

TRANSITION AND SUSTAINABILITY OF HIV AND TB RESPONSES

IN EASTERN EUROPE
AND CENTRAL ASIA

A REGIONAL CONSULTATION REPORT
AND DRAFT TRANSITION FRAMEWORK





Background

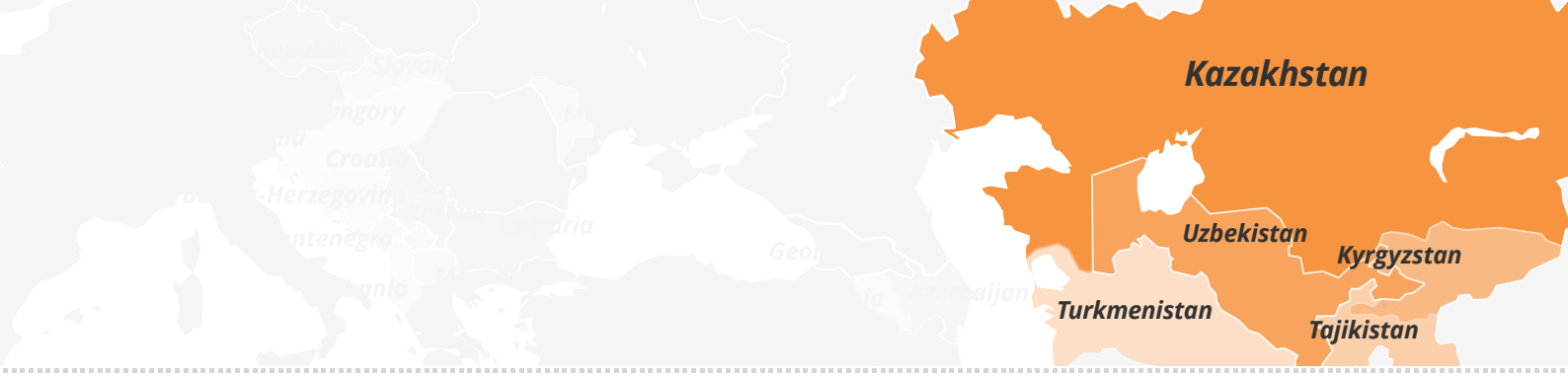
The Secretariat of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Eurasian Harm Reduction Network (EHRN) co-organized a technical consultation of key stakeholders, including national government agencies, donor organizations, technical support providers, UN agencies, civil society and communities, to discuss transition and sustainability in Eastern Europe and Central Asia (EECA). Specifically, the consultation was to shape an appropriate technical framework for the transition from the Global Fund to national funding, and the sustainability of HIV and TB programs in the region.

The consultation was held on 21 – 22 of July 2015 in Istanbul, Turkey. The working languages of the consultation were Russian and English, with simultaneous translation provided.

Consultation Aims & Objectives

The aim of this consultation was to draft a Framework for Sustainability and Transition for countries transitioning from Global Fund support in EECA. Specific objectives of the consultation were:

- To examine the lessons learnt on transition from selected countries;
- To define key elements and timelines to be included in a Framework for Sustainability and Transition that could serve as a guidance for the Global Fund and countries in transition;
- To identify areas and sources of required technical support for sustainability;
- To agree on next steps and opportunities towards responsible transition for the EECA region as a whole.



Participants

This consultation involved over 50 stakeholders from different sectors, including government, civil society, technical partner agencies, and donor agencies. The following countries were represented by government and/or civil society participants: Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Macedonia, Moldova, Montenegro, the Russian Federation, and Ukraine.

In addition, participants representing regional offices included: UNDP, WHO, UNAIDS, German Backup Initiative at GIZ, Grant Management Solutions, the Open Society Foundations, as well as East Europe and Central Asia Union of PLHIV (ECUO), Eurasian Coalition on Male Health (ECOM), Eurasian Harm Reduction Network (EHRN), Eurasian Women's Network on AIDS, and the Global Fund Secretariat. A full list of participants and their contact information is included in Appendix 1 of this report.

Process

The two-day consultation was organized to be participatory and discussion-based. The first half of Day 1 was devoted to examining background and the findings of recent assessments conducted in the region and globally under leadership of the Global Fund's Technical Evaluation Reference Group. The second half of Day 1 was devoted to group work, in which participants self-sorted into four groups: policy, governance, finance and programs. Each group was tasked with defining key enabling factors to drive transition and how work on those factors could be practically structured.

Day 2 included an extended morning plenary with large group discussion and response to targeted questions

from facilitators. The afternoon consisted of additional group work, with participants breaking down into four stakeholder-based groups: government, civil society, technical partners, and donors. Each group was tasked with defining key roles for their stakeholder group in the transition process.

At the conclusion of Day 2, draft principles were compiled and verified with the participants. After the formal consultation adjourned, an extra, voluntary session was held to refine messages. These final messages were presented at the consultation on Global Fund's Strategy 2017-2021, in the presence of its Board and Secretariat leadership, on 24 July. A full agenda is included in Appendix 2 of this report.

Following the consultation, the organizing team has utilized the consultation outputs to develop a draft *Framework for Transition to Sustainability*, underpinned by common principles that guide a transition to government funding of HIV and TB that ensures sustainability of these programs and their capacity to continue to achieve health gains. This draft has not been verified by consultation participants, and is considered a starting point for further consultation, verification, field-testing, and refinement.



Transition and Sustainability Principles

Above all else, we must recognize that continuing the current scale of HIV and TB services, especially amongst key populations, will not suffice to effectively curb the HIV and TB epidemics. The current, low levels of prevention coverage, diagnosis, and treatment in both diseases are inadequate. Therefore, transition to domestic funding of HIV and TB responses and sustainability of these programs must encompass aggressive scale-up of services, above and beyond the current level of programming. With that common vision in mind, the following key principles of transition and sustainability were agreed by participants.

1. We must have a common definition of **sustainability**, which includes a country-led response that (i) respects human rights of all, including key affected populations, (ii) utilizes evidence-based approaches, (iii) strives for increasing health gains based on technical and allocation efficiencies in domestic health and social protection systems and services, and (iv) scale up of essential services, without which HIV and MDR-TB epidemics will not be reversed.

