to a strategy built around the chosen theme. This accompanying strategy serves as a guiding scope of work for proposals.

The Call for Proposals is then published on the DSyETS website, on social networks and through email to social organizations who have worked in or have a background in the subject. The announcement includes:

- The month proposals will be received;
- Date that results of the technical and administrative evaluation (and selected projects) will be announced;
- The time period granted to present objections (which must be sent in writing to the DSyETS); and
- Dates for project execution.

In the case of the 2018 Call for Proposals, the chosen theme was "The response to HIV from a human rights perspective," given that the Call for Proposals formed part of the strategy of the same name.

2. Review requirements
The requirements necessary to submit projects include the following:

- Have a background working in health, HIV and AIDS, viral hepatitis, STI, TB, leprosy or related topics;
- Have legal status or the endorsement of an institution that possess it;
- Have a bank account in your name in an entity attached to the Treasury’s single account system;
- Present a work proposal within the lines defined by the DSyETS;
- Have an office in the jurisdiction where the proposed project will be carried out. In the event that you consider expanding activities to other jurisdictions, you must demonstrate alliances or agreements with organizations and/or local institutions and the necessary resources for the intervention;
- Articulate the proposed project within the framework of the public health system;
- If the organization had previously received a grant from the national government, it must have been rendered in full at the start of the administrative procedure to authorize the transfer of funds;
- In the event that two or more organizations present themselves as members of the consortium, they should present an agreement signed by the authorities, stating the activities and responsibilities assigned to each organization; and
- Be registered in the registry of the Dirección Nacional de Relaciones con las Organizaciones de la Sociedad (National Directorate for Relations with Civil Society Organizations), which is part of the Ministry of Health.

3. Review amount and budget restrictions
The DSyETS will indicate the maximum amounts for projects in each Call for Proposals. CSOs can put together project budgets within these parameters. (Please refer to the section above, Eligible Costs for Public Financing, for more information on what can be included in the budgets.)

4. Submit documentation
To compete in a DSyETS Call for Proposals, CSOs must present the following information:

a. Formal note addressed to the Ministry of Health of the Nation, signed by the organization’s legal representative, requesting the grant, specifying the amount and detailing the activities to be subsidized.

b. Presentation of the organization(s) requesting the financing. Explicitly mentioning:
   1. Name and address;
   2. Year founded;
   3. Mission and objective(s);
   4. Population and work territory;
   5. Characteristics of the staff or work team;
6. Outstanding activities in the last two years; and
7. Modes of financing of the organization.

C. Preparation of the proposal as detailed in the Call for Proposals document that includes:
   1. Photocopy of the statute or constitutive act of the organization and its modifications, duly certified;
   2. Records of tax registration;
   3. Documentation that supports the relationship with the health system and/or jurisdictional programs
   4. Bank account in the organization’s name with account number, branch and uniform banking code. Banking entities must be included in the list of banks that are members of the Single Treasury Account System;
   d. All documentation must be presented at the front desk of the Ministry of Health of the Nation (Av. 9 de Julio 1925, ground floor), where a file will be opened; and e. The file number must be reported, and a copy of all documentation should be sent by email to email to consultasdsyets[at]gmail.com.
5. Define duration
   The project duration will be defined within the Call for Proposals, but will not exceed one budget year. Previous Calls have typically specified a project period of nine months.\footnote{The regulations do not prevent a CSO from presenting more than one project.}
6. Fill in the work plan
   The projects are to be presented in a format standardized by the DSyETS (Table 5).\addtocounter{table}{-15}

\begin{table}[h]
\centering
\begin{tabular}{|l|l|l|l|l|l|l|l|l|l|}
\hline
   1. Title & 1.1. Technical support & 1.2. Relationship with the local AIDS program & 1.3. Provision of preventive supplies \\
\hline
   2. Local CSO & 2.1. & 2.2. & \\
\hline
   3. Local AIDS Program & 3.1. & 3.2. & \\
\hline
   4. Health service & 4.1. & 4.2. & \\
\hline
\end{tabular}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|c|c|c|c|c|}
\hline
   Activity & Month 1 & Month 2 & Month 3 & Month 4 & Month 5 & Month 6 & Month 7 & Month 8 & Month 9 \\
\hline
\end{tabular}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|l|l|l|}
\hline
   Objectives & Activities & Required supplies & Expected results \\
\hline
\end{tabular}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|l|l|}
\hline
   Activity & Month 1 & Month 2 & Month 3 & Month 4 & Month 5 & Month 6 & Month 7 & Month 8 & Month 9 \\
\hline
\end{tabular}
\end{table}

8. Budget: detail the amounts requested for each projected activity. The links between the proposed activities, inputs required for each and amounts requested, will be evaluated. Important note: the organization must provide its own resources equivalent to 25% of the requested budget.
7. *Receive technical evaluation*

The selection process consists of a technical review to verify that the CSO complies with the proposed requirements, an administrative review of the organization’s documentation and a budget allocation that evaluates the available funds. Different areas of the Ministry of Health of the Nation participate in this process. According to the Call for Proposals: “The technical evaluation will be led by consultants and external advisors to the DSyETS with a background and experience in the subject being evaluated. A panel will be called, which includes persons from local UNAIDS, PAHO and UNICEF offices.” Additional elements include monitoring, final report and rendering of accounts.\textsuperscript{31}

