Challenges in funding of HIV/hep/TB response in Central and Eastern Europe:

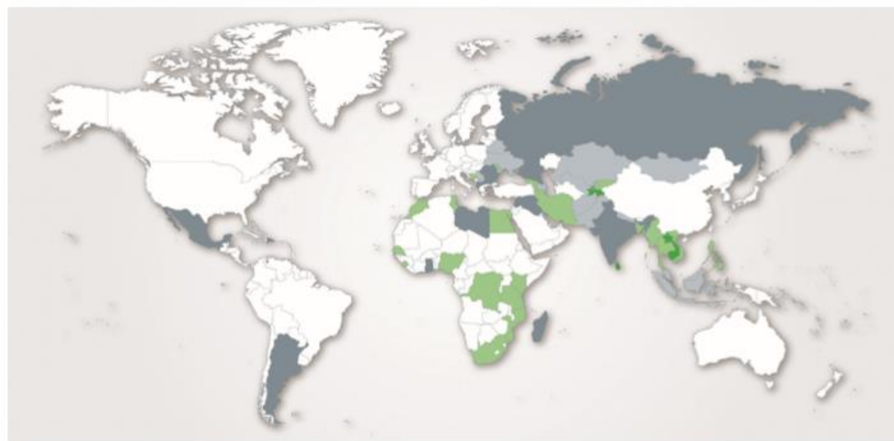
the role of EC and civil society in ensuring the sustainability of services

ehra

eurasian harm reduction association

Overall harm reduction funding in LMICs has flat-lined

- Overall level of harm reduction funding in LMICs is the same as in 2007
- Just 1% of US$19 billion donor and government spend on HIV in
- Just 4 cents per day is spent per person who inject drugs in LMICs
- Most funding for harm reduction still comes from international donors (64%), however it is one-quarter less than it was a decade ago
- National governments are not stepping in to scale up funding for



HARM REDUCTION
INTERNATIONAL

www.hri.global

The majority of people who inject drugs live in upper middle-income countries

Yet, harm reduction funding is lowest in these countries

$0.02 per person per day in UMICs

$0.09 per person per day in low and lower middle-income countries

People who use drugs are being left behind

New HIV infections among people who inject drugs increased 33% from 2011-15

Donor funding for harm reduction has fallen 24% since 2007

HARM REDUCTION INTERNATIONAL

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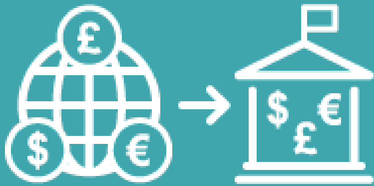
EECA – lost in transition



- **If the country is ready** for transition from donor's support to national funding of HIV\TB responses. Without proper planning, having all systems and legislation in place properly working, countries are not ready.
- **If country is willing** to ensure the transition of some particular components of HIV\TB responses previously supported by donors?
- **If country is able** to ensure the transition processes - multiple factors could determine a country's ability to mobilize resources for HIV response

