

**HUMANITARIAN &
DEVELOPMENT
PROGRAMME**

SUCCESSFUL TRANSITIONS AND HOW TO MEASURE COLLABORATIVE ACTION IN GLOBAL HEALTH

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« GLOBAL HEALTH » THINK TANK



In 2012 HIV prevalence in Serbia was ranked as ‘moderate’¹. In 2015 it had gone up to a ‘high’ national prevalence ranking. What could have happened over the course of those 3 years for infections to increase?

In 2013 Serbia was deemed no longer eligible for financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria (a.k.a. Global Fund). A subsequent drastic reduction in national budgets resulted in the closure of risk reduction and prevention programs, which provide services to highly vulnerable groups². More worryingly, the national HIV / AIDS budget for 2015 did not include any risk reduction programs for those vulnerable groups and only 3% of the budget was allocated to prevention³.

Due to a shift in aid towards ‘higher impact countries’, Serbia like many other countries is no longer eligible for international health funding. This shift has allowed donors to use semantics in order to stop funding middle-income countries, not facing a widespread epidemic.

FINANCING THE POOREST COUNTRIES

In a context of scarce public resources following successive budgetary cuts in donor countries, the aim is to demonstrate rapid results in order to justify what is often seen as too much spending. So what would stop donors gradually withdrawing from countries with improving economies to direct funding to more visible projects elsewhere?

However, the use of RNB and the epidemiological burden as the sole criteria of eligibility **fails to take into account the capacity and political, institutional**, and legal will of these states— in other words the capacity of the system and the national environment— to gradually take control of their entire health system.

These eligibility criteria have been the subject of much criticism from civil society actors and universities who have pushed for more multidimensional approaches⁴. Despite this, even a marginal shift in the direction of funding is unlikely in the next few years, given the drastic reduction in health financing and the institutionalisation of donors prioritizing poorer countries.

When donor aid moves on, it should always be accompanied by a transition process, which ensures the sustainability of investments and the long-term impact of (previously externally-funded) health programs.

¹ The Global Fund determined for the period 2013-2015 high and moderate HIV burdens as follows: High = national HIV prevalence $\geq 1\%$ and $<2\%$ OR "prevalence in populations at risk" $\geq 5\%$; Moderate = national HIV prevalence $\geq 0.5\%$ and $<1\%$ OR "prevalence in populations at risk" $\geq 2.5\%$ and $<5\%$

² Key vulnerable populations include injecting drug users, sex workers and men who have sex with men

³ [Source](#)

⁴ Source: <http://www.theglobalfund.org/fr/equitableaccessinitiative/>

Many middle-income countries are still dependent on external aid to finance whole sections of their national health system and it is now difficult for such budgetary responsibilities to be covered solely through national resources, therefore endangering past investments and progress made in health to date.

It is for this reason that several health initiatives (Gavi, the Global Fund, PEPFAR) have developed, or are in the process of developing, transitional frameworks and policies to accompany countries towards the financial autonomy of their health programs. Their analysis identifies several biases in current transition processes, particularly in respect to the responsibility of actors!

A SHARED RESPONSIBILITY.

While it is the responsibility of states to finance the health of their populations, particularly for countries with greater economic capacity, governments, donors, technical partners, multilateral funds and civil society organizations all have a role to play in ensuring effective, efficient and effective transitions in the name of 'shared responsibility'. This is one of the problems of the current debate: donor countries on the boards of health initiatives are generally reluctant to take responsibility for the consequences of transitions. This is evidenced by donors' unwillingness to include performance indicators for transitions in their multilateral strategies and operational frameworks.

Having imposed conditionality on the establishment, financial management, procurement and monitoring and evaluation of systems set up in parallel to national systems, it is essential that when an institution makes a partial or total withdrawal from that country, it accounts for that decision. **Even if a donor publicly display "sustainability" objectives, these are seen solely in financial terms, in the increase of national funding.** However no major health fund transition strategy identifies (health or development) indicators measuring the impact of donor withdrawal in terms of a country's ability to manage the health response (or lack of) post-withdrawal.

THE NEED FOR A COORDINATED APPROACH.

Considering the convergence of the eligibility criteria and the focus on the financial burden of disease, it is likely that many countries will see a reduction in funding of various health programs. A quick review of the eligibility criteria shows that 20 countries are currently in a transitional period with two programs or 'concessional windows', and 23 countries are likely to be in transition in the next 5 years.

