

TRANSITIONING FROM DONOR SUPPORT HIV & TB PROGRAMMES IN EASTERN EUROPE & CENTRAL ASIA:

CHALLENGES & EFFECTIVE SOLUTIONS



The TB and HIV epidemics represent a serious threat to public health in the Eastern Europe and Central Asia (EECA) region. Europe has the fastest growing HIV epidemic and the highest rates of MDR-TB in the world.

As the economies of the region are growing, countries in EECA are gradually becoming ineligible for development assistance, including donor support to their health systems. **Many countries in EECA substantially rely on international funding to tackle specific diseases, including HIV and TB. External donor funding is still very often the only source to finance programmes targeting vulnerable groups and key affected populations.** Funding for harm reduction programmes in many cases comes from the Global Fund exclusively.¹ Similarly, many countries in the region still heavily rely on the Global Fund to provide second-line TB drugs.² This situation is raising concerns that funding gaps may not be met by increases in domestic funding, putting at risk the progress made so far in the TB and HIV response.

HIV IN EUROPE

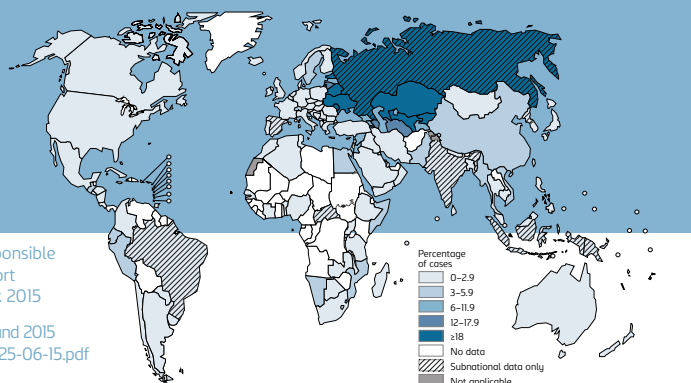
In 2013 there were
80% MORE
new HIV cases
compared to 2004



PERCENTAGE OF NEW TB CASES WITH MDR-TB

Source: Global Tuberculosis Report 2015

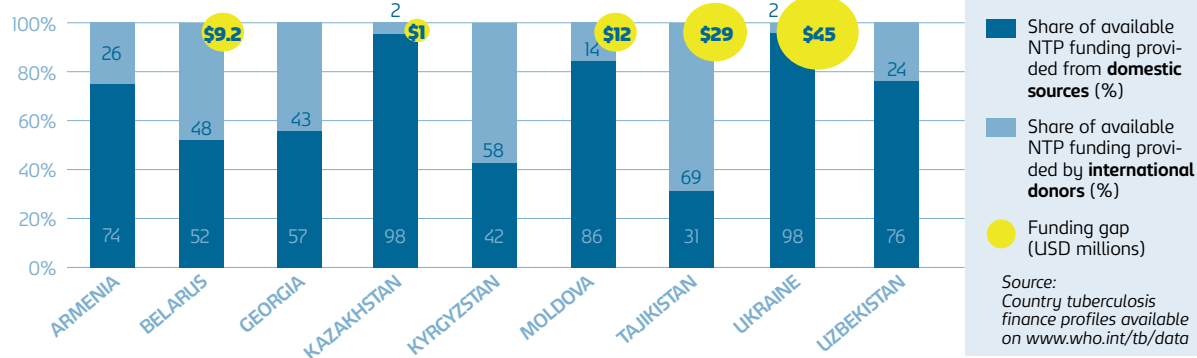
Figures are based on the most recent year for which data have been reported, which varies among countries. Data reported before the year 2000 are not shown.



¹ Situation Study of Sustainability planning and readiness for responsible transition of harm reduction programs. From Global Fund support to national funding in EECA, Eurasian Harm Reduction Network 2015

² Global Fund EECA investment guidance "reality check", The Global Fund 2015
http://stoptb.org/assets/documents/news/GF_Sustainable_impact_25-06-15.pdf

INTERNATIONAL VS. DOMESTIC FINANCING OF NATIONAL TB PROGRAMMES & THE FUNDING GAPS



In addition to the catastrophic human cost, the economic burden of MDR-TB is rising. Despite high drug prices, the European region has some of the lowest treatment success rates for MDR-TB in the world. Patients and governments – often the poorest and most vulnerable, cannot afford to pay, instead often opting for sub-standard treatments, fueling resistance. With donor support fading, it is critical that investment in drug-resistant TB is not only maintained but scaled up. With anti-microbial resistance (AMR) and global health security high on the European and International political agenda, the opportunity to make the link between AMR and TB cannot be missed. Coherent political strategies across the development, research and health sectors must be developed urgently.