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Work history of the organization(s):</td>
<td>10</td>
</tr>
<tr>
<td>B. Relevance of the project with respect to the lines defined by the DSyETS: Does the project conform to the strategic lines defined for this Call for Proposals?</td>
<td>10</td>
</tr>
<tr>
<td>C. Articulation with the health system and jurisdictional programs: Does the project involve different actors that intervene in the local response to HIV, AIDS, other STIs, leprosy or tuberculosis? Has that involvement been formalized for the presentation of the project?</td>
<td>15</td>
</tr>
<tr>
<td>D. Feasibility and general project coherence: Can objectives be met within the proposed timeframe for the execution of activities? Are the proposed activities coherent with respect to the project’s objectives? Are the expected results adequate for the objectives and planned activities?</td>
<td>20</td>
</tr>
<tr>
<td>E. Objectives: Is the overall objective clearly defined? Are specific objectives consistent with respect to the general objective?</td>
<td>10</td>
</tr>
<tr>
<td>F. Timeline and activities: Are all activities needed to meet the project’s objectives included? Is the activity schedule properly defined? Are the estimated timeframes for each coherent and feasible?</td>
<td>10</td>
</tr>
<tr>
<td>G. Target population: Is the target population of the project’s activities defined and accurate? Is the definition of the target population consistent with the project’s objectives?</td>
<td>5</td>
</tr>
<tr>
<td>H. Expected results: Is the project’s expected result(s) described adequately?</td>
<td>10</td>
</tr>
<tr>
<td>I. Budget: Is there coherence between the objectives, activities and budget requested? Are required inputs and resources described adequately? Does the budget respect the established guidelines?</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
8. Implement and act upon the monitoring results
According to the Call for Proposals: “During the months of project implementation, DSyETS will carry out monitoring to evaluate the organizations, their main difficulties and, if necessary, the reformulation of the work schedule and planned actions.”

Monitoring is the responsibility of the governmental entity that allocates the funds (in this case the DSyETS) and is guided by the auditing standards of the Sindicatura General de la Nación (General National Syndicate). Each project that is accepted in the Call for Proposals develops its own monitoring plan, depending on the project.

9. Deliver final report
According to the Call for Proposals: “Within 45 days of the close of activities, the organization must submit a technical report, in writing, in compliance with the model defined by DSyETS.”

10. Accounting
Financial accountability must be made within 45 days after the close of activities. Documentation required is as follows (Table 7).

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Table 7. Documentation for accountability of projects funded with public financing through the DSyETS Call for Proposals

<table>
<thead>
<tr>
<th>Date</th>
<th>Voucher number</th>
<th>Type</th>
<th>Provider</th>
<th>Concept</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/10</td>
<td>4932</td>
<td>Invoice</td>
<td>Librería Gráfica</td>
<td>Bookstore expenses</td>
<td>$45</td>
</tr>
<tr>
<td>03/28/10</td>
<td>8031</td>
<td>Receipt</td>
<td>Juan Alberto Pérez</td>
<td>Volunteer travel expenses</td>
<td>$300</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

- The total must match the amount of the grant received.
- Invoices must be type B or C. In Argentina, B or C invoices are different billing instrument according to the issuer and the buyer.
- Receipts for payments to volunteers must have their signature, printed name, National Identity Document number (DNI) and address.

- A photocopy of all vouchers in the list must be attached, stating “this is a faithful copy of the original,” signed by the president and treasurer of the organization.
- Pages should be numbered.
- The organization must keep originals of all vouchers in case of an eventual Ministry of Health audit.

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16 There is currently no guide to the technical report, but it should contain all the information about the implementation of the work plan.
17 In Argentina, B or C invoices are different billing instrument according to the issuer and the buyer.
18 In practice, voucher originals are kept for 10 years, but there are no regulations that oblige that.
PARTICIPATION OF CSOs

The main method of stakeholder participation in public policies (including for public financing for CSOs) is through the Registro Nacional de Organizaciones de la Sociedad Civil vinculadas con la Salud (National Registry of Civil Society Organization linked to Health) which functions within the Ministry of Health. The CSOs in this registry “may be convened to promote their participation in the implementation of public policies, generating institutional spaces of intersectoral articulation; to promote and encourage their participation in different areas of the Ministry, especially in campaigns for disease prevention, health promotion and protection directed at the community; to collaborate in organizational strengthening activities related to their capacity for action, management and responsible work, through training and communication actions.” In order to register, a CSO must have a Constitutive Act (with information about the current governing body) which is certified by a public notary, and a CUIT.

The registry depends on the Dirección Nacional de Relaciones con la Sociedad (National Directorate of Society Relations), which is part of the Ministry of Health, that coordinates and defines administrative acts related to CSOs. Registration is voluntary; participating CSOs can be called to take part in different decision-making processes, and thus influence the decisions of the state including budget development. Registration is free. There is no requirement that CSOs be registered in order to receive funds.

