



Independent observer  
of the Global Fund

## EECA CONSTITUENCY: TRANSITION MAY THREATEN KEY POPULATIONS IN THE REGION

Prior to the Global Fund's recent Board Meeting, the EECA and EMR Constituencies submitted a common statement for the 36<sup>th</sup> meeting of the Global Fund Board. The statement argued that both the alarming epidemiologic situation in the EECA, along with the envisioned decrease in funding might affect the sustainability of the positive results already achieved worldwide (in the frames of MDG-6 in combating AIDS). They voiced concern that the decrease in funding may also result in less effective implementation of the new global target: to end HIV by 2030. The statement criticized the way the Fund has managed the transition process to date.

### The Statement

Along with the statement, the board received case studies on the EECA countries: Bulgaria, Bosnia and Herzegovina, Kosovo, Macedonia, Montenegro, Romania, Russia and Serbia. These country profiles provided overviews of the epidemiologic situation, schematic information about programs and service delivery, specific policy barriers and recommendations. Direct links between the statement and the case studies are not presented here however, the profiles attempted to emphasize the country-specific problems that are focused on in the general recommendations of the statement to the Fund.

Initially the statement covered two regions, EECA and EMR. While writing this article, we were informed that since submitting the statement to Office of Board Affairs, that both the LAC and SEA constituencies decided to 'join' the statement.

The epidemiological situation in the EECA is usually the main point of dispute between different advocacy campaigns that are trying to debate on decreasing donor contributions, though is unlikely to be taken into consideration as the countries with middle and high income are expected to contribute in controlling their own epidemics.

Basing eligibility criteria on a country's income has been considered unfair by many experts in the region. Their argument is that epidemics are mostly concentrated among stigmatized and even criminalised communities of drug users, sex workers and men who have sex with men-MSM. This means that even if the country has a high income, but has discriminatory policies against key affected populations-KAPs, it is unlikely that the state budget will contribute finances to the services. Policy change needs more time to evolve and in the meantime, the most important goal is to sustain the services currently developed, strengthened and financially supported by the Fund. Although there are number of Global Fund-financed regional programs advocating for policy changes and increased domestic funding, it is not possible to achieve the appropriate results as quickly as desired.

The statement read: "Transition may threaten key populations. There is uncertainty about how to ensure key population are not cut off from services through transition. Key populations programming is often heavily donor-funded and not eagerly absorbed by governments" –the risk for the key populations to stay uncovered by relevant services is very high, therefore, the services targeting KAPs without Global Fund support are facing a genuine risk of closure.

"The transitions are implemented ad hoc. There is no consensus on the best model for guiding countries through a responsible transition. A variety of frameworks and criteria has been put forward by several different sources"- this particular part of the statement is debatable, as after closing the programs in Serbia and Romania, appropriate lessons were learned, and significant efforts have been put into developing new policies on [sustainability, transition and co-financing](#).

As to the matter of a consensus on the best model for transition, it is doubtful this can be achieved, given the diversity of the countries and of the socio-economic and political contexts in the region. The Global Fund has however, supported the development of various flexible frameworks for assessing each country's degree of readiness for transition. Countries are given the choice to select from number of available tools (read GFO articles [here](#) and [here](#)).

To address the problems related to KAPs and the transition process, the statement suggests that the transition should be based on the three main principles, such as transparency, best practices and human rights. The statement does not give more concrete details about what these three principles precisely signify, and how each of these three principles should be strengthened by the programs. It can be argued that the Global Fund has already made good steps towards the aforementioned principles; for example, by supporting the [Community, Right and Gender technical assistance program](#) (read GFO article [here](#) ), or financing the research projects in different EECA countries (read GFO article [here](#), [here](#) and [here](#)).

Aidsplan approached the team of authors of the statement to check on any follow up action done, and to ask: Now that the Board meeting is over, are there any statements that would change, or do the statements still stand?

Ms. Ana Filipovska, from the EECA Constituency and General Secretary of CCM of Macedonia stated: "The joint delegation of EECA, EMR, LAC and SEA Constituencies had meetings with several donor constituencies, sharing concerns regarding the decreased financing for middle income countries for HIV, TB and Malaria. This was the first dialogue with donors and we are happy to have had the chance to discuss issues raised in the statement with them. Our statement still stands. We were also happy with additional amendments regarding the allocation, and that MIC are also to receive an allocation which we believe was also influenced by our joint statement. Furthermore, we would like the topics of sustainability and co-financing policy, as well as topics of responsible approach for countries in transition, to be addressed at the next Board retreat and Board meeting."

Something new or just repetition?

Many of the issues raised in the statement have been raised earlier by different communities and different countries. In fact, a number of other letters providing more or less similar arguments has been sent to the Fund prior to the recent Board meeting (for example, from Russia, Romania, MSF, EU HIV/AIDS Civil Society Forum). Therefore, this is not the first time that advocacy messages coming out from the EECA region are being repeated. However, some feel it is unlikely the Fund is going to change its position. Perhaps the one area where the statements may have an impact is in regard to transition planning and implementation; as this is an area where Global Fund policy is still evolving.

Most recommendations listed in the statement are concerning transition. However, it seems that a number of the suggested measures have already been incorporated into the transition planning agenda: for example, developing evidence-based and realistic plans and mechanisms for sustainable transition; or supporting the enhancement of national health systems and programs and supporting policy changes. Other recommendations are mostly operational; for example, to slow down the pace of transition or to further support regional initiatives. There is also a suggestion to revise the eligibility criteria by including additional domains: such as epidemic size, resource needs, fiscal capacity and etc.

It is also worth mentioning the EECA's suggestion to pay attention to "specific countries where small funding would make a great difference" by introducing "some very focused/targeted grants (like up to 100k) and NGO rule" instead of zero allocation.

The communities in the EECA's advocacy messages

Responding to the question by Aidspace: "What do you think about different advocacy letters submitted to the Fund by various groups and organizations?" Gennady Roshchupkin, an expert representing the Eurasian Coalition on Male Health (ECOM) stated the following: "The Global Fund has been able to motivate and involve the governments and CSOs in international cooperation. If the Global Fund steps out, we need to think about new initiatives that could help the governments and CSOs to remain the primary actors of international cooperation. This is more important than money. The dialogue with the Fund mostly builds around the argument-if the GF leaves, HIV-positives will die. I am the one of those who are HIV-positive and I think that the region should not base advocacy on such arguments. The transition plans, in fact, are the list of what we would not get in future. We need plans on how to mobilise internal and external investments into the health systems of the countries to empower them."

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