The Global Fund Sustainability, Transition and Co-financing Policy, 2016

Key resources on Sustainability and Transitioning in EECA countries

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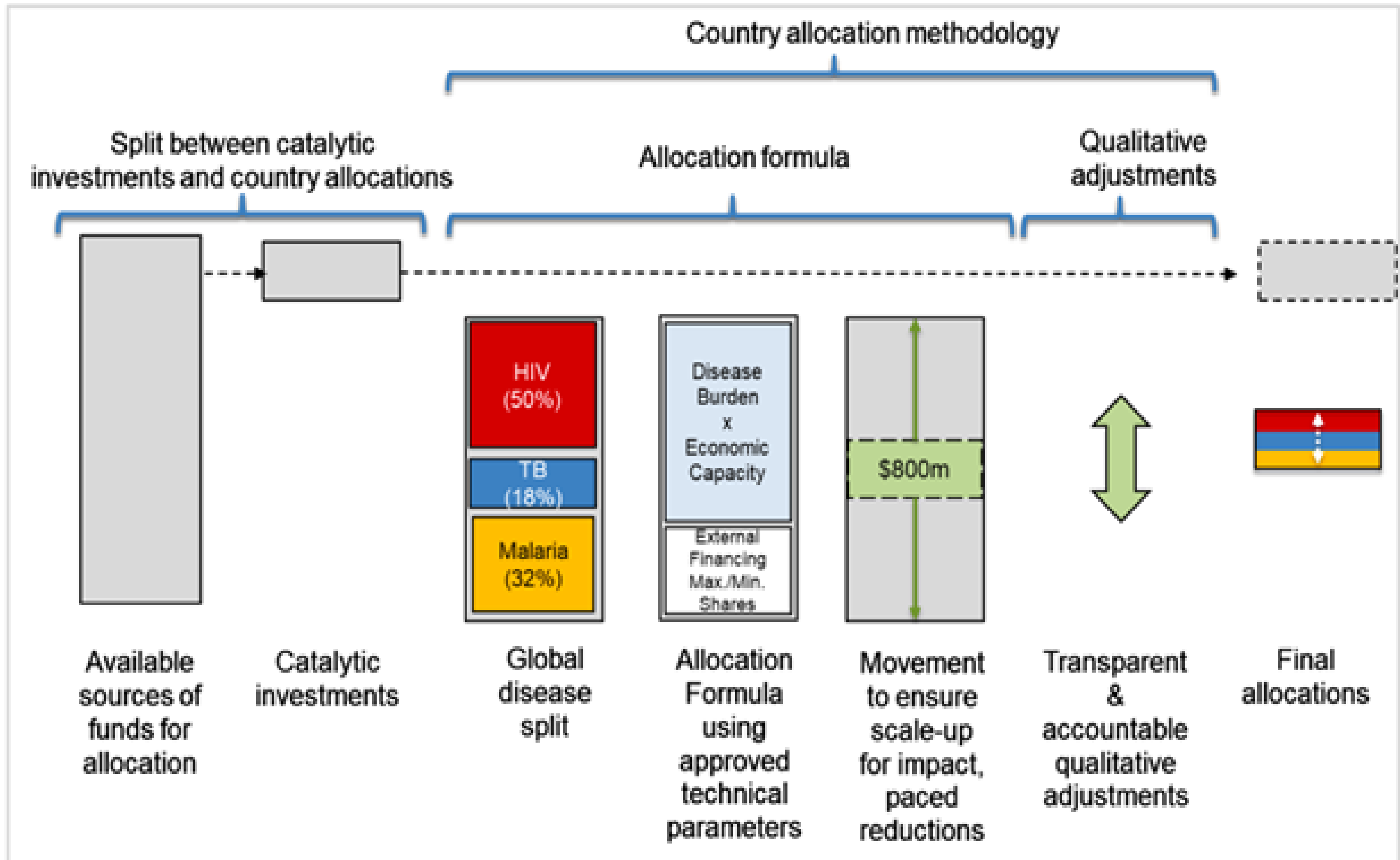
GF updated allocation methodology for 2020-2022



Overview of EECA Transition Status

Ineligible before the policy on transition funding was adopted *	Receiving transition funding in 2017–2019	Projected to transition by 2025	Started transition planning (UMICs with high disease burden)	Still have time for long-term sustainability and transition planning (but most of these countries already started transition processes)
Bulgaria HIV B&H HIV, TB Macedonia HIV, TB Russia HIV Serbia TB	Albania HIV, TB Turkmenistan TB	Armenia HIV, TB Kosovo HIV, TB Kazakhstan HIV, TB	Azerbaijan HIV, TB Belarus HIV, TB Georgia HIV, TB Montenegro HIV Serbia HIV Romania TB	Kyrgyzstan HIV, TB Moldova HIV, TB Tajikistan HIV, TB Uzbekistan HIV, TB Ukraine HIV, TB

https://www.theglobalfund.org/media/4227/bm35_06-eligibility_policy_en.pdf

Different Europes

1. Challenges in services funding in **EU members states**: Romania, Bulgaria, Lithuania, Latvia…
2. Need to develop mechanisms for transitioning in **enlargement countries** - Albania, Bosnia-Herzegovina, Kosovo, Macedonia, Montenegro, Serbia and Turkey
3. Support needed to neighboring countries: Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova, Morocco , Ukraine
4. Elephant in the room: Russia

Civil society forum on drugs report

- Expert group of the European Commission
- Report on the implementation of the EU Action Plan on Drugs from civil society perspective
- 169 CSOs filled it from 32 European countries (all member states except Malta)
- Respondents rated access to and quality of 12 services (including: OST, NSP, DCR, Naloxone, drug checking) in a 10 point scale

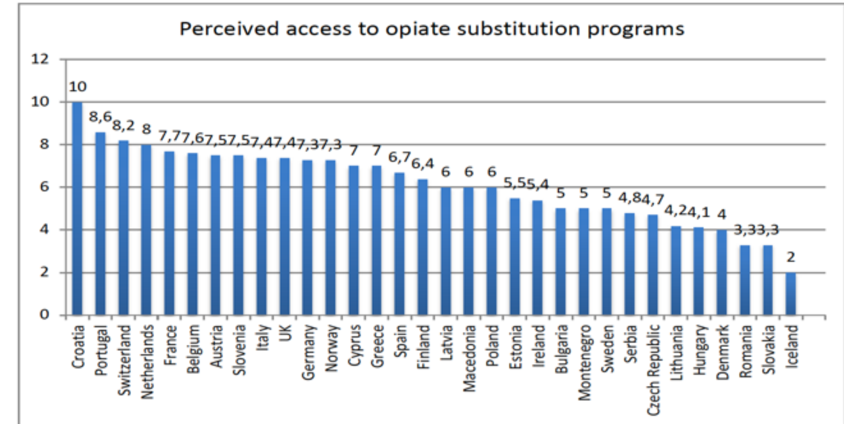


Figure 21. Perceived access to opiate substitution programs

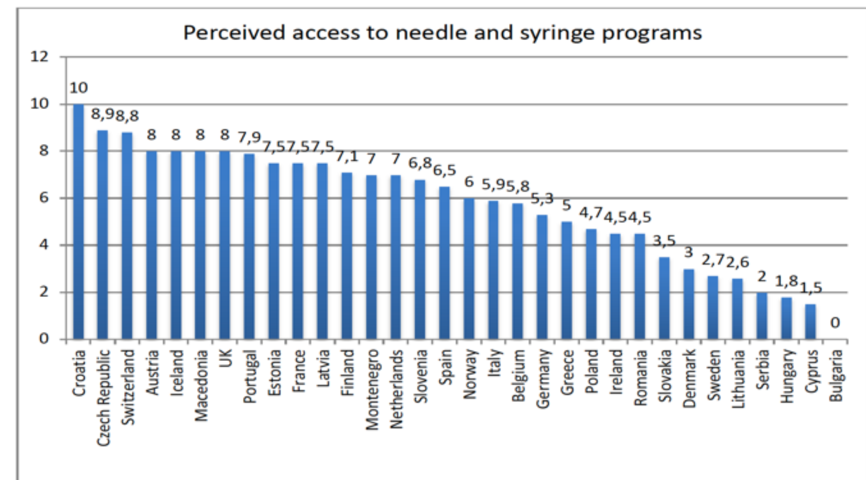
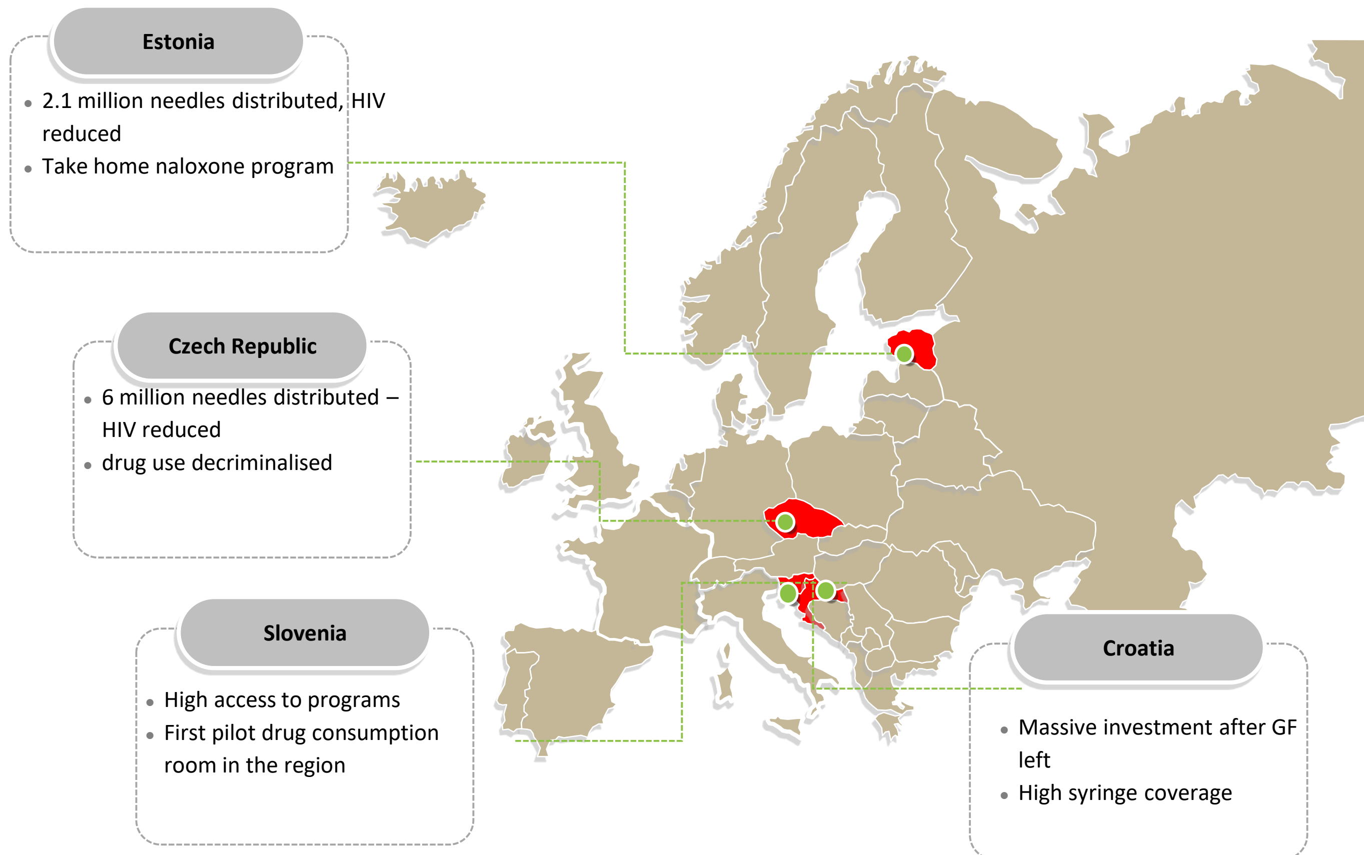


Figure 19. Perceived access to needle and syringe programs

Good students – bad students

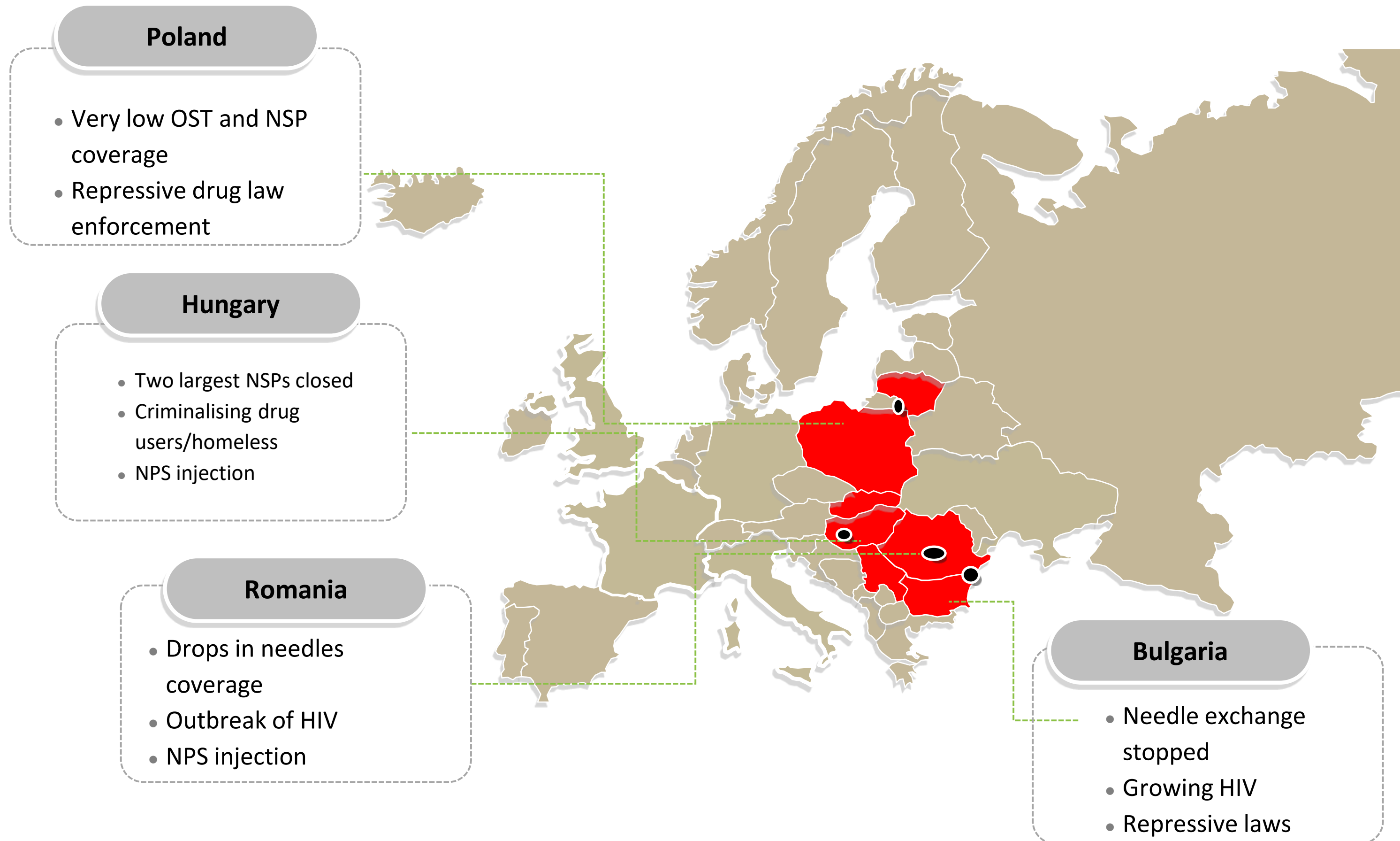
- Income level is not the key factor but:
  - Sociocultural attitudes/civil society
  - Political system/leadership
  - Drug market changes
  - Funding environment
- The policies of individual governments are the key in how they use EU resources in advancing their health and social care systems
- We find both good and bad examples
  - Good: Czech Republic, Slovenia, Croatia
  - Bad: Bulgaria, Hungary, Romania