In addition, to support the engagement of civil society more generally, there is the Centro Nacional de Organizaciones de la Comunidad (National Center for Community Organizations – CENOC), created in 1995 as part of the Ministry of Social Development of the Presidency of the Nation, which is under the Ministry of Social Development of the Nation. CENOC actions are the following:

- “Set up a support network of collaboration and assistance among community organizations, giving them greater capacity to participate in the elaboration and execution of national, provincial and/or municipal social policies;”
- “Provide technical assistance to jurisdictions and organisms and facilitate the relationship between existing Civil Society Organizations and multilateral aid organizations, creating channels of communication and exchange”; and
- “Carry out accreditation and categorization of Civil Society Organizations.”

The CENOC regulates the database where CSOs are registered in order to give visibility to their work, and to offer an opportunity to “participate in an articulated manner in plans, programs and projects promoted by the Nation aimed at the advancement of policies of inclusion and social development.” According to CENOC’s lines of action, this includes coordinating spaces and meetings with Ministries that focus on CSOs, and support to the provincial and municipal governments in shaping their areas of community organization.

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19 The aforementioned CSO database is separate from the National Registry. The National Registry of Civil Society Organizations is only for the Ministry of Health. The CENOC is older and works in the Ministry of Social Development.
Additionally, some provincial and municipal initiatives are aimed at CSOs, such as those that exist in the Autonomous City of Buenos Aires or the city of Rosario in the province of Santa Fe. They are municipal or provincial support programs for CSOs.

**PARTICIPATION OF BENEFICIARIES**
Some members of key populations have participated in the development of the National Strategic Plan for HIV/AIDS, STIs and Viral Hepatitis 2013-2017 as members of PLHIV groups and networks, and thus sought to influence public policies on HIV. Through their participation, they defined strategies to accompany, encourage, strengthen, promote and disseminate the work of civil society organizations. These strategies were defined as “alliances, financing and support for their actions and work.”
There are several measures in place to assure that CSOs have the capacity they need in order to apply for and implement publicly funded projects. As part of the Call for Proposals, the DSyETS offers technical support to organizations in need for the preparation of projects.

In addition, the Chief of the Cabinet of Ministers has an online “Guide for Civil Society Organizations” that aims to promote citizen participation and collaboration, strengthening the institutional capacity of CSOs. It offers a consolidated place where CSOs can find specific information on:

- Financial support: related to financing such as Calls for Proposals, prizes, subsidies, contests, scholarships, loans, and more;
- Technical support: technical assistance and equipment;
- Citizen Participation: different instances of citizen participation, such as events, meetings, dialogue and work tables, public consultations, volunteer actions and institutional sponsorship;
- Training: training, courses and workshops aimed at CSOs and their beneficiaries; and
- Beneficiary support: complementary resources for CSO beneficiaries.

CSOs can browse or perform specific searches according to their needs and interests and will find brief descriptions of programs/actions and their own page with specific information. There is a link dedicated to “Trainings,” where updated offers of trainings, courses and workshops for CSO or beneficiaries are listed.

Since the end of 2015, the new government has promoted training for Civil Society, offering greater opportunities to CSOs to receive capacity building through a variety of institutions.

Apart from government institutions, the Red Argentina para la Cooperación Internacional (Argentine Network for International Cooperation – RACI), which is made up of more than 130 CSOs, including those working on HIV, aims to strengthen CSOs through workshops. The workshops are free to CSOs and seek to advance their capacity to access international resources and those from other social investors. They include processes, tools, and pedagogical mechanisms to make searching for resources more effective, foster organizational links, stimulate the exchange of good practices, and increase awareness of how to influence international cooperation.

To promote advocacy, RACI offers monthly Partner Meetings and Breakfasts with Donors. Monthly meetings are held on a rotating basis between the partner organizations’ headquarters and are opportunities for members (of the CSOs) to interact with various actors involved in development assistance. In the breakfasts, agents of the joint CSOs participate with representatives of embassies, cooperation agencies, multilateral organizations and international foundations (public and private) that work in the country and the region. Thus, RACI acts as a bridge between actors to promote the exchange of strategies “within the framework of a dynamic internal political context.”

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20 For a list of current offers, you can consult the page: https://www.argentina.gob.ar/guiaCSO/buscador.
RESULTS & IMPACTS OF PUBLIC FINANCING TO CSOs

There have been no studies which specifically link any quantitative changes in HIV epidemiology to CSO interventions; it is important to note that this does not mean that there has been no impact as a result of CSO interventions, but simply that there is no documentation of such.

Overall, there is recognition that CSO have contributed to the advances in the national response.

The HIV epidemic has stabilized in Argentina “thanks to advances in the national response and the commitment of multiple actors from the public sector and civil society. Sustained prevention actions, as well as improvements in access to diagnostic tests and treatments, including the use of rapid tests and the simplification of antiretroviral regimens, has made it possible to stabilize the incidence of infection and improve the living conditions of thousands of people affected by the virus. In turn, progress on human rights and gender equality, together with the incipient implementation of the Law on Comprehensive Sexual Education, contributed to generating a context that favored the reduction of stigma and discrimination and improved access to health services for the most vulnerable groups.”
Argentina has adequate legal and regulatory frameworks to support the contracting of CSOs, and despite fluctuations in sources of financing, the government remains committed to improving systems, processes and laws related to public financing of CSOs.