Several participants expressed concern that transition and sustainability will be equated either with rationing and reduced budgets, or with a freeze in programming that will lead to no further expansion of services. Rather, sustainability must be about finding new ways to ensure that program coverage continues to expand and produce health gains. Among the issues that need urgent expansion of programming and coverage are (1) **diagnosis and treatment of MDR-TB and XDR-TB**; (2) access to **anti-retroviral therapy** for people living with HIV (particularly for people who use drugs); (3) coverage of people who use drugs with **opioid substitution therapy** and **needle and syringe programs**; (4) coverage of

men who have sex with men with prevention programs. In order to achieve these and other gains, human rights and commitment to evidence-based approaches must be at the forefront of all programming. This consultation has judged that without commitment to rights and evidence-based approaches, and without continued gains in these areas, true sustainability of programming will not have been achieved and previous gains will be lost. The alternative – scaling down programming while transitioning to government funding – puts all previous investments at risk of waste. **Throughout this report, use of the term sustainability assumes this definition.**

2. **Key affected populations** must be central to all transition efforts. They must serve as leaders of the process, and safeguarding programs devoted to their health and rights must be a priority during transitions to national funding.

With a transition to domestic funding, key populations are those most at risk. Programming that serves people who inject drugs, men who have sex with men, transgender persons, sex workers, prisoners and migrants are often unpopular, and lack political champions. When budgets are tight, programs that serve these populations are often the first to be cut; in particular, prevention programming has been put in jeopardy in a number of countries that have already graduated from Global Fund funding. In order to safeguard against these programs being cut, key populations must be central not only as recipients of programming, but as advocates for well-planned, data-driven transitions that maintain and expand strategic programming, including harm reduction, and ensure human rights.

3. **Transition to domestic funding and ownership of HIV and TB responses is a process** that includes planning,



implementation, and monitoring. **Guidance** is needed for countries to navigate all phases of this process successfully.

Transition is not a document – it is a process, and one that is complex and requires significant structural adjustments (e.g. policy and financing processes) in order to be successful. Most successful transitions will start with longer-term negotiations about law and policy changes, alongside careful review of which services are evidence-based and should be continued/scaled-up and where efficiencies could be created; and progress to pragmatic actions such as transfer of management structures and oversight, capacity-building in new roles and responsibilities, and the introduction of new mechanisms for financing (e.g. social contracting). Timelines for successful transition will vary by country. While consultation participants felt strongly that some unified, step-by-step guidance was needed to help countries plan and undertake this process, they were also clear that there is no one-size-fits-all approach. The development of compulsory tools or requirements for additional documents (e.g. a detailed, stand-alone transition plan) is unnecessary; rather, participants preferred the idea of a framework to guide countries. Such a framework would guide countries through essential steps and principles to adapt to each country's own context. Regional experience sharing specifically on the topic of transition should also be increased, in order to complement any guidance or framework developed. [This report further explores possible formats for this framework in the next section.]

4. Policy dialogue and advocacy will continue to be an important component prior to, during and after transition, and need to be supported both technically and financially.

Harmonizing and coordinating efforts between different actors (i.e. government, civil society

and affected communities, donors, and technical partners) in HIV and TB responses will be more important than ever during the transition process. Policy dialogue between stakeholders, particularly relevant government agencies such as the Ministry of Finance and Ministry of Health and civil society, must assure that different elements of the response, such as prevention delivered by civil society and treatment delivered by government health services, are evidence-based and aligned to create a seamless continuum of care. This is vital both for the efficient use of resources, and also for maintaining balance between the different actors. Policy dialogue, resource mobilization, and accountability and budget advocacy should be undertaken at the national level with relevant decision-makers – e.g. those who control budgets – but also at the provincial/regional level, where local budget autonomy may allow for a more nuanced response to the local environment. In addition to ongoing policy dialogue prior to, during and after transitions, civil society and affected communities must continue to serve as watch-dogs as international donors recede. Funding for this watch-dog function and for both proactive and reactive advocacy will be crucial to ensuring that political will and commitments are maintained as governments take over the responsibility for HIV and TB funding. Support for advocacy from donors (including but not limited to the Global Fund) will assure that these activities are continued and expanded during this critical period. Most importantly, the transition period must be viewed as an opportunity to build the capacity of civil society and key affected populations to keep their governments accountable to HIV and TB funding commitments and engage in policy dialogues to ensure enabling and non-discriminatory environments for HIV and TB responses. Participants affirmed regional



grants as a valuable mechanism for this support in addition to (not instead of) country grants.

5. *In order to plan and implement a successful transition, countries need **predictability** of transition timeline and levels of available funding from the Global Fund, and **support from Global Fund** in relaying critical transition messages to government decision-makers.* All successful plans have and stick to a timeline. For many countries in EECA, planning a successful transition remains impossible because of lack of clarity on funding stability from the Global Fund and lack of advanced transition planning (including demand assessments and budget projections). In order to transition in a way that ensures sustainability, countries must know well in advance that funding cuts are planned, and must have at least one (preferably two) grant cycles to engage in intensive transition. In addition, countries may benefit from the Global Fund playing a more active role in political dialogue, to outline the reality of the transition timeline and assure appropriate political will is committed. Some participants highlighted the positive benefits of the joint letter sent by the Global Fund Chair of the Board and Executive Director to countries' Prime Ministers at the beginning of the New Funding Model. This letter, related to counterpart financing and willingness to pay, had a significant impact on government understanding of Global Fund limitations; high-level engagement of this sort, between country decision makers and the Global Fund board and executives, should be considered as a key element to drive political will and accountability in transitioning countries. Other participants noted the important role of Fund Portfolio Managers (FPMs) in dialogue with government counterparts. Similar targeted communications and expansion of the role of FPMs to support transition should be considered – e.g. engagement in dialogue with national governments to advise on appropriate

transition timelines, resource allocation, and key activities to prepare countries for executing successful transitions.

6. *Because transition is complex, it **requires additional and better use of resources**, and cannot be completed successfully in an environment of abruptly shrinking funding.*

While some participants felt that a designated transition fund was warranted, others felt that transition should simply be supported financially and technically as part of ongoing Global Fund grants (where grants are still implemented or countries continue being eligible for the Global Fund support); however, all participants agreed that transition requires additional resources because of the complex policy, governance, financing and program management revisions required. Therefore, transitioning successfully to sustainability is not feasible in an environment of abrupt reduction of funding from external sources where domestic allocations have not been committed yet.

7. ***Graduation criteria** and timelines should be tailored to country readiness, and a **safety net** mechanism is needed for countries that fail to graduate/transition successfully.*

In addition to Global Fund's current economic development-based eligibility criteria (i.e. a combination of income level and burden of disease), there needs to be a separate set of measurements of countries' readiness to transition and graduate from Global Fund support - including an assessment of country's efforts to prepare its policies, fiscal space, governance and programs related to HIV and TB to enable domestic funding of HIV and TB programs in a sustainable, human rights- and evidence-based manner. [The TERG's 2013 Review on Sustainability](#) clearly supported this point, highlighting that



income classification of a country is not a sufficient criterion for transitioning in a sustainable manner. For countries that are still eligible, **the Equitable Access Initiative** results should inform additional and better-tailored graduation criteria for when and how a country should transition to sustainable domestic funding. Timelines for transition should be tailored to country readiness, and a safety net mechanism should be available to sustain critical programming in countries that fail to graduate despite documented efforts to do so.