In spite of an identical objective - increasing national financing and the gradual withdrawal of concessional financing - **the comparison of different transitional frameworks shows that there is a great diversity of terminologies, visions and approaches, which leads to confusion** and creates difficulties for national authorities juggling a variety of procedures for each funder including timeframes, patterns of granting, and monitoring and evaluation.

On the fiscal side, these simultaneous transitions can have abysmal consequences as shown by the simultaneous withdrawal of Gavi and PEPFAR in a West Africa country. The government of this country in question, will have to increase its budget by almost 1000% in the next 3 years in order to purchase vaccines, ARVs and other inputs, following the withdrawal of financial support from both institutions. This is all the more worrying in a country where access to ARVs for people living with HIV remains at 30%⁵ and routine immunization coverage is less than 70%⁶.

AN INTRINSICALLY POLITICAL PROCESS.

Even if the aforementioned transitions have financial, budgetary and programmatic implications, this process is above all a highly **political** one.

Though often ignored by international initiatives, engaged communication and dialogue at the highest levels about the timing and impact of the transition are key to increasing national awareness. Indeed, many experiments have shown that national authorities' opinion of the transition process often shaped its outcome⁷. **Several countries have received conflicting information about the availability of funding following a gradual withdrawal of support. This misinformation about the timeframes and nature of available funding has resulted in some cases in the sub-optimal allocation of national resources.** The lack of clear communication on the gradual withdrawal of a donor will create tension and resentment at the country level and impact long-term planning.

In addition, the transition processes must also take into account the regulatory, legal and commercial frameworks, as exemplified by the issue of access to medicines. In theory, "graduated" countries do not have access to preferential pricing of medicines and health products. The Global Fund, Gavi or PEPFAR negotiate low prices in large volume orders. The 'graduation' of a country may mean that they no longer have access to these prices. For the same financial cost, governments will either have access to fewer products and will have to increase resources to treat the same number of people, or will have to ration

⁵ <http://www.msf.org/article/report-fight-against-hiv-doomed-fail-without-urgent-focus-west-and-central-africa>

⁶ WHO 2014 (estimates from WHO/UNICEF)

⁷ Ensuring Responsible Donor Transitions for Key Populations, Health Policy project et Transitions from donor funding to domestic reliance for HIV responses - Aidsplan and APMGlobal Health

access to treatment and create a two-tier health system. Taking advantages of grace mechanisms will be key in these countries. **Lower-cost producers should be encouraged to enter the market and the bargaining power of these countries, particularly at regional level, should be developed in order to lower the prices of health products in the long term.** This will be above all, a political choice on the part of transition countries!

Another obstacle to successful transitions is the stigmatization against groups of a certain sexual orientation, ethnicity, and the criminalization of drug users and those involved in the sex trade. One of the immediate impacts of transitions is the termination of risk-reduction programs, which were previously funded by external aid and managed by NGOs or local civil society organisations. It is therefore necessary for states to introduce legal and regulatory reforms to decriminalize behaviour and/or divvy up responsibilities between NGOs and the state. NGOs would then provide services where the state lacks the capacity to intervene, and focus on excluded groups on the margins of society. However, the social and political acceptance of such a change, its translation into law, and its integration into the provision of healthcare can only take place over a long period of time.

THE FAILURE OF OUR COLLECTIVE ACTION?

Given the budgetary impact and cumbersome processes associated with transitions **for all countries, no matter where they are on the development continuum, there is a clear need to start planning for when donors withdraw support. In order to ensure the sustainability of health programmes they will need to be integrated into the national system and scaled up.** This process will require indispensable support from donors, political will and technical programming knowledge that is then transferred to local civil society organisations.

Serbia's high prevalence rating since 2015, following a failed transition process, could mean that the country is once again eligible for Global Fund support. Serbia's experience to date clearly demonstrates that the halting of international funding without genuine and sustained support during the transition period, can destroy years of investment, challenge progress in prevention and care, and lead to a resurgence of infectious diseases.

Without collective and coordinated public awareness and the true political portrayal of this issue at a global level, many countries could share Serbia's experience in years to come. The repeated failure of transitions could herald our collective failure to provide access to global healthcare for the past twenty years. ■

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