**VALUE FOR MONEY:
INVESTING IN MDR-TB
A NO BRAINER**

SUSTAINABILITY OF INVESTMENTS: THE IMPORTANCE OF TRANSITION PROCESSES

While we agree that in theory Middle Income Countries (MICs) may have the ability to fund their own responses, in practice that doesn't always mean they are willing or ready to pay. It is in donor's interest to protect the investments made so far, therefore serious attention should be paid to transition processes. **There is a need for sustainable transition to domestic funding, ensuring that TB and HIV programmes will be effectively continued, and more importantly scaled up, after the withdrawal of international donors, with national governments taking the responsibility and ownership of the response.** Transition is a complex process and demands significant

As the only airborne drug-resistant infection, tuberculosis is amongst the most threatening of drug-resistant infections to global public health.

Drug resistant tuberculosis (DR-TB) occurs when TB is unresponsive to standard first-line drugs. Costing up to **200 times³ more than standard TB treatment** means its economic impact can be devastating. Despite these high prices, **DR-TB treatment is only effective in 50% of cases** with the worst forms (Extensively Drug Resistant, or XDR-TB) displaying success rate as low as 11%. Current treatment has terrible side effects such as blindness, deafness, or psychosis, making treatment course difficult to complete and thus in turn fueling the resistance epidemic. **Rates of drug-resistant TB among new TB patients are at the highest in the world in Eastern Europe and Central Asia with 15 of the 27 DR-TB high burden countries globally in the WHO Europe Region.**

The numbers are enormous. It is estimated that by 2050, one in four AMR deaths will be from MDR-TB at a cost to the global economy of at least \$16.7 trillion.

This could be responsible for reducing global GDP by 0.63 percent – the equivalent of the entire current annual economic output of the European Union. **The impact on Europe will be significant with DR-TB responsible for an additional 2.1 million deaths in the continent by 2050 at an economic cost of \$1.1 trillion.**

structural adjustments, effective planning, implementation and monitoring. All this requires long-term planning, as well as additional and more effective use of resources.

Transition and sustainability is not only an issue in Eastern Europe and Central Asia, nor is it linked only to health. If we are serious about the international agenda of the Sustainable Development Goals, then **Governments, donors, technical agencies, multilateral agencies and civil society organisations all have a shared responsibility to ensure no-one gets left behind during transition processes.**

³ The cost per patient treated for drug-susceptible TB in 2014 was in the range of 100-1000 \$. For MDR-TB the cost for patient treated ranged from an average 6.826 \$ to 21.265\$, with highest costs in countries of the former Soviet Union. Source: Global Tuberculosis Report 2015, World Health Organisation.

DEFINITIONS⁴

Transition

process of moving away from direct donor support by developing mechanisms to manage health programs, practices or interventions in a sustainable way.

Sustainability

capacity of a country to independently manage its disease-specific programs in the long-term without interruption or compromising quality by developing a sense of programme ownership.

⁴ Transition and Sustainability of Global Fund Supported Programmes. Synthesis Report of Selected Country Case Studies and Review, Curatio International Foundation 2015

THE CHALLENGES:

WHAT MAKES TRANSITION BOTH EFFECTIVE & RESPONSIBLE ?

READINESS OF THE COUNTRY: NEED FOR ADEQUATE PLANNING

COUNTRIES NEED TO HAVE EFFECTIVE & SUSTAINABLE TRANSITION PLANS IN PLACE

- **PREDICTABILITY OF TRANSITION:** countries need predictability of transition timelines. A minimum of 6 years notice must be given before a donor withdraws funding. Transition process should start at the latest at the signing of the last grant.
- **INVOLVEMENT OF ALL STAKEHOLDERS:** transition plans should be developed engaging all interested actors including key affected populations, international donors, national governments, technical partners, civil society.
- **EFFECTIVENESS OF TRANSITION PLANS:** plans should be legally binding and fully financed. Responsible bodies should be appointed by national authorities to coordinate and lead the transition.
- **NEED OF GUIDANCE:** international donors and technical partners should provide effective political and technical guidance to countries to navigate all phases of the transition successfully.

The Global Fund supported its last project in the country from 2003 to 2006:

Scaling-up HIV/AIDS response in Croatia. Well before this date, Croatia already had a well institutionalised national HIV response mechanism with established governance structures and a strong involvement of CSOs.

Many components of the HIV response were already funded with domestic resources since 1998. For example, antiretroviral therapy was already available, fully financed by the government and free of charge for all people living with HIV in need. Without an urgent need for scale up of HIV drugs or tools in the country, this enabled the final Global Fund project to focus on facilitating transition processes towards domestic financing.