8. *The Global Fund's **challenging operating environment** categorization is applicable in EECA, and may necessitate a different approach to transition.*

Though most countries in the region will be able to move towards sustainable programming with all stakeholders successfully engaged, there are a number of countries and provinces that face prohibitive challenges due to operating environment. These include active and frozen conflicts (Crimea and Eastern Ukraine, Transnistria, Abkhazia, etc), as well as those with restrictive environments for civil society, such as 'foreign agent' policies. These countries, above all others, will need flexibility with regards to eligibility criteria, transition timelines, and graduation expectations. In countries with disabling legal/law enforcement environments resulting in human rights violations and/or government opposition, restrictions, or bans on provision of evidence-based and effective interventions such as harm reduction, the Global Fund should continue to apply the NGO-Rule, facilitating a country application for the Global Fund funding bypassing the CCM and/or government support of the application.

9. *For countries that have **already graduated due to ineligibility**, or are **currently implementing the last grants**, an emergency solution must be developed to*

assure their gains are not threatened due to lack of transition support and systems (fiscal, governance, policy, etc).

In the absence of an established process and standards for successful transition to sustainability, countries that are about to or have recently become ineligible and have not been prepared through proper transition planning to cope with the withdrawal of external funding, urgently need an emergency support mechanism to avoid catastrophic reduction of programs. The results of poorly-prepared transition have previously been seen in Romania, and are emerging in Montenegro and Serbia; countries like Bosnia and Herzegovina urgently need extensions to allow for implementation of transition plans.



Draft Framework for Transition to Sustainability

Informed by this consultation, a draft Framework for Transition to Sustainability is presented below. This framework was developed after the consultation concluded, using content produced by consultation participants, as described below.

It has been envisaged that this framework should be used to guide individual countries in developing their roadmaps for transition. Users should bear in mind that certain factors may be inapplicable in their country; that different key areas or even elements within each area may be in different stages of transition; and that unique country circumstances may call for other factors, not listed in the framework, to be considered and addressed. Therefore, the framework should be seen as a guiding tool, which may provide inspiration and structure for transition planning, but which does not seek to confine every country to the same transition process.

The draft version of the framework has been produced for further consultation, field-testing and validation. It is expected that its content may be amended or added to, and that field-testers may describe additional guidance or instructions that would be helpful to maximize usefulness.

Stages of Transition

This draft responds to participant conclusions that guidance needs to be step-wise by breaking transition into three stages. The stages below indicate progress towards a **successful transition** and **readiness for graduation** from Global Fund support.

Stage 1 (red) – Pre-transition, or early stages of transition; unprepared for graduation (need minimum 3-6 years for successful transition).

Stage 2 (orange) – Some transition steps taken; moving towards graduation, but need additional time (need minimum 1-3 years for successful

transition).

Stage 3 (green) – Transition well established and underway; ready for graduation soon (<1 year for successful transition).

These stages are **not** a reflection on or related to countries' eligibility for Global Fund funding, the latter of which is currently based on income level and disease burden and not on readiness for transition. Illustrative milestones for each stage, showing transition progress and readiness for graduation, are provided below in *Figure 1. Stages of Transition*.

Transition Area

The draft Framework for Transition to Sustainability, shown in *Figure 2* below, utilizes a matrix configuration. Four key transition areas are outlined in the vertical axis of this matrix: policy, governance, finance, and programs. Consultation participants worked to identify enabling factors of transition in these areas, which had been previously determined by consultation organizers. Participants affirmed the value of these four areas in a framework, and the results of group work informed the parameters for each area, as described below.

Policy – includes a range of normative standards, from legislation down to local orders, and from strategic (e.g. National Strategic Plans) to pragmatic (e.g. legislation legalizing particular interventions or service delivery modes). Foci for the policy area include strengthening and/or enhancing rights-based and evidence-based approaches.

Governance – includes the strategic management and oversight of national responses. May use the CCM as the central governance body, but should focus on ensuring sustainability and institutionalization after Global Fund support ends. Safeguarding the meaningful inclusion and engagement of civil society and affected



communities should be a top priority.

Finance – includes both the creation/adaptation of financial systems to appropriate budget for and track expenditure on HIV and TB programming, and also the effective allocation of adequate funding. Assuring that national strategic plans are appropriately costed, and that funds are allocated based on real need and potential return on investment (e.g. impact on the epidemics) should be a top priority.

Programs – includes management, service delivery, and monitoring functions of HIV and TB programs. The role of community and civil society in each of these elements should be considered and expanded as needed to be sure that these groups continue to be key partners in program implementation after Global Fund support ends. In addition, special attention should be given to management functions – transitioning responsibility, and building capacity – in countries where UNDP or other non-government entities have been Global Fund Principle Recipients.

Stakeholder Roles and Responsibilities

The horizontal axis of the framework (*Figure 2*, below) is organized by stakeholder groups, as follows:

Government – includes government stakeholders and decision-makers at all levels, from local/provincial government employees, to ministerial-level staff, to national representatives such as Prime Ministers, Ministers of Health, Ministers of Finance, etc.

Civil Society – includes registered civil society organizations, as well as unregistered and/or informal community-based groups.

Technical Support Partners – includes multi-

lateral partners such as UN agencies, and other non-donor international partners providing technical support.

International Donors – includes the Global Fund and other multi- or bi-lateral donor partners.

This inclusion of each group indicates the shared responsibility for transition across all partners; no one group is responsible for any element of transition without partnership and support from other groups. In order to guide countries in engaging all stakeholder groups, the framework outlines specific roles and responsibilities, at each stage and across each transition area.