„GOOD STUDENTS" of HARM reduction



These slides are developed by Peter Sarosi, Rights Reporter Foundation, Hungary

”bad students” of harm reduction



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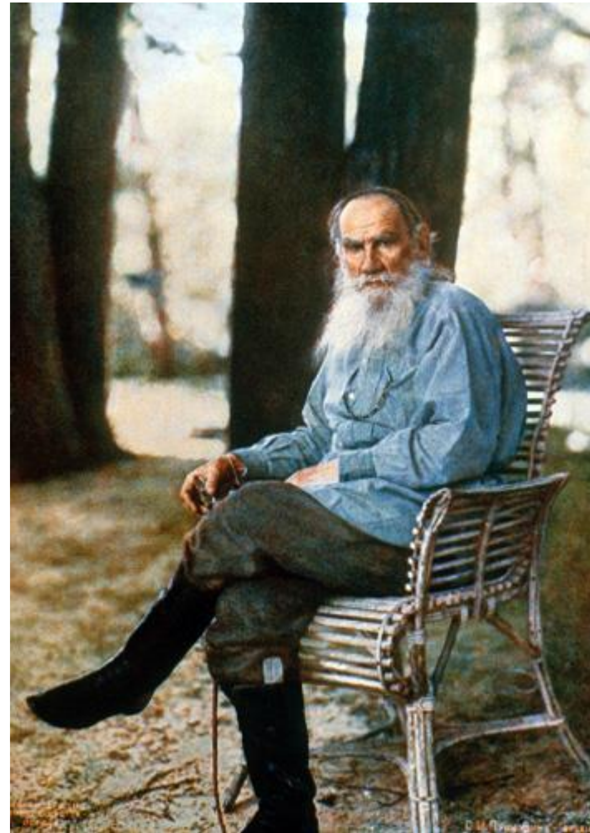
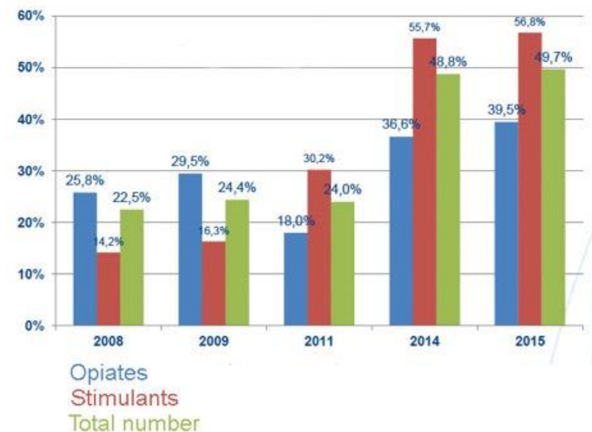
"Happy families are all alike; every unhappy family is unhappy in its own way."

Lev Tolstoy



Case study 1: Hungary

- 2000s: harm reduction is recognized and scaled up– national funding system developed
- 2010: new populist government
- Drug market is shifting to NPS stimulants
- 2014: largest NSPs are closed down in the country
- Hepatitis C outbreak among PWIDs



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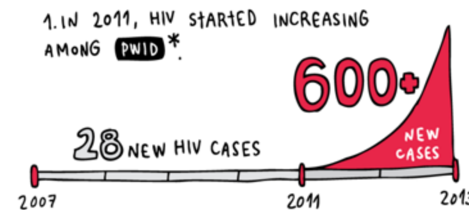
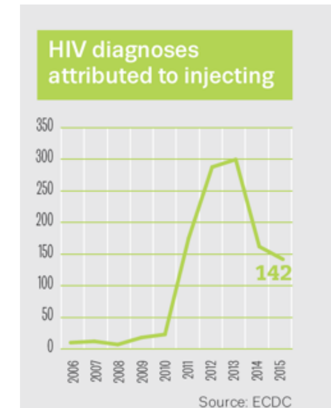
Case study II: Romania

- 2010: financial crisis + end of support of international donors
- Shift in the drug market: rising injecting use of NPS
- Significant drop in distributed needles resulted in a huge HIV outbreak
- Funding is still not stable: the number of clients reached by NSPs declined from 7500 to 2000 between 2017 and 2018
- Drug policy is lost between ministries, Strategic Plan on HIV has been postponed for a year





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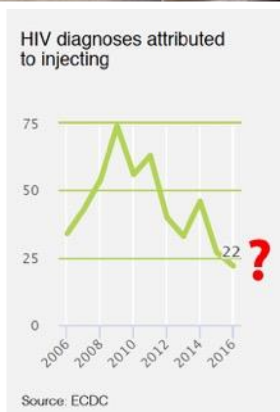
Case study III. Bulgaria



- With the help of Global Fund, Bulgaria built up a harm reduction system in the 2000s
- After 2017, the GF funding ended – the government promised to create stable funding for HR programs
- Funding exists on paper – but the requirements are so strict that no NGOs can apply for grants
- In 2018, NSP services left without funding, very limited service on voluntary base
- 2019: Bulgaria becomes eligible for GF again

These slides are developed by Peter Sarosi, Rights Reporter Foundation, Hungary

Components of the sevices sustainability

- Budget advocacy/availability and proper using of funds
- Mechanisms of funding of services (including provided by NGO)
- Standards of services/ Monitoring of services quality

BUDGET ADVOCACY

FINANCING MECHANISMS

QUALITY

BUDGET ADVOCACY IN THE BUDGET CYCLE

ADVOCACY GOALS • ADVOCACY TARGETS • NATIONAL DOCUMENTS TO INFLUENCE • ADVOCACY TOOLS AND ARGUMENTS

Budget Formulation

The budget is put together by the executive branch of government.

1

- Estimating budgetary needs for the draft budget: size estimation; budget impact analyses; service costing; cost-benefit analyses;
- Guidelines for service standardisation
- Tools for transitioning planning;
- Partnerships of NGO advocating for effective health financing, transparency and reform;
- "Horror stories" — case studies of countries where the transition process has failed.

Legislation and strategies: EU Association Agreement; Transition Plan; health sector strategy, drug policy etc.
- HIV and health national strategies and programs; National healthcare program; national AIDS program, etc.;
- Clinical guidelines, standards and protocols;
- Annual budget and multi-year prognoses; budget law

- Country Coordination Mechanism (CCM); the Ministry of Health; the Ministry of Finance;
- Parliamentary committees for health and budgeting.

Health services for key populations are stated as a priority (commitment) for domestic funding are included in the budget.

Budget Enactment

The budget plan is debated, altered and approved by the parliament which enacts it into law.

2

Funds allocated for services in the budget are approved by the government and adopted by the parliament.

- Government; the Ministry of Health; the Ministry of Finance;
- Parliament committees for health and budgeting; Political parties, MP

The budget proposal

- Partnerships with other advocacy groups and 'friendly' parliamentarians for organising public hearings;
- Preparing analytical notes for meetings of Parliamentary committees for health and budgeting;
- Involvement of the media to cover and publish the results of budget analyses and expert opinions of the budget;
- Obtain a copy, and track amendments, of the parts of the budget that interest you; and,
- Awareness campaigns and street action prior to public hearings or votes.

Budget oversight and evaluation

4

- Budget monitoring to assess how effectively the government spends the budget;
- Review of national budget monitoring systems to promote adherence to the budget and reduces mismanagement or corruption;
- Monitoring and evaluation of budget execution outcomes;
- Use of state compliance mechanisms from services clients or patients to report poor quality services or goods; and,
- Community-led monitoring of quality and access to services and reporting of their findings.

- Budget execution reports; and,
- Governmental reports; audits of program implementation.

- Government: the Ministry of Health; the Ministry of Finance; and,
- All budget users responsible for implementation of programs.

Enhance the quality, availability, and cost-effectiveness of harm reduction and other HIV services and programs for key affected populations and budget accountability and budget reforms to improve budgetary control.

The actual expenditures of the budget are accounted for and assessed for effectiveness.

Budget Execution

3

Enhance the outcomes of budget expenditures.

- All budget users responsible for implementation of specific health programs (mainly governmental agencies such as the AIDS Centre, for example); and,
- Public procurement agencies.

- Enacted budget/amended budget;
- Regulations on public procurement;
- Annual public procurement plans; and,
- Documents developed during the implementation of public procurement procedures.

- Influence on the technical specifications for procured goods or services to ensure that they actually meet the needs of the community;
- to ensure that the tender proceedings require a fair and open competition through participation in the tendering process;
- Analysis of regular public reports on the status of expenditure during the year to monitor the flow of funds;
- Development of social contracting mechanisms that allow budget planning for NGO-implemented services;
- Analysis of the fiscal strategy, budget requests, proposals, and engagement in these activities; and,
- Community assessment of public procurement as well as the quality of, and satisfaction with, the goods/services procured

The budget is implemented by the government and includes the development of programs under the budget allocation, procurement and reimbursement modalities.

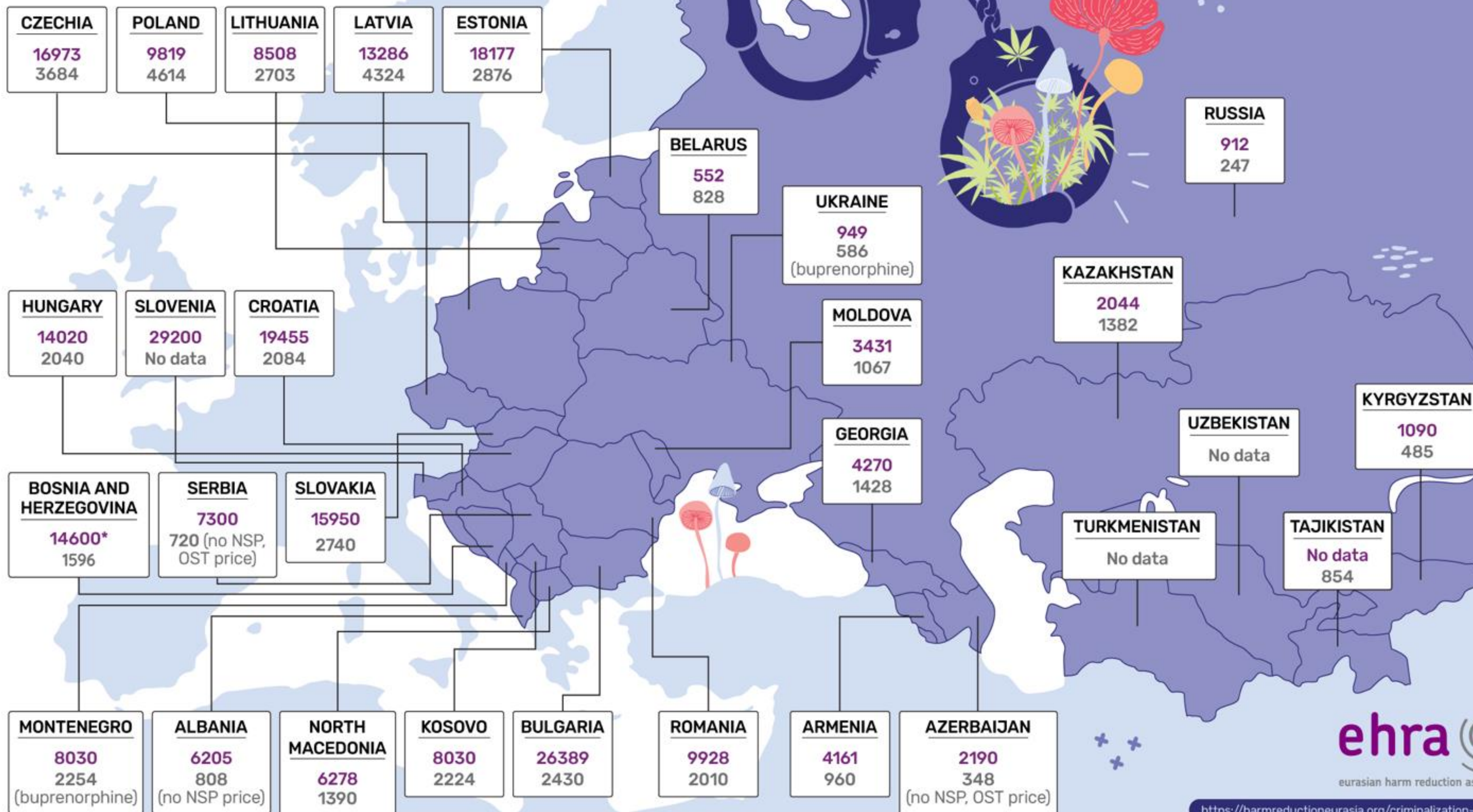
Do we have good arguments?

1. Access to HIV services for key populations is their basic human right (right for health)
2. Support of HIV prevention services for KAPs is state obligation based on the commitments to citizens\to donors
3. We already calculated all unit costs and estimated existing gaps in UHC and integrated health
4. State will benefit in long-term perspective if supports prevention now instead of paying for the treatment later
5. HIV prevention services for key populations successfully work in other countries and are being supported by high ranking officials (EC, GF, UN)

Who is interested in sustainability of HIV/TB and HCV services for vulnerable groups?

CRIMINALIZATION COSTS MAP
in Central and Eastern Europe and Central Asia (CEECA)

In prison (in €/per prisoner/per year)
In freedom (in €/per client/per year)



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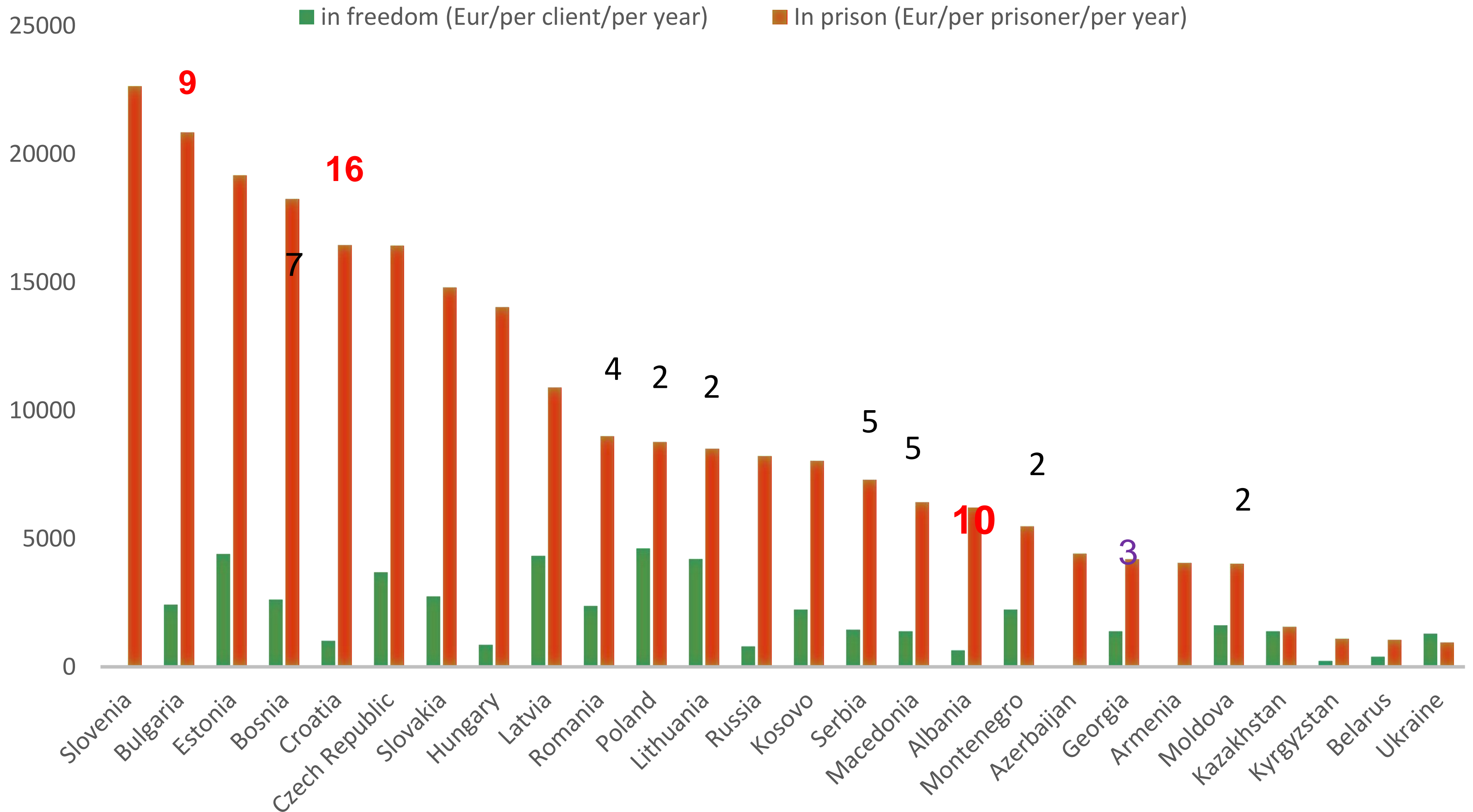
https://harmreductioneurasia.org/criminalization-costs/

CRIMINALIZATION/FREEDOM COSTS COMPARISON



Lithuania: waisted lives and 25 mln Euro

Because of recent criminalization of drug possession in Lithuania, registered crimes of the possession of drugs raised in 2018 by 17,7% (even till sept):

- In 2017 m. - 1959
- In 2018 m. (January - September) – **2305**

In 2017, **755** people were in prison for the drug possession in Lithuanian prisons. Average sentence for such crime, given by the court is 8 years and the real sentence is **4 years**. One day costs 23,31 Eur./ per day/ per prisoner so for one year it’s **8508 Eur**. Investigation and court expenditures are not included, as well as lost incomes and taxes for this period.

Calculation: 755 people*8508 Eur. (prison costs)*4 years = **25 694 160**,00 Euro

We’ll see if this argument against criminalization of drugs possession will work during Lithuanian Parliament discussion next week.

Eastern Europe and Central Asia (EECA)

communities campaign to stop stigma and discrimination

chasevirus.org

CSF advocacy for services in EU members

- Prioritizing health in Euro Parliament and work of Commission
- Country by country targeted advocacy
- Using EU action plan on drugs and other obligations as bases

Recent example: Senior-Level Policy Dialogue 'Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems' which took place 12-13 December 2017 in Tallinn under the Estonian Presidency of the Council of the European Union

Access to services in enlargement negotiations

- Country Strategy Papers – influencing
- Participation or feed-back on annual Country Reports
- Instrument for Pre-accession Assistance (IPA) to support reforms in the enlargement countries with financial and technical help and other available technical support
- Additional bridging funding from GF, EJAF, OSF for advocacy and services institutionalization
- Bilateral donors: Norway, Sweden, Netherlands

The Sustainability Bridge Fund

(Civil Society Sustainability Network in partnership with Open Society Foundations)

Supporting advocacy to:

- Improve quality of policies that can increase cost and allocative effectiveness, such as procurement and supply policies, treatment normative guidance, prevention standards, etc
- Establish better national policies to engage with NGOs as service providers (social contracting)
- Inclusive national platforms to govern disease responses or broader health governance

- Ensuring better implementation of **transition workplans** such as:
  - Supporting dialogue between parliamentarians, civil society, academics and other critical in-country stakeholders
  - Supporting transition monitoring, oversight and broader efforts aimed at strengthening government accountability
- Piloting and championing **alternative domestic fundraising initiatives**, such as facilitating public-private partnerships, innovative financing, etc.
- Emergency funds to **address critical service gaps** and/or support for re-establishment of services where they have collapsed to demonstrate what must eventually be supported domestically.