Government authorities and CSOs have a good relationship in general, which facilitates informal communication that can sometimes help to “unblock” bureaucratic stalemates, and the State recognizes the importance of the role of CSOs in the response to HIV. Calls for proposal are aligned with the National Strategic Plan, which reinforces the critical role of civil society in realization of the Plan.

However, cyclical economic and political crises, as well as devaluation of the local currency, has a serious impact on the development of Calls for Proposals, awards and execution of CSO-led projects. Changes in government affect the continuity of programs, generating a permanent “revisionism” effect, which slows down procedures. With no designated line item in the budget to assure the financing of services provided by CSOs, the services they provide are particularly vulnerable to being cut during financial crises and political reorganization.

Additionally, the distance between governmental institution expectations and the reality of how projects operate on the ground creates incompatibility on the part of the government that organizations find difficult to comply with. Many CSOs need legal and accounting advice to meet the requirements which accompany public financing. The requirement to open a bank account for each individual project (specifically an account in a bank that is a member of the Treasury’s single accounting system, can be restrictive and hinder access for some smaller CSOs).

Furthermore, there are limitations to the current system, which does not provide core funding costs to support administrative, financial or other operating costs, and which funds projects for only nine months out of the year. Therefore, CSOs must engage in complementary fundraising (a requirement further enforced by the need to contribute a 25% match to public funds), and cannot depend on government funding to provide continuous services. Sometimes slow processing of proposals and disbursement of funds can further exacerbate the 3-month gap between awards – creating significant risk for individuals left without services. The lack of reliable funding opportunities also further compounds shortages of civil society capacity, as many organizations and their staff are forced to work part-time for some portions of the year, and therefore have even more limited capacity to devote to fundraising when opportunities for public financing arise.
It is clear that CSOs play a fundamental role in the provision of services, counseling, awareness, consulting and research in Argentina, without which it would not be possible to reach key populations with treatment and follow-up. Argentina has developed a system through which public financing can be directed to CSOs to deliver these elements. However, economic and political volatility mean that this system is not regularly or adequately funded.

Therefore, while public financing for CSOs is a necessary element which both allows delivery of key services and also supports coordination between government and civil society actors, financing at the levels and regularity provided in Argentina are not insufficient for assuring delivery of adequate services and for sustaining a functional civil society. As a result, CSOs in Argentina do not rely exclusively on public financing, and seek to diversify their resources, while actively participating in calls for public financing whenever they are available.

Countries wishing to learn from the Argentinian experience may choose to build on the positive elements of government collaboration and a clear system of Calls for Proposal and selection and monitoring of awardees, but are advised to consider issues of regularity and continuity of funding in order to overcome some of the challenges which continue to be face by this country.
## ANNEX 1.
### Legal Frameworks Supporting State Financing of CSOs

#### Legal frameworks for public financing actions

<table>
<thead>
<tr>
<th>Relation to Public Financing</th>
<th>Law</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Health Services Are Funded:</strong></td>
<td><strong>Ley de Contabilidad y Organización del Tribunal de Cuentas de la Nación y Contaduría General Decreto</strong> (Law on Accounting and Organization of the National Accounts Tribunal and General Accounting Office) Law No. 23.354 Passed in 1956</td>
<td>Creates a financial accounting framework, based on which the National budget is approved annually. The Law provides a necessary legal framework for all spending at the national level.</td>
</tr>
<tr>
<td>Including the legal frameworks by which the state is obliged to provide a certain set of services to its populace, which provides the foundation for outsourcing some of these services to CSO providers.</td>
<td><strong>Ley de Obras Sociales</strong> (Insurance Plans Law) Law No. 23.660 Passed in 1988</td>
<td>Obligates the availability of social insurance plans (Obras sociales) to the Programa Médico Obligatorio (Compulsory Medical Program – PMO). The PMO is a set of benefits through which beneficiaries have the right to receive certain medical assistance. The insurance plan must provide PMO and other mandatory coverage benefits, without gaps, conditions or admission tests.</td>
</tr>
<tr>
<td><strong>Ley de Prepagas</strong> (Prepaid Law – Private Health Insurance) Law No. 26.682 Passed May 4, 2011</td>
<td><strong>Ley del Sistema Nacional del Seguro de Salud</strong> (Law of the National Health Insurance System) Law No. 23.661 Passed in 1989</td>
<td>The Prepaid Law requires companies to provide the same benefits as Insurance Plans do. The norm has a regulatory decree (588/2011) that indicates the conditions of implementation of benefits mentioned in the law. Provides for the creation of the National Health Insurance System.</td>
</tr>
</tbody>
</table>
### Prestaciones Obligatorias para las Obras Sociales
(Mandatory Benefits for Insurance Plans)
- Law No. 24.455
- Passed in 1995
Includes the requirement for Insurance Plans to dispense medical, psychological and pharmacological treatments for people with HIV and HIV and drug dependence prevention programs.