Figure 1

Stages of Transition

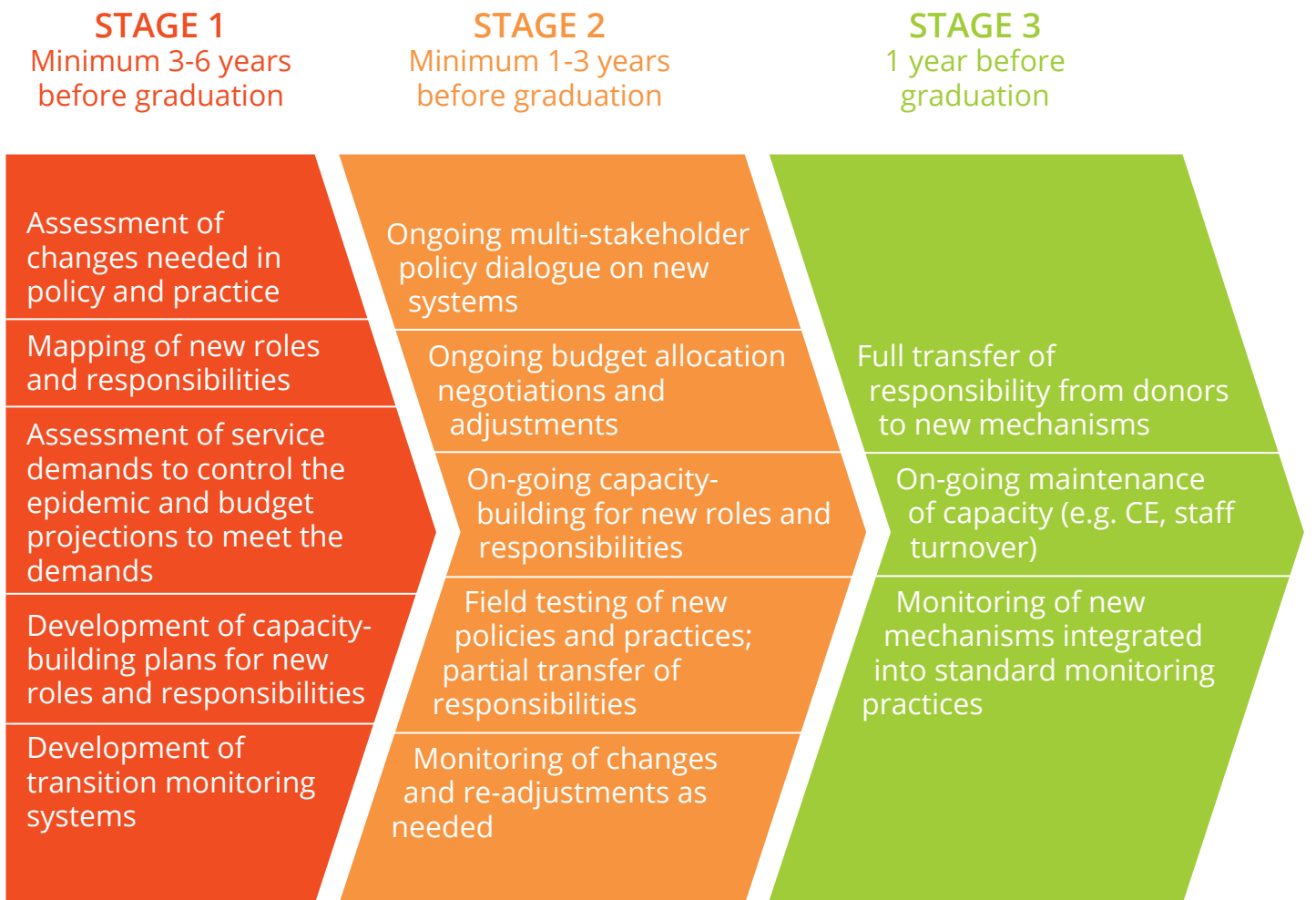


Figure 2 Framework for Transition to Sustainability STAGE I

	Government	Civil Society	Technical Partners	Global Fund
POLICY	<ul style="list-style-type: none"> Assess need for changes to ensure rights-based¹, evidence-based approaches², backed by legislation Explore mechanisms to recognize outreach as social work, strengthen social contracting and/or provide grants to NGOs 	<ul style="list-style-type: none"> Advocate for rights-based and evidence-based approaches, including decriminalization Advocate for outreach as social work; propose standards/SOPs 	<ul style="list-style-type: none"> Engage with the relevant government agencies (in partnership with the CS) to encourage governments to honor commitments and move legislative and policy changes 	<ul style="list-style-type: none"> Communicate officially to government the need to develop transition plan for sustainable scale-up Provide support (technical and financial) for transition planning processes
GOVERNANCE	<ul style="list-style-type: none"> Assess capacity for good governance, and identify a sustainable governance body to steer the transition process Solicit political commitment from MOH to recognize HIV and TB as priorities in health systems planning 	<ul style="list-style-type: none"> Participate in good governance assessment Assess engagement of civil society and key populations outside of GF-mandated representatives 	<ul style="list-style-type: none"> Participate in good governance assessment Engage in joint planning, assure coordination of international actors, and avoid mixed incentives and messages Provide relevant technical assistance 	<ul style="list-style-type: none"> Engage in joint planning to assure coordination of international actors, and avoid mixed incentives and messages
FINANCE	<ul style="list-style-type: none"> Solicit political commitment from MOF to make HIV and TB to be priorities on health budget agenda Develop Investment Case, highlighting specific services to be expanded to control epidemic(s) and incentivizing strategic investments Project budgets required to meet the demands and to meet the targets Assess strengths and weaknesses in financial transparency and accountability Create or amend social contracting mechanisms 	<ul style="list-style-type: none"> Participate in development of Investment Case, including community-led assessments of service needs and gaps Participate in budget projections to meet the targets Advocate for and engage in social contracting mechanism creation or amendment Explore advocacy to and/or with pharmaceutical industry for price reduction, medication availability, etc, as needed 	<ul style="list-style-type: none"> Support development of Investment Case Provide technical support, as needed, to assess weaknesses in financial transparency and accountability Provide technical support, as needed, to create/ amend social contracting mechanisms Provide relevant technical support in budget projections to meet the targets 	<ul style="list-style-type: none"> Provide clear timelines for any funding draw-downs Support development of Investment Case Assure that current funding is aligned with costed National Strategic Plan
PROGRAMS	<ul style="list-style-type: none"> Assess programmatic challenges in current social contracting mechanisms Assess standardization of services provided (GF and government) Assess process of integrating GF PSM systems into national systems; develop integration/ transfer plan 	<ul style="list-style-type: none"> Work with government partners to assess programmatic challenges in current social contracting mechanisms Institute NGO accreditation, to build and ensure capacity to meet service standards Develop standards and mechanisms for community-led monitoring of programs 	<ul style="list-style-type: none"> Provide technical assistance to build civil society & community capacity to monitor HIV and TB responses 	<ul style="list-style-type: none"> To the extent possible, support the country's efforts in integrating the Global Fund supported programs into the government systems through the grant implementation (i.e. avoid creation of parallel systems)

¹ Examples of rights-based approaches to be protected by legislation include, but are not limited to: decriminalization and/or legalization of drug use and sex work, legalization of homosexuality (where explicit prohibition exists)

² Examples of evidence-based approaches to be protected by legislation include, but are not limited to: outpatient treatment of TB, harm reduction interventions (needle/syringe exchange, opioid substitution therapy) to prevent HIV, voluntary testing and treatment (vs compulsory)

STAGE II

	Government	Civil Society	Technical Partners	Global Fund
POLICY	<ul style="list-style-type: none"> • Draft and pass legislation that protects rights-based, evidence-based approaches • Introduce outreach as social work, including policy to support formal seconding of NGO staff to government services • Introduce contracting/granting of NGOs to deliver HIV and TB services 	<ul style="list-style-type: none"> • Engage in drafting legislation that protects rights-based, evidence-based approaches, as needed • Participate in pilots to recognize outreach as social work, providing feedback on policy development • Advocate for and build capacity to utilize the social contracting mechanism 	<ul style="list-style-type: none"> • Engage with the relevant government agencies (in partnership with the CS) to encourage governments to honor commitments and move legislative and policy changes • Provide relevant technical support to government and civil society in operationalizing the new/adjusted policies (e.g. social contracting/granting to NGOs) 	<ul style="list-style-type: none"> • Support capacity building for civil society and affected communities to conduct regular monitoring of political commitments and enforcement of legislation/policy • Support civil society to conduct policy advocacy for critical changes needed for successful transition • Engage directly at high level in policy dialogue with the government to facilitate policy change
GOVERNANCE	<ul style="list-style-type: none"> • Continue to participate in governance body that steers the transition process • Develop capacity-building and/or transition plan for governance body • Secure political commitments to HIV and TB in the form of strategy documents, legislative acts, etc, as possible 	<ul style="list-style-type: none"> • Continue to participate in governance body • Advocate, as needed, for continued and expanded involvement of civil society in governance of HIV and TB responses 	<ul style="list-style-type: none"> • Continue to participate in governance body, as applicable • Provide technical support as relevant for a strengthened governance functions 	<ul style="list-style-type: none"> • Through grant implementation, encourage the transition of the CCM (where relevant) to become the multi-stakeholder governance body for the HIV/TB responses and the transition process
FINANCE	<ul style="list-style-type: none"> • Utilize Investment Case data in strategic planning • Address weaknesses in financial transparency and accountability • Use the required budget projections to inform allocation of resources for HIV and TB responses • Test and revise social contracting mechanisms • Investigate revenue generation/resource mobilization to support social contracting (e.g. taxes) 	<ul style="list-style-type: none"> • Advocate for use of Investment Case data in decision-making • Community-based monitoring mechanisms developed to monitor expenditures, social contracting finance mechanisms, etc • Conduct joint advocacy with industry (e.g. pharmaceutical) as needed • Advocate for the allocation of required and projected resources to HIV and TB responses • Carry out budget monitoring and resource accountability activities 	<ul style="list-style-type: none"> • Provide technical support, as needed, for development of novel mechanisms for revenue generations/resource mobilization • Provide technical support for budget projections that inform allocation of HIV and TB resources 	<ul style="list-style-type: none"> • Provide designated support for integration/transfer of finance systems • Work with transition stakeholders to monitor financial progress on transition, and readjust graduation timelines as needed
PROGRAMS	<ul style="list-style-type: none"> • Implement with revised social contracting mechanisms • Develop service standards/SOPs for use by government and civil society service providers (e.g. for prevention) • Undertake integration/transfer of PSM systems 	<ul style="list-style-type: none"> • Implement with revised social contracting mechanisms • Participate in and promote accreditation of NGOs and use of service standards/SOPs • Pilot and refine mechanisms for community-led implementation/monitoring of programs 	<ul style="list-style-type: none"> • Work with relevant government agencies and civil society to monitor and build capacity to meet the service coverage and quality targets 	<ul style="list-style-type: none"> • Provide designated support for integration/transfer of PSM systems • Provide designated support for integration/transfer of M&E systems

STAGE III

	Government	Civil Society	Technical Partners	Global Fund
POLICY	<ul style="list-style-type: none"> Monitor enforcement of all updated legislation, supporting re-education for government employees, as needed Institutionalize outreach as social work 	<ul style="list-style-type: none"> Participate in regular monitoring of political commitments and enforcement of policies 	<ul style="list-style-type: none"> Engage with the relevant government agencies (in partnership with the CS) to encourage governments to honor commitments and move legislative and policy changes Support to communities and/or support for independent monitoring of political commitments, as needed 	<ul style="list-style-type: none"> Support civil society and affected communities to conduct monitoring of National Strategic Plan implementation Support civil society and affected communities to conduct advocacy (e.g. through regional grants)
GOVERNANCE	<ul style="list-style-type: none"> Continue to participate in governance body Monitor institutionalization and function of governance body 	<ul style="list-style-type: none"> Continue to participate in governance body Advocate, as needed, for continued and expanded involvement of civil society in governance of HIV and TB responses 	<ul style="list-style-type: none"> Continue to participate in governance body, as applicable 	
FINANCE	<ul style="list-style-type: none"> Political commitment from MOF achieved: HIV and TB are priorities on health budget agenda Funding decisions aligned with Investment Case findings, and allocations monitored New revenue generation/ resource mobilization mechanisms enacted Transparent and accountable financing mechanisms tested and confirmed 	<ul style="list-style-type: none"> Engage in monitoring of financing mechanisms, including community-based expenditure monitoring Engage in resource mobilization and accountability activities 	<ul style="list-style-type: none"> Support monitoring of finance mechanisms, including through technical and financial support to civil society for monitoring and resource accountability activities 	<ul style="list-style-type: none"> Work with transition stakeholders to monitor financial progress on transition, and readjust graduation timelines as needed Support civil society and communities in resource mobilization and accountability activities through the implementation of the grants
PROGRAMS		<ul style="list-style-type: none"> Conduct community-led monitoring of programs – efficiency, quality 	<ul style="list-style-type: none"> Provide ongoing support to national stakeholders to continually scale-up services in line with international standards 	

Challenges & Limitations

The process of developing this draft framework faced several challenges and limitations. Some were internal (e.g. related to the regional consultation itself), while others were external (e.g. related to funding, political and economic environments).

Internal challenges and limitations included the short timeframe available for convening this consultation, as well as the necessity of timing to coincide with the Global Fund regional strategy meeting later in the week. These factors meant that some desired attendees were not available, and key voices may have been missing from the discussion. This limitation may be mitigated by ongoing discussions and consultations with key stakeholders as this framework is further developed.

External challenges and limitations include:

- The lack of certainty in the funding environment (including ongoing discussions about the Global Fund allocation formula and the Equitable Access Initiative), which makes it difficult to pinpoint the timelines in which any framework or guidance would be utilized;
- The dramatically different national/local circumstances of different countries, which make it difficult to generalize transition guidance enough to be relevant across different settings, while still providing enough detail to be pragmatic;
- The lack of designated funding available to support key transition actions (including those described in the framework above), which may threaten the feasibility of many actions suggested in the framework above;
- Local governance challenges, including ownership of the transition process and independent monitoring, which bring into question who will utilize the framework above to create country roadmaps, and who will be accountable for following them after Global Fund influence fades.

Suggested Next Steps

The draft framework presented above is work in progress and intended for further consideration, refinement and field-testing by partners. The EHRN, the Global Fund Secretariat, regional networks of key populations and technical partners intend improving the draft as part of country-level and other consultations throughout

August-December of 2015 and also using experiences and best practices outside of the EECA region.

Ultimately, a completed framework should be used as a starting point for countries to define their own roadmaps to transition. Whether or not more explicit guidance is needed to accompany the framework is to be decided after field-testing is completed and all feedback is integrated. An updated framework is expected to be available for presentation to stakeholders at the High-Level Regional Dialogue to be held in Tbilisi, Republic of Georgia, on 28-30 September 2015.

In addition, the consultation revealed the need for further consideration and assessment of countries' readiness for transition. Based on the founding principle of partnership underlying the Global Fund operations, it may be incumbent upon the Global Fund to engage with other stakeholders (i.e. governments, other donors, technical partners, civil society and communities) to develop a standard process and timeline for assessment of country readiness for transition, and consensus on what may qualify as transition roadmaps for countries.

Throughout these steps, we must bear in mind the resounding message from this consultation: *transition is a process, not a document.*

TECHNICAL CONSULTATION ON TRANSITION TO DOMESTIC FUNDING OF HIV AND TB RESPONSES AND THEIR PROGRAMMATIC SUSTAINABILITY IN EASTERN EUROPE AND CENTRAL ASIA (EECA)

Istanbul, Turkey, 21-22 July 2015

List of participants

	COUNTRY	SURNAME	NAME	POSITION	ORGANIZATION	EMAIL
1.	Armenia	MADOYAN	Hovhannes	Technical Adviser / Advocacy Coordinator	Real World Real People NGO	hovhannes@realwrp.com
2.	Belarus	NOVIK	Irina	Deputy Director	The Republican Scientific and Practical Center for Medical Technologies, Informatization, Administration and Management of Health	inovik@belcmt.by; 2004548@mail.ru (con- tact person)
3.	Belarus	TRUKHAN	Liudmila	Coordinator for the work with People Who Inject Drugs	Positive Movement	liudmila.trukhan@gmail.com
4.	Bosnia and Herzegovina	GODINJAK	Serifa	Chair of CCM; Head of Department for European Integration and International Cooperation	Ministry of Civil Affairs	serifa.godinjak@mcp.gov.ba
5.	Canada	GOLICHENKO	Mikhail	Legal counsel	Canadian HIV/AIDS Legal Network	mgolichenko@gmail.com
6.	Estonia	ZHUMAGALIEV	Vitaly	Executive Director	Eurasian Coalition on Male Health (ECOM)	vitaly@ecom.ngo
7.	Georgia	KHONELIDZE	Irma	Deputy Director General	National Center for Disease Control and Public Health	ikhonelidze@gmail.com
8.	Georgia	GOGINASHVILI	Ketevan	Head of Health Policy Division	Ministry of Labour, Health and Social Affairs of Georgia	kgoginashvili@moh.gov.ge
9.	Georgia	ADAMIA	Ekaterine	Head of Public Health and State Programs Division	Ministry of Labour, Health and Social Affairs of Georgia	eadamia@moh.gov.ge
10.	Georgia	GERMANASHVILI	Tamar	Director	Georgian Harm Reduction Network	tgermanashvili@hrn.ge
11.	Georgia	CHKHATARASHVILI	Ketevan	President	Curatio International Foundation	k.chkhatarashvili@curatio.com
12.	Georgia	CHIKOVANI	Ivdiy	Director of Research Unit	Curatio International Foundation	l.chikovani@curatio.com
13.	Georgia	GOTSADZE	Tamar	Public Health Specialist, Health Systems Expert	Curatio International Foundation	tgotsadze@gmail.com
14.	Germany	VON RODA	Anna-Maria	Programme Officer	GIZ, German BACKUP Initiative	anna-maria.roda@giz.de
15.	Germany	RAMME-FÜLLE	Beate	Communications Focal Point	Developed Country NGO Delegation to the GF Board/ Action against AIDS Germany	rammefuelle@aids-kam- pagne.de
16.	International / Denmark- Belgium	DARA	Masoud	Programme Manager; Tuberculosis and M/XDR- TB control programme; Communicable diseases, health security and environment	WHO Regional Office for Europe	mva@euro.who.int (con- tact person) daram@who.int
17.	International / Russian Federation	HAILEVICH	Roman	Regional Program Adviser	UNAIDS	gailevichr@unaids.org
18.	International / Turkey	KONSTANTINOV	Boyan	Legal Specialist	UNDP Regional Service Centre, Europe and the CIS	boyan.konstantinov@ undp.org

19.	International / Turkey	MACAULEY	John		UNDP Regional Service Centre, Europe and the CIS	john.macauley@undp.org
20.	Kazakhstan	AMANZHOLOV	Nurali	Director	Kazakhstan Union of People Living with HIV	nurali70@mail.ru
21.	Kyrgyzstan	BAKIROVA	Chynara	Executive Director	Anti-Aids Association	chbakirova@gmail.com
22.	Lithuania	VOTYAGOV	Sergey	Executive Director	Eurasian Harm Reduction Network	sergey@harm-reduction.org
23.	Lithuania	STUIKYTE	Raminta	Facilitator		raminta.stuikyte@gmail.com
24.	Macedonia	SAZDOVSKA	Sanja	State Advisor	Ministry of Health of the Republic of Macedonia	sanja.sazdovska@zdravstvo.gov.mk ; lidija.kirandziska@hiv.gov.mk (contact person)
25.	Macedonia	FAKOVIC	Nermina	Coordinator of National preventive program for HIV	Ministry of Health of the Republic of Macedonia	nermina.fakovic@zdravstvo.gov.mk ; lidija.kirandziska@hiv.gov.mk (contact person)
26.	Macedonia	FILIPOVSKA	Ana	CCM Macedonia General Secretary; EECA Alternate Board Member	CCM Macedonia Secretariat	ana.filipovska@nkm.mk ; fipi_ana@yahoo.com
27.	Moldova	SEMIENIUC	Anastasia	Head of Prevention Department	National Health Insurance Company	dp@cnam.gov.md ; maria.lifciu@cnam.gov.md (contact person)
28.	Moldova	AMBROSIE	Ana	Senior consultant, Health care and social assistance financial division	Ministry of Finance	ana.ambrosie@mf.gov.md
29.	Moldova	RODIUCOVA	Feodora	Head	Healthcare Service, Beltsy, Republic of Moldova	rodiucova@gmail.com
30.	Montenegro	ŽEGURA	Tijana	Director	Harm Reduction Program Juventas	tijanap@gmail.com
31.	Romania	FURTUNESCU	Florentina	GF TERG consultant		ffurtunescu@gmail.com
32.	Russian Federation	KURMANAEVSKII	Aleksej		Eurasian Network of People who Use Drugs (ENPUD)	kurmanaevskii@gmail.com
33.	Russian Federation	MASLOVA	Irina	Chair	Coordination Committee on prevention and fight against HIV/AIDS in the Russian Federation	maslovasr@gmail.com
34.	Russian Federation	MOGUCHEVA	Daria		Eurasian Network of People who Use Drugs (ENPUD)	daria.mogucheva@gmail.com
35.	Russian Federation	ROSHCHUPKIN	Gennady		Eurasian Coalition on Male Health (ECOM)	Gennady_roshchupkin@yahoo.com
36.	Russian Federation	VARENTOV	Ivan	Global Fund Advocacy Advisor	Eurasian Harm Reduction Network	ivan@harm-reduction.org
37.	Sweden	TORNQUIST	Sam	GF TERG consultant: Country case study for Estonia		tornquists@gmail.com
38.	Switzerland	DITIU	Lucica	Executive Secretary	Stop TB Partnership	ditiul@stoptb.who.int ; jackieh@stoptb.org (contact person)
39.	Switzerland	ALBA	Alena	Program Officer, Eastern Europe and Central Asia Team	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Alena.Alba@theglobal-fund.org
40.	Switzerland	BARBER	Melissa	Office of Executive Director	The Global Fund to Fight AIDS, Tuberculosis and Malaria	melissajoybarber@gmail.com

41.	Switzerland	CANTAU	Nicolas	Regional Manager, Eastern Europe & Central Asia	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Nicolas.Cantau@theglobalfund.org
42.	Switzerland	KIRSZTAJN	Ilana	Office of the Executive Director	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Ilana.Kirsztajn@theglobalfund.org
43.	Switzerland	KOJOYAN	Seda	TERG Associate Specialist	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Seda.Kojoyan@theglobalfund.org
44.	Switzerland	KOGAN	Maxim	Fund Portfolio Manager	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Maxim.Kogan@theglobalfund.org
45.	Switzerland	PUVIMANASINGHE	John	Senior Specialist; Technical Evaluation Reference Group (TERG) Support Team; Strategy, Investment and Impact Division	The Global Fund to Fight AIDS, Tuberculosis and Malaria	John.Puvimanasinghe@theglobalfund.org
46.	Switzerland	OLIYNYK	Igor	Hub for Technical Cooperation Technical Advisory and Partnerships/SIID	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Igor.Oliynyk@theglobalfund.org
47.	Switzerland	SAKANYAN	Tsovinar	Fund Portfolio Manager	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Tsovinar.Sakanyan@theglobalfund.org
48.	Switzerland	VINICHENKO	Tatiana	Fund Portfolio Manager	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Tatiana.Vinichenko@theglobalfund.org
49.	Ukraine	FILIPPOVYCH	Sergey	Director of Treatment, Procurement and Supply Management	International HIV/AIDS Alliance in Ukraine \ TB Europe Coalition	filippovych@aidssalliance.org.ua
50.	Ukraine	KLEPIKOV	Andriy	Executive Director	International HIV/AIDS Alliance in Ukraine	klepikov@aidssalliance.org.ua
51.	Ukraine	MOROZ	Svitlana	Chair of the Board	Eurasian Women's Network on AIDS	svetamorozgen@gmail.com
52.	Ukraine	NIZOVA	Natalya	Director	Ukrainian CDC	natalya.nizova@gmail.com ; grytsenkoucdc@gmail.com (contact person)
53.	Ukraine	SHEVCHENKO	Hanna	Deputy Executive Director	All-Ukrainian Network of PLWH	hanna@network.org.ua
54.	Ukraine	SKALA	Pavlo	Associate Director	International HIV/AIDS Alliance in Ukraine	bondarenko@aidssalliance.org.ua (contact person)
55.	Ukraine	ZHOVTYAK	Vladimir	Head of Coordinating Council	ECUO	vladimir@network.org.ua ; a.kalinichenko@network.org.ua (contact person)
56.	United States	BENJAMIN	Heather	Program Officer, Global Health Financing Initiative	Open Society Foundations	heather.benjamin@opensocietyfoundations.org
57.	United States	PARSONS	Danielle	Facilitator		danielle@aidssprojects.com
58.	United States	RESHEVSKA	Iryna	Senior CCM technical manager	Grant Management Solutions	ireshevaska@gmsproject.org
59.	Turkey	NAJAFOV	Azar	INTERPRETER 1		necefov@gmail.com
60.	Turkey	NAJAFOVA (ANUCHINA)	Darya	INTERPRETER 2		Daria.anuchina@gmail.com

TECHNICAL CONSULTATION ON TRANSITION TO DOMESTIC FUNDING OF HIV AND TB RESPONSES AND THEIR PROGRAMMATIC SUSTAINABILITY IN EASTERN EUROPE AND CENTRAL ASIA (EECA)

Istanbul, Turkey, 21-22 July 2015

AIM AND OBJECTIVES

- To draft a **Framework for Sustainability and Transition** for countries transitioning from Global Fund support in EECA.
 - » To examine the lessons learnt on transition from selected countries;
 - » To define key elements and timelines to be included in a Framework for Sustainability and Transition that could serve as a guidance for the Global Fund and countries in transition;
 - » To identify areas and sources of required technical support for sustainability;
 - » To agree on next steps and opportunities towards responsible transition for the EECA region as a whole.

FOLLOW-UP

- Presenting the results at the EECA **Regional Consultation on Global Fund's Strategy 2017-2021** on 24 July 2015 in Istanbul
- Presenting a draft Framework for Sustainability and Transition at the **Regional High-Level Policy Dialogue "Road to Success"** on 28-30 September 2015 in Tbilisi, Georgia, which organized by the Government of the Republic of Georgia, the Eurasian Harm Reduction Network (EHRN), the Global Fund, UNAIDS, United Nations Office on Drugs and Crime (UNODC), and the World Health Organization (WHO) with the support of United Nations Development Program (UNDP) and the World Bank

LANGUAGES: English & Russian

OUTPUTS

- Consultation report outlining the consultation's conclusions and proposing a draft transition framework and feeding a political resolution of a follow-up High-Level Dialogue

Day 1

TUESDAY 21 JULY 2015

Time	Session	Resource people
09.00 - 09.30	Welcome and introductions <ul style="list-style-type: none"> · Welcome by the Global Fund's Board and Secretariat and EHRN · Introduction of participants, aims and program · Logistics 	Lucica Ditiu (Stop TB Partnership) Nicolas Cantau (GF), Sergey Votyagov (EHRN) Facilitators
09.30 - 10.15	Session 1. Current status of EECA transition from/of the Global Fund <ul style="list-style-type: none"> · <i>Presentation:</i> What is the current thinking related to transition and sustainability at the Global Fund; and overview of some country level experience of transition (beyond EECA) so far? What are some experiences particular to EECA? · <i>Presentation:</i> Readiness of EECA countries for transition and sustaining the HIV and TB responses 	Ilana Kirsztajn & Nicolas Cantau (GF) Sergey Votyagov (EHRN)
10.15 - 10.45	Break	
10.45 - 12.00	Session 2. Transition and sustainability: Lessons learnt so far <ul style="list-style-type: none"> · <i>Panel discussion:</i> Based on past experience, what does a successful transition for programmatic and financial sustainability look like? What are critical factors for success and what are most challenging aspects, particularly in similar epidemiological and political situations? What were the processes used by country to prepare for transition? Which external and internal aspects of a country context are of particular importance to ensuring a sustainable transition? <ul style="list-style-type: none"> • Lessons learnt from the countries that have transitioned from Global Fund support – GF's Technical Evaluation and Review Group (TERG) analysis • Preliminary findings of ongoing research on transition progress in GF-supported countries • Findings from 8 TERG commissioned country studies on countries that have transitioned from Global Fund support • Ukraine case • Transition and sustainability from civil society and community perspectives · <i>Discussion</i> 	Facilitators John Puvimanasinghe (GF) and/or TERG Ketevan Chkhatarashvili (CIF) Tamar Gotsadze (CIF/author of one GF TERG studies) Natalia Nizova (Ukrainian Center for Disease Control) Sergey Votyagov (EHRN)
12.00 - 13.00	Lunch	

13.00 – 15.00	<p>Session 3. Critical factors for successful transition</p> <ul style="list-style-type: none"> · <i>Introduction to group work</i> · <i>Group work:</i> Identifying critical factors that influence sustainability in countries - What are the key areas of a country context that influence its ability to go through a sustainable transition? Drilling down, what are key factors within each of these areas? Identifying 4-5 critical factors. Groups: <ul style="list-style-type: none"> • <i>Programmes</i> • <i>Policy</i> • <i>Finance</i> • <i>Governance</i> · <i>Reporting at plenary</i> 	<p>Facilitators</p> <p>Group facilitators: Ivan Varentsov (EHRN) Roman Hailevich (UNAIDS) Boyan Konstantinov (UNDP) Igor Oliynyk (GF)</p>
15.00 - 15.30	Break	
15.30 – 17:30	<p>Session 4. Pathways to successful transition</p> <ul style="list-style-type: none"> · <i>Introduction to group work</i> · <i>Group work:</i> Describing the pathway that countries should follow to achieve a sustainable transition - What process should a country follow to prepare for and during transition (which structures/process/bodies to involve and who to lead, timeline, and milestones to measure progress)? Working on an example of most challenging factors identified in the previous group work. Groups: <ul style="list-style-type: none"> • <i>Programmes</i> • <i>Policy</i> • <i>Finance</i> • <i>Governance</i> · <i>Reporting at plenary</i> 	<p>Facilitators</p> <p>Group facilitators: Ivan Varentsov (EHRN) Roman Hailevich (UNAIDS) Boyan Konstantinov (UNDP) Igor Oliynyk (GF)</p>
17.30 - 18.00	<p>Wrap-up</p> <p>Summary of the day's sessions and key points</p>	Facilitators

Day 2

WEDNESDAY 22 JULY 2015

Time	Session	Resource people
09.00 - 09.15	Plan of the Day	Facilitators
09:15 – 10:30	Session 5. Framework for transition and sustainability in EECA <ul style="list-style-type: none"> · <i>Plenary discussion:</i> What processes and structures could support effective, transparent and accountable transition? What timeline is realistic? What global/international processes could enable political dialogue around most challenging aspects? How do we differentiate that process based on where a particular country sits within the 'development continuum'? How can the Global Fund best support countries as they move through this process? <ul style="list-style-type: none"> • <i>Kick-off comments from the perspective of:</i> <ul style="list-style-type: none"> ▪ Countries ▪ Donors and international partners ▪ Civil society 	Facilitators Serifa Godinjak (Bosnia-Herzegovina), Irina Novik (Belarus) Anna-Maria von Rada (GIZ), Lucica Ditiu (Stop TB Partnership) Vladimir Zhovtyak (ECUO)
10:30 – 10:45	Break	
10:45-12:00	Session 5, continued. Framework for Transition and Sustainability in EECA	
12:00 – 13:00	Lunch	
13:00-14:30	Session 6. Roles and needs of key stakeholders in EECA Transition and Sustainability Framework <ul style="list-style-type: none"> · <i>Introduction to group work</i> · <i>Group work:</i> What are the roles of relevant stakeholder group (constituency)? What does that sector/constituency need for playing that role in transition and sustainability in EECA? Stakeholder groups: <ul style="list-style-type: none"> • Countries / government • Civil society including community groups • Technical partners • Donors including the Global Fund · <i>Reporting at plenary</i> 	Group facilitators: Igor Oliynik (GF) Mikhail Golichenko (Legal network) Roman Hailevich (UNAIDS) Ilana Kirsztajn (GF)
14.30 – 15:15	Conclusions <ul style="list-style-type: none"> · Summary of the meeting discussions · Regional High-Level Dialogue 'Road to Success' · Reporting results to the Global Fund Strategy consultation on 24 July · Next steps · Closure 	Facilitators TBI Nicolas Cantau & Sergey Votyagov
15:15 – 15:45	Break	
15:45 – 16:45	Side event: Global Fund's eligibility criteria and resource allocation – current discussions and EECA position <i>(all interested participants are welcome to join)</i>	
17:00-18:30	Preparing the technical consultation outcome to the Global Fund strategy meeting on 24 July <i>(identified small group only)</i> <ul style="list-style-type: none"> · Finalizing the report 	



Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network unites over 600 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

BECOME AN EHRN MEMBER:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:

www.harm-reduction.org/become-a-member