As a consequence: **ten years after the end of the last Global Fund project in Croatia, the country succeeded in not only sustaining the status quo of the national HIV response achieved through the additional inputs of the Global Fund, but also in expanding many of its components.** For example, the average number of people tested in HIV testing and counselling centers almost doubled in the period 2009-2014 compared to the 2003-2008 period, indicating a scaling up of services after the transition to domestic funding.

Source: Towards Domestic Financing of National HIV Responses. Lessons Learnt from Croatia, UNDP 2015

CROATIA

THE POSITIVE RESULTS OF A WELL-PLANNED TRANSITION



The country is planning its transition as part of a 3-year TB and HIV grant from the Global Fund. The Ministry of Health has established a working group to coordinate and implement the transition, with the involvement of CSOs, national authorities and donors.

The working group has been staffed and a total of \$220,000 has been budgeted through the Global Fund grant to develop the capacity of the Ministry to ensure a smooth transition. It will work mainly on issues of procurement of medicines and provision of services.

Strong involvement of communities and adequate understanding of the importance of patient-centred care will be key for a successful transition in Kyrgyzstan.

Source: Kyrgyzstan is implementing transition planning for HIV and TB, Aidsplan, 3 March 2016

KYRGYZSTAN THE EXAMPLE OF AN ONGOING TRANSITION



ABILITY OF THE COUNTRY:

COUNTRY INCOME DOES NOT ADEQUATELY CAPTURE THE ABILITY OF A GOVERNMENT TO PAY FOR TB AND HIV PROGRAMMES

- **ABILITY TO PURCHASE DRUGS:** when a country graduates to middle-income status, it often no longer has access to preferential prices for medicines and vaccines. Donors such as the Global Fund or GAVI are able to leverage low prices due to mass volume of pooled procurement from many countries. A graduation of country classification, coupled with donors such as the Global Fund withdrawal, often sees **countries no longer able to access preferential prices**. This means **with the same money, the government can buy less and will have to scale up resources just to treat the same number of people**. Countries will be forced to prioritise who gets treatment, or to purchase cheaper drug combinations that may not be as effective or suitable for people who need them, potentially fueling the development of drug resistance.
- **STRONG HEALTH SYSTEMS:** a country should focus resources in **investing in cost-effective solutions to tackle the HIV and TB epidemics, such as ambulatory models of care for MDR-TB**. While it has been proven that patient-centered models of care are more efficient and cost effective, this whole process takes resources and time to transition. Several countries which have started the process are faced with reluctance from healthcare workers and staff, whose budget is often calculated based on number of occupied beds. The shift to ambulatory models of care needs a great deal of technical assistance, resources and political support.
- **LEGAL FRAMEWORK FOR CSOs INVOLVEMENT:** there is a **need for countries to develop legal frameworks to allow social contracting of NGOs**. This will allow for the supporting of NGOs to effectively deliver certain services, especially targeting key affected populations for which government services often cannot reach.

UKRAINE

WHAT HAPPENS WHEN A COUNTRY IS UNABLE TO TRANSITION?

TB programme implementation in Ukraine highly depends on external funding. In 2015, the National TB programme budget was \$123 million (only 59% of the total need), 19% of which was funded by the Global Fund. In 2014, the Global Fund support to the country was reduced by 50%. That same year, the average expenditure per notified TB patient fell down fourfold in comparison with 2009. **The current Global Fund grant ends in 2017 and it is expected Ukraine will have transitioned to domestic funding by this time.** As requested by the Global Fund as a condition of the grant, the Ukrainian government has initiated the transition plan development. TB programme activities covered by external funding includes a significant percentage of TB drugs and lab consumables procurement, preventive programmes, patient support, pilots on transition to ambulatory health care & operational research.

The sheer volume of activities supported by external funding coupled with a tense political and social-economic situation in the country leads to low expectations for a sustainable transition to domestic funding in the coming year. Priority will be given to the most vital items such as TB drug procurement, while many **others important programme activities will come to an end without Global Fund and other donors' support, in particular in the areas of civil society engagement: advocacy, patient support, early TB detection among risk groups.**

Source: Ukrainian Public Health Alliance

International funding was crucial in reducing the impact of the TB epidemic. **For more than a decade, the Global Fund was the main international donor of the TB programme,** its contribution sometimes exceeding annual domestic financing of National TB Programme (NTP). **The current (most likely the last) GF grant for Romania of €8.5 million will end up in March 2018.** A €10.5 million grant from Norway will expire earlier, in March 2017. Thanks to international funding and WHO technical assistance, significant progress is being achieved, especially in introducing rapid diagnostic methods, making quality non-interrupted treatment regimens available to over 1,500 X/MDR TB patients through the Global Drug Facility (GDF) of the Stop TB Partnership. Support was also provided in the implementation of the National TB Strategy adopted by Romanian Government in 2015. Treatment success rate in MDR-TB cohorts treated from GDF sources varied between 59 – 75%, while the treatment success rate in MDR TB patients treated with drugs available from National TB Programme (NTP) remained sadly low (32%). International funding also allowed implementation of pioneering interventions, such as patient-centered care and psychosocial support for treatment adherence.

The barriers impeding the treatment success for X/MDR TB are both financial (due to chronic underfunding of the NTP) but also legal. Due to existing legislation, the National Drug Agency in **Romania is currently unable to approve the use of TB medicines not produced within Western Europe or the USA,** no matter how safe, effective or affordable they are. In addition to ensuring appropriate domestic funding for TB care, there is a need for revision of current legislation. Such legislation should include the adoption of new legislative measures concerning ambulatory and patient-centered care, so that all TB patients can be supported to finish their treatment. Unfortunately, **the NTP budget is decreasing every year: while it reached €7m in 2014, it decreased to €4.5m in 2015 and €3.6 million in 2016.**

Source: Romanian Angel Appeal

ROMANIA

LACK OF ADEQUATE DOMESTIC FUNDING & SUITABLE LEGAL FRAMEWORKS: AN IMPEDIMENT TO SMOOTH TRANSITION

WILLINGNESS OF THE COUNTRY: COMMITMENT TO ACT & TAKE RESPONSIBILITY

COUNTRIES NEED THE POLITICAL WILL TO TAKE OWNERSHIP OF NATIONAL TB & HIV PROGRAMMES

- **POLITICAL COMMITMENT:** Effective HIV prevention programmes and TB treatment requires the provision of services targeting key affected populations, including sex workers, migrants, prisoners and people who use drugs. Often governments have proven reluctant to invest in programs for these key populations.
- **ERADICATING STIGMA & RESPECT OF HUMAN RIGHTS:** The persistence of stigma and punitive legal environments continue to have a negative impact on the rights of key populations, preventing access to services and eventually putting at risk the sustainability of TB and HIV programmes.
- **COMMUNITY SYSTEMS STRENGTHENING:** Recognising the key role of community and the participation of civil society in strategy/programme development and transition processes is key for an inclusive response.
- **TRANSPARENCY OF THE RESPONSE:** Transparency on reporting of budgetary and programmatic decisions at all level of governments contributes to ownership of the response. Commitment and dedication from members of parliament at all levels of government is critical.

The Global Fund support for HIV prevention and harm reduction projects ended in 2014. Global Fund support allowed Serbia to scale up harm reduction services between 2006 and 2014, including needle exchange programs, Opiate Substitution Treatment, and outreach activities. The Serbian government acknowledged the importance of this work and pledged it would maintain these services after the Global Fund's departure. However, as of July 2015, **the government was supporting only a small proportion of these programs, failing to fill the funding gap.** With the exception of Novi Sad and Vojvodina, where local governments provided small amounts of funding to NGOs working with people who use drugs, **no government bodies have stepped in to support HIV prevention programmes for key populations. Programmes serving 3000 people who inject drugs in seven cities have been drastically cut or have stopped providing services.** In addition, the 2015 national budget did not include any funding for prevention for key populations, and only 3% of the HIV budget is allocated to prevention.

Source: Eurasian Harm Reduction Network

SERBIA

THE CONSEQUENCES OF TRANSITION ON HARM REDUCTION PROGRAMMES



AZERBAIJAN

NEGATIVE IMPACT OF DONOR WITHDRAWAL ON KEY AFFECTED POPULATIONS



The country is classified as “upper-middle-income”, mainly due to its large oil reserves. **The Global Fund is phasing out from the country and will have entirely left by the end of 2017.** The Global Fund has been the main provider of TB drugs until 2011. From that moment on, the government has taken over the provision of first-line drugs and in 2015, 100% of second-line drugs were procured by the government budget for 500 DR-TB cases.

Still, **the withdrawal of the Global Fund is causing a drastic decrease of support to the work of NGOs, having a negative impact on community-based services. In particular, psychosocial support to TB patients has decreased,** causing concerns on the impact of treatment adherence, especially affecting key populations, such as ex-prisoners, and likely increasing drug resistance.

Source: Saglamliga Khidmat public union, Azerbaijan

THE SOLUTIONS:

SHARED RESPONSIBILITY: WHAT CAN DIFFERENT STAKEHOLDERS DO TO FACILITATE TRANSITION?

TRANSITION IS A COMPLEX PROCESS: ALL STAKEHOLDERS HAVE A KEY ROLE TO PLAY.

GLOBAL INITIATIVE ON TRANSITION & SUSTAINABILITY:

A Global Joint Initiative on Transition and Sustainability between implementing countries, multilateral organisations, technical partners and civil society should be established and driven by implementing countries to discuss common eligibility policies and transition frameworks across sectors and across donors.

IMPLEMENTING COUNTRIES: COMMIT RESOURCES TO THE TRANSITION PROCESS & SCALE UP SERVICES

- **Develop sustainable and legally binding transition plans**, involving all interested actors: CSOs, key populations, international donors, technical agencies
- **Explore alternative resources to fund HIV/TB programmes**, to compensate the withdrawal of external donors while transitioning to domestic funding (EU funding, innovative financing mechanisms, increase fiscal space)
- **Focus resources on cost-effective and evidence based solutions**, such as ambulatory models of care and prevention programmes like harm reduction
- **Ensure that legal frameworks for social contracting and procurement are in place**
- **Increase transparency in national budget** and programming
- **Show strong political will, nationally & regionally**, to uphold human rights, fight stigma against key affected populations and commit to continue funding programmes targeting vulnerable groups, including harm reduction projects

INTERNATIONAL DONORS: ENSURE COUNTRIES ARE READY TO OWN THE RESPONSE TO THE EPIDEMICS

- **Adopt their own transition policies** to define how their actions and support will be sustainable after they withdraw
- **Provide enough time (6 years)** and accompany national governments to **plan effective and sustainable transition**
- **Request national governments to adopt binding transition plans** before they withdraw, or as part of their last grants, in order to guarantee HIV and TB programmes sustainability
- **Be involved in the planning and implementation of the transition, by providing political and technical assistance** and guidance to the governments
- **Maintain funding for key populations** even after the transition period, especially when key populations are criminalised

THE SOLUTIONS:

SHARED RESPONSIBILITY: WHAT CAN DIFFERENT STAKEHOLDERS DO TO FACILITATE TRANSITION?

TRANSITION IS A COMPLEX PROCESS: ALL STAKEHOLDERS HAVE A KEY ROLE TO PLAY.

CIVIL SOCIETY:

- **Advocate** to national governments for the adoption of **legally binding transition strategies**
- Demand and **seek participation of CSOs in the preparation of transition plans**
- **Scrutinise national budget** and ensure enough domestic resources are made available for TB & HIV programmes
- Keep stressing the importance of **targeting key affected population** as part of the TB & HIV response

EUROPEAN UNION:

- **Appoint a transition focal point** across European Commission services, to ensure dialogue between EU country delegations, civil society and donors to identify political solutions and ensure sustainability of TB/HIV services
- **Acknowledge the political role the EU has in the EECA** and play a convenor role during political dialogues with countries in the region, underlining the importance of tackling transition issues and having TB and HIV prioritised in the dialogues
- **Convene a Joint Partnership meeting** bringing together all stakeholders from the EECA region, to discuss and agree on concrete roadmaps for a successful transition to domestic funding

MEMBERS OF PARLIAMENT IN DONOR COUNTRIES:

- **Organise hearings** on the issue in the region and ensure your country development agency has sustainability policies in place
- **Request the European Union (the European Commission and the current or future EU Presidencies) to take the matter to the political level** and play a convenor role in the region

MEMBERS OF PARLIAMENT IN IMPLEMENTING COUNTRIES:

- **Initiate discussions between the Budget and the Health Committee** of your Parliament to discuss the transition process
- **Work with civil society organisations** to understand the challenges of the transition process in your country
- Demand to **be actively engaged** in discussions during the transition process

GLOBAL HEALTH ADVOCATES FRANCE & RESULTS UK

are NGOs part of the ACTION network and host the Secretariat of the TB Europe Coalition



GHADVOCATES.EU



RESULTS.ORG.UK

TBEC



is an informal advocacy network of civil society organisations and individuals that share a commitment to raising awareness of TB and to increasing the political will to control the disease throughout the WHO Europe Region and worldwide.

TBCOALITION.EU

ACTION

ACTION

ACTION.ORG

is a global partnership of advocacy organisations working to influence policy and mobilize resources to fight diseases of poverty and improve equitable access to health services. ACTION was founded in 2004 as a partnership of civil society advocacy organizations with the shared mission of mobilizing new resources against tuberculosis (TB), a disease that kills one person every 20 seconds. ACTION partners work across five continents in both donor and high burden countries and advocate at the local, national, and global levels.

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