

Treating Patient, Not Disease: People-Centered Approach

7th TB Symposium – Ministry of Health of the Kyrgyz Republic
and Médecins Sans Frontières

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The Global Fund's view on transition

Dumitru Laticevschi

The Global Fund





THE FRAMEWORK DOCUMENT

Section I*: The TITLE of the Fund will be:

