

OVERVIEW OF ACTIVITIES IN THE EECA RELATED TO TRANSITION PLANNING

Considerable work is being done in Eastern Europe and Central Asia (EECA) on transition planning. Discussions about transitioning from Global Fund financing started even before grants under the new funding model were approved for funding.

Civil society organizations (CSOs) in the EECA were particularly concerned by the experiences of the countries such as Serbia, Bulgaria, and Romania, where the Global Fund and other donors stopped providing funding and few or no arrangements were made to ensure that the services provided under these programs would continue. (See GFO articles here, here and here.)

In the next year or two, the Fund is expected to withdraw funding from additional components and countries as more and more EECA countries become ineligible for Global Fund support.

This is happening against a backdrop of the EECA being the only region in the world where the HIV epidemic is still worsening, and where many countries have a high incidence of multi-drug-resistant and extensively drug-resistant TB. Actual and potential risks include migration between countries; particularly high HIV epidemics in the Russian Federation and Ukraine; conflict zones, including internally displaced people; high stigma and discrimination of key affected populations; and restrictive drug policies. In most countries drug use, sex work, and homosexual contacts are not yet seen as public health problems.

In most cases, preparation for transition means persuading governments to invest more, and finding alternative ways to finance CSOs. However, and perhaps more importantly, the preparations also involve strengthening the capacities of CSOs and support systems.

The Global Fund is pushing and supporting countries to prepare and execute transition plans. Countries have been required to describe in their concept notes how they will promote sustainability and transition planning. Where necessary, the Global Fund has included the preparation of transition plans as a special condition in grant agreements. In addition, the Fund has required governments to commit in writing to increase domestic funding during grant implementation.

Countries have used increased government investments in different ways to support transitioning. In many countries, the increased contributions were used to enable governments to take over some or all of the responsibility to fund antiretroviral treatment, first and second line TB medication, and other medical supplies. In some countries, the funding has been used to build the capacities of national principal recipients (e.g., Belarus, Tajikistan). Finally, some countries piloted the social contracting initiatives as a way of allowing funds to flow from governments to CSOs to provide services (e.g. Moldova, Kazakhstan).

Regional initiatives

In June, a training workshop was organized in Yerevan, Armenia where representatives of Armenia, Moldova, Kyrgyzstan, and Uzbekistan learned how to use the transition preparedness assessment tool developed by Curatio International Foundation (CIF). (See GFO article.) The training was part of a project funded by the Global Fund and UNAIDS. The project also provides funding to support transition working groups in other EECA countries.

(CIF has become a leader in providing transition planning support in the region. CIF has expertise in health research. Another important regional player is the Eurasian Harm Reduction Network [EHRN] which, as its name suggests, focuses specifically on harm reduction.)

In last year, the Global Fund has organized or co-organized a number of events, including the following:

- A <u>technical consultation</u> in July 2015 in Istanbul, Turkey on transition to domestic funding of HIV and TB responses and their programmatic sustainability in EECA; and
- a high-level <u>regional dialogue</u> in September, in Tbilisi, Georgia on successful transition to domestic funding of HIV and TB responses in EECA, where partners agreed on the core guiding principles of transition.

In order to better understand transition processes and experiences in the region, the Global Fund supported the development of transition case studies, some of which were conducted by the Global Fund's Technical Evaluation Reference Group (TERG) and others by EHRN. See GFO articles here and here.

In one way or another, most of the EECA regional programs are supporting transition planning. These include a TB regional grant which focused on TB system reform advocacy; an EHRN regional grant on community systems strengthening for harm reduction advocacy; and a program of the Eastern Europe and Central Asia Union of People Living with HIV (ECUO), which is focused on sustaining the HIV continuum of care using domestic resources.

National initiatives

Ukraine and Belarus have already developed transition plans with local stakeholders and with TA provided by CIF. In March 2016, Ukraine developed a Sustainability and Transition Strategy for the period 2016-2020. The process was overseen by the Ministry of Health, with participation of national and international partners. The strategy was based on a transition readiness assessment by CIF and the similar studies carried out by PEPFAR and UNAIDS. This strategy should be signed off by top-level officials in about a month.

In Belarus, a transition readiness assessment was carried out in third quarter of 2015 by CIF and the first round table on transition and sustainability was organized in April 2016. A working group under the Ministry of Health was established in June. Finalization of the transition and sustainability plan is planned for end of October 2016.

In Georgia, a transition plan is expected to be finalized by December 2016. The Georgian CCM has established the policy advisory and advocacy council (PAAC) group that is leading the process (see GFO article). CIF and EHRN are providing technical assistance. The first outline has already been discussed by CCM. The next steps are: developing the M&E plan; and budgeting for the activities under the plan. EHRN is developing the standard package of harm reduction services, including costing. This is important element for the transition planning because it the government has pledged to fully take over harm reduction programs by 2019.

Armenia intends to start the transition readiness assessment process as a follow-up of the June training session mentioned above. The country expects the entire process of assessment and plan development to be completed within the next six months. The assessment will be performed by a working group comprised of principal recipients, the Ministry of Health, an NGO (Mission East) and several sub-recpients. The Ministry of Finance, international partner organizations, and NGOs working with KAPs will be also involved.

Kyrgyzstan has already started development of the transition plan. A dedicated working group under the MOH has outlined the core objectives of the plan and the main targets. The plan is expected to be finalized and approved by February 2017 (see GFO article).

In Azerbaijan, a working group has been formed to develop a transition and sustainability plan. The group planned to hold an initial meeting with the fund portfolio manager for Azerbaijan, Uldis Mitenbergs, during the week of 18 July.

Part of the grant that the Russian Federation has obtained under the NGO rule is being used to empower key populations to fight for the removal of legal barriers (see <u>GFO article</u>). Another part of that grant is being used to strengthen the capacity of NGOs providing HIV services to do TB control (see <u>GFO article</u>). Both programs are important elements of transitioning.

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