### Prestaciones Obligatorias para la Medicina Prepaga
(Mandatory Benefits for Prepaid Medicine Law)
- Law No. 24.754
- Passed in 1996
Incorporates care for people with HIV by private health insurance, known as Prepaid Medicine.

### Marco Regulatorio de Medicina Prepaga
(Regulatory Framework of Prepaid Medicine)
- Law No. 26.682
- Passed in 2011
The central objective of this standard is to equate prepaid medicine with insurance plans, expanding their coverage; they must include the current PMO in health care coverage plans, in accordance with the Ministry of Health of the Nation resolution and the System of Basic Benefits for Persons with Disabilities provided by Law 24.901.

### 2018 National Budget
- Law No. 27.431
- Passed in 2017
Budget items are generated by ministerial sector, not by social actor. As a result, CSOs do not have specific line items. If there are health expenditure line items, ministries can disaggregate the corresponding expense according to the health plan to be executed.

### Which Services Are Obligatory:
Includes laws which define the HIV services to which the State is obligated to provide access, as well as rights-related protections, which provide a foundation for outsourcing specific services, delivered via CSOs.

### Ley Nacional de SIDA
(National AIDS Law)
- Law No. 23.798
- Passed in 1990, regulated in 1991 by Decree 1244/91
Grants access to health care in the area of HIV/AIDS. In accordance with the principles of the National Constitution of equality and autonomy, declares the fight against the HIV/AIDS virus of national interest, promotes research, detection, access to diagnosis and treatment and the education of all people; requires people to treat PLHIV with respect, dignity and non-discrimination; establishes that norms be interpreted as to avoid marginalization, humiliation, and degradation and to respect privacy. It contains the definitions of:
**Informed consent:** the person’s access to clear information about their health status, treatment proposals and risks that may occur in the case they reject treatment, ensuring decisions are made consciously and with the necessary information.

**Confidentiality:** PLHIVs’ information shall be protected; the people who handle this information must keep it safe, except in the case of patient authorization or court order.

**Prevention:** The National, Provincial or Municipal government must educate the population about preventing the transmission of HIV. The responsible use of condoms and information-based communication are the fundamental direction of prevention.

This law is federal, so all provinces must conform to these standards.

There is a project seeking to reform the law, though it hasn’t yet received parliamentary attention. The Ministry of Health and a group of CSOs that work in HIV agreed on a preliminary draft to modify the law that incorporates a focus on human rights, among other issues. That assumes that treatment does not mean simply taking medication. The project also includes the incorporation of viral hepatitis and STIs into the text.

| **Obligatoriedad del Ofrecimiento de la Prueba Diagnóstica del VIH** (Mandatory HIV testing) |
| Law No. 25.543 |
| Passed in 2001 |

Requires diagnostic HIV testing for all pregnant women.

| **Programa Nacional de Salud Sexual y Procreación Responsable** (National Sexual Health and responsible procreation program) |
| Law No. 25.673 |
| Passed in 2003 |

Aims to reach the highest level of sexual health so that people can make decisions free of discrimination, coercion or violence; decrease maternal-infant mortality; and prevent unwanted pregnancies.
Requires that diagnostic testing and comprehensive treatment be included in PMO coverage, within the nomenclature of medical and pharmacological practices.

*Programa Nacional de Salud Sexual y Procreación Responsable*  
(National Mental Health Law)  
Law No. 26.657  
Passed in 2010  
Regulated in 2013

Article 4 of the National Mental Health Law states: “Addictions must be addressed as an integral part of mental health policies. People with problematic drug use, both legal and illegal, have all the rights and guarantees established in this law in relation to health services.”

<table>
<thead>
<tr>
<th>Who Has the Right to Services:</th>
<th>National Constitution 1853/50 (The 1994 reform incorporates the Human Rights treaties)</th>
<th>After the 1994 constitutional reform, the right to health is constitutionally recognized by the inclusion of the:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes legislation which guarantees rights to all individuals, and protect from discrimination, which provides the foundation for CSOs to be contracted for rights-related services with certain populations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| *Ley de Protección Integral de los Derechos de las Niñas, Niños y Adolescentes* (Law for the Integral Protection of the Rights of Girls, Boys and Adolescents)  
Law No. 26.061  
<p>| The law guarantees rights by categorizing them as human rights. Protection is comprehensive and ensures human development in childhood and adolescence. This includes the right to health and free medical treatment. |  |  |</p>
<table>
<thead>
<tr>
<th>Law Title</th>
<th>Summary</th>
</tr>
</thead>
</table>
| **Ley de Protección Integral de los Derechos de las Niñas, Niños y Adolescentes**  
(Patient Rights Act)  
Law No. 26.529  
Passed in 2009 | This law establishes patients’ rights in regard to their relationship with professionals and/or health institutions, and its focus is comprehensive health protection from a Human Rights approach.  
It broadens the concept of Informed Consent by requiring it in all previously described relationships and explains the ways to grant it, the moment it’s applied, and its revocability. It defines and grants the patient the right to demand Clinical History from a professional when necessary. Although it is a national law, it acts as a framework law for penalties for non-compliance and the free nature of processes in case of sanctions. |
| **Ley de Protección Integral a las Mujeres**  
(Law for the Integral Protection of Women)  
Law No. 26.485  
Passed in 2009, Regulated in 2010 | The law seeks to prevent, punish and eradicate violence against women in interpersonal relationships. |
| **Ley de Matrimonio Civil**  
(Civil Marriage Law)  
Law No. 26.618  
Passed en 2010 | Known as the Law of Equal Marriage, recognizes the right to marriage between people of the same sex nationwide. |
| **Ley de Identidad de Género**  
(Gender Identity Law)  
Law No. 26.743  
Passed in 2012 | Establishes gender identity rights. Trans people (transvestites, transsexuals and transgender people) can register with the name and gender of their choice. All medical treatments for the adaptation to gender expression must be included in the **PMO**, which guarantees coverage throughout the health system, both public and private. |
### ANNEX 2: Fundación Huésped Case Study

#### BASIC INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Fundación Huésped (Huesped Foundation)</th>
<th>Nexo Asociación Civil (NEXO Civil Association)</th>
</tr>
</thead>
</table>

| Location | Gianantonio, Carlos Dr. (ex Pje. Peluffo) 3932 (C1202ABB) <br>Ciudad Autónoma de Buenos Aires – Argentina  <br>Tel/Fax: (5411) 4981 7777 <br>info[at]huesped.org.ar <br>0 800 222 HUESPED (4837) | Avda. Callao 339 A y B – Ciudad Autónoma de Buenos Aires – Argentina  <br>Toll-free line for the entire country: 0800 345 6396  <br>Testing Center: Tuesday and Thursday from 4:30 p.m. to 8 p.m.  <br>Email: info[at]nexo.org |

| Mission/Vision | Mission: Develop scientific investigations and actions for prevention and access to health to reduce the impact of disease, with a focus on HIV/AIDS, viral hepatitis, diseases that are preventable by vaccines and other communicable diseases, as well as sexual and reproductive health.  <br>Vision: We work for a society free of stigma and discrimination in which all people can access health care in an equal way and where public policies are based on scientific evidence. | Mission: Improve the quality of life of Sexual Minorities.  <br>Objective: Promote and defend the civil rights of homosexual people and protect their physical and mental health.  <br>Specific objectives:  <br>• Primary and secondary prevention of HIV infection and other sexually transmitted infections (syphilis, gonorrhea, herpes, HPV, etc.).  <br>• Provide health care that reflects the particular characteristics of homosexual culture (gay health).  <br>• Healthy homosexual identity (prevention of pathologies associated with discrimination and difficulties in accessing the health system) and fight against homophobia.  <br>• Equality of civil rights with the rest of the population.  <br>• Fight against discrimination and/or intolerance due to sexual orientation or health status. |
### Background

**Fundación Huésped** is an Argentine organization with regional scope that works in public health from a human rights perspective and is focused on HIV/AIDS, other communicable diseases and on sexual and reproductive health. It was created to provide an organic channel of solidarity for those who sought Infectious Disease Services at the Fernández Hospital of the Autonomous City of Buenos Aires.

Roberto Jáuregui, the first Argentine with HIV to make his condition public and a leading figure in the response to the epidemic, soon began working to support the Foundation. In 1990 and 1991 he was the face of the Foundation’s public campaign, generating sizable growth. The Argentine Advertising Council proposed a campaign on AIDS and in 1992, Huésped provided telephone operators who attended more than 200 calls per day as part of the campaign. Roberto died in 1994 and, in his honor, the Foundation led the construction of the Roberto Jáuregui Day Hospital, which was donated to the Fernández Hospital. Since then, it has been the site of the Infectious Disease Division.

At the time, many groups were formed that served people affected by HIV. Many of these organizations disappeared; those that remain make up the **Comunidad Homosexual Argentina** (Argentine Homosexual Community).

Dedicated to the fight against discrimination, they launched NEXO Magazine in November 1993 (which was renamed “NX gay journalism for all” a year later), a monthly publication aimed at the homosexual community. Beginning with its first issue, it includes the Dossier NX (+), dedicated to the dissemination of opinion pieces and informational articles related to HIV/AIDS. The magazine reaches a high degree of acceptance within the Homosexual Community until December 2001, the year of a serious political and economic crisis in Argentina, which forces to magazine to suspend publication. The magazine had 29,000 readers throughout the country and also in Santiago de Chile, Asunción del Paraguay, Lima, Montevideo and Quito.

In 1995 the **Programa de Acompañamiento Asistencial** (Assistance Program) was created, specifically dedicated to HIV/AIDS prevention and care, which evolves into what is now Nexo, the only health center in the country specifically aimed at the LGBT community. From that moment on it provided the Positive Information Line and the Antiretroviral Drug Bank.

### Date founded as a CSO

<table>
<thead>
<tr>
<th>Date founded as a CSO</th>
<th>Nexo is a non-profit Civil Association created in 1992 by a group of friends who aimed to organize a service aimed at the LGBT population. The association obtained its legal status No. 269/94 through the IGJ in 1996.</th>
</tr>
</thead>
</table>

### Number of staff (part time, full time, etc.)

<table>
<thead>
<tr>
<th>Number of staff (part time, full time, etc.)</th>
<th>The association does not have contracted personnel, only volunteers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 people</td>
<td></td>
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</tbody>
</table>

### Number of volunteers

<table>
<thead>
<tr>
<th>Number of volunteers</th>
<th>30 part-time volunteers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The association has volunteer agreements and the relevant insurance for 11 people.</td>
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</table>

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A few years later, in 1997, and thanks to a private donation from the family and friends of Roberto Lebach, the Foundation inaugurated its own headquarters, which allowed for growth in the areas of information, education, prevention and the provision of services to people living with HIV, as well as scientific, social research and human resources activities in health. In those years, the Highly Active Antiretroviral Treatment brought new possibilities in early detection and treatment.

*Huésped* has never served one specific population, which differentiates it from other CSOs working on the issue. The Foundation has had a big impact in Latin America. For example, “#Donde” is a geo-locator in Argentina for condom distribution centers and more. It has also trained other organizations.

To diminish the incidence of delayed diagnosis, *Huésped* focused on testing, especially of pregnant women, to avoid transmission to their babies, as one of its main prevention and communication objectives.

Working with populations that are vulnerable due to their socio-economic condition has been the pillar of *Huésped’s* work since the beginning of 2002. Hundreds of projects in dozens of municipalities in greater Buenos Aires, the City of Buenos Aires and other localities across the country treat HIV within the framework of sexual and reproductive rights together with other problems facing vulnerable populations.

**Projects/Programs**

<table>
<thead>
<tr>
<th>It has 11 ongoing projects aimed at strengthening the sexual and reproductive rights of young people, such as access to justice for people with HIV and the prevention of vertical transmission in different cities of Argentina; as well as clinical studies in people with HIV.</th>
<th>Nexo’s volunteer staff is made up of journalists, lawyers, doctors from various specialties (clinicians, infectious disease and psychiatrists), social workers and social psychologists. It includes a group of psychologists specialized in the care of homosexual patients and in HIV/AIDS. Within the team, there is a permanent space for training in HIV/AIDS. As of 2008, Nexo operates an International Independent Ethics Committee (IRB00005349 - Nexo AC IRB #1 - Biomedical - FWA00010341). Since 2010, free training is offered within the framework of the Continuing Education Program of the Ministry of Labor and Social Security and with the Social Development Department of the Government of the Autonomous City of Buenos Aires.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Free Pre and Post HIV testing (with blood samples for analysis in the institution’s own offices).</td>
<td></td>
</tr>
<tr>
<td>• HIV and Sexuality Information Line (“Positive Line”) open to the entire population.</td>
<td></td>
</tr>
<tr>
<td>• Free drug bank, open to the entire population, with a permanent stock of antiretrovirals.</td>
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</tr>
<tr>
<td>• Access to counselors at the institution’s headquarters via a toll-free telephone line (0800).</td>
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</tr>
</tbody>
</table>
• Offices specializing in sexual health, clinical medicine, infectology, dermatology, proctology, social service, nutrition, etc.
• Psychological and psychiatric office (specialized in LGBT patients).
• Counseling professionals: Gay psychotherapists.
• Experiential workshops for PLHIV, coordinated by peers.
• AIDS Information Workshops, open to the entire population.
• Reflection groups/workshops for gays, lesbians, etc.
• Therapy groups for sex addicts.
• Art, Photography and Theater-Therapy Workshops.
• Therapeutic and experiential groups for serodiscordant couples.
• Free distribution of condoms and lubricants in meeting places provided by the Government of the Autonomous City of Buenos Aires AIDS Office.
• Advice and Training for other NGOs and private and state institutions on legal and organizational topics.
• Research in the fields of health and sexuality.
• “NX arte,” semi-annual exhibitions of small format works by renowned artists from Argentina (nexo.org/nxarte.php and nxarte.blogspot.com).22
Important results

Among achievements identified by interviewees are communication campaigns carried out by the Argentine Advertising Council in 1992 and 1995 that gave Huésped great visibility in media, TV and radio. The construction in 1994 of the Roberto Jáuregui Day Hospital at the Juan A. Fernández Hospital is also noteworthy. It remains the most important economic project in HIV-AIDS made by civil society for the benefit of a public hospital. Likewise, the annual TV programs that Huésped organizes on Channel 13 (Argentinean television) reach millions of people.

Among the milestones that contributed to its national and international impact:

• 1998: Organized the 1st meeting of people living with HIV that gave rise to networks of people living with HIV in Argentina. The Foundation’s Free Integral Legal Service on HIV AIDS was organized.

Free Pre and Post HIV testing (with blood samples for analysis in the institution’s own offices). Project in conjunction with the Instituto de Investigaciones Biomédicas en Retrovirus y SIDA (Institute for Biomedical Research in Retroviruses and AIDS) that depends on the Consejo Nacional de Investigaciones Científicas y Técnicas (National Council of Scientific and Technical Research) and the University of Buenos Aires; with the Office of Sexual Health, AIDS and STIs of the Government of the Autonomous City of Buenos Aires.

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Test Rápido de VIH
- En 20 minutos conocés tu serología
- Gratuíto y confidencial

NEXO Salud
Nexo Asociación Civil
Avda. Callao 339 6° piso
0800-345-6396
info@nexo.org - www.nexo.org
<table>
<thead>
<tr>
<th>Important results</th>
<th>(No information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2006: Dr. Pedro Cahn, Huésped Scientific Director, was elected President of the International AIDS Society. The first from a peripheral country.</td>
<td></td>
</tr>
<tr>
<td>• 2009: Fundación Huésped coordinated the Iniciativa de Medios Latinoamericanos sobre el Sida (Latin American Media Initiative on AIDS) that brought together TV channels in the region in response to HIV.</td>
<td></td>
</tr>
<tr>
<td>• 2013: The Gardel study, conducted by Huésped, found that the use of two drugs in HIV treatment was just as effective as three. The research was published by the British magazine The Lancet.</td>
<td></td>
</tr>
<tr>
<td>• 2017: Huésped presented the results of the Andes study at the 2017 International AIDS Society conference. The research indicated that antiretroviral therapy could be made much cheaper and simpler: two drugs could achieve the same effect as the three drugs most commonly used.</td>
<td></td>
</tr>
</tbody>
</table>

### FINANCIAL INFORMATION

#### Historical budget for the last 5 years

It finances its activities through donations, special events, collaboration with companies and support for specific intervention and research programs by national agencies and through international cooperation. All services offered are totally free for beneficiaries. The Foundation has received financing from the pharmaceutical industry. “We are interested in complementarity with the State, we accept financing, but don’t lose our independence.”

Financed by the cost of services at 50% of the market value, although it also offers free services.

30% of money raised goes to the organization. When billing for services, money can be categorized as a donation, according to advice received from the AFIP.

The following supplies are provided by the Office of Sexual Health, AIDS and STIs of the Government of the Autonomous City of Buenos Aires: reagents, condoms and informational material.
People who are treated by Nexo receive antiretrovirals at the Ramos Mejía Hospital, which also depends on support from the Autonomous City of Buenos Aires. The National Immunization Program and the Office of Sexual Health, AIDS and STIs provides vaccines against the human papilloma virus, influenza and pneumonia.

The Institute of Biomedical Research in Retroviruses and AIDS, which is supported by the National Council of Scientific and Technical Research and the University of Buenos Aires, has a longstanding collaboration with Nexo and currently provides disposable material for rapid testing. This generally occurs within of the framework of a research project for a doctorate or postdoctoral fellowship that includes the purchase of laboratory materials. Instead of buying the materials for the institute they are sent to Nexo.

The best experience with international funding was support for collaboration in research from the National Institutes of Health of the United States of America for five years. This financing model was most useful to Nexo.

### % of budget that is public financing

According to data provided, percentages of public financing vary significantly by year. The percentage of the annual budget was obtained from data on public financing and international funding to Fundación Huésped between 2013 and 2015.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>4.7%</td>
</tr>
<tr>
<td>2014</td>
<td>41%</td>
</tr>
<tr>
<td>2015</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

The main organizations that granted public financing in those years were the Government of the Autonomous City of Buenos Aires and the National Ministry of Science, Technology and Productive Innovation.

(No information)
According to information published by the Foundation on its website, it received $66,927,020 ARS ($2,442,836 USD) between July 2016 and July 2017, outside of public financing.

In the last 5 years (until 2017) they received contributions from the Ministry of Science, Technology and Productive Innovation through a subsidy for institutions that carry out research activities, representing 30% of the annual fee to rent the Nexo headquarters.

Nexo has institutional ties that facilitate the maintenance of activities related to testing and care of HIV patients in terms of professional collaboration and/or materials, but not with financial contributions.

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21  www.huesped.org.ar/como-nos-financiamos/balance
### Limitations to accessing public financing

(No information)

In 2017, they did not apply for funding from the Government of the Autonomous City of Buenos Aires. Although the proposal was open to almost any intervention, Nexo knew the government would prioritize social interventions for the general population, and especially for people in poverty.

On the other hand, the Autonomous City of Buenos Aires funding is based on the use of funds. For example, payment for teaching activities would equal 50% of teaching time in any public body; payment for a project coordinator is not allowed, nor are administration costs (for more than one part-time employee), even though the financing involves a significant number of coordination meetings and a significant amount of administrative work. To Nexo, the public financing offered does not justify all the institutional effort required.

### Other relevant information

For the year 2020, the organization proposes the following:

- To be a leading organization at the national level – while also looking regionally and internationally – as a benchmark in the areas of public health from a human rights perspective, focused on HIV/AIDS, other communicable diseases and on sexual and reproductive health.
- To be a leading organization in political advocacy; clinical, epidemiological and social research; training and skills transfer; and in communication. It will do this through strategic alliances with civil society, the state, the private sector and academia.

Some of the areas where results have not been achieved as expected are:

- There is no other organization like Nexo in Argentina, although there have been attempts to organize in the cities of Córdoba and La Plata. It hasn’t been possible to replicate this model of work in another part of the country.
- The organization has not been able to carry out research protocols due to its infrastructure and human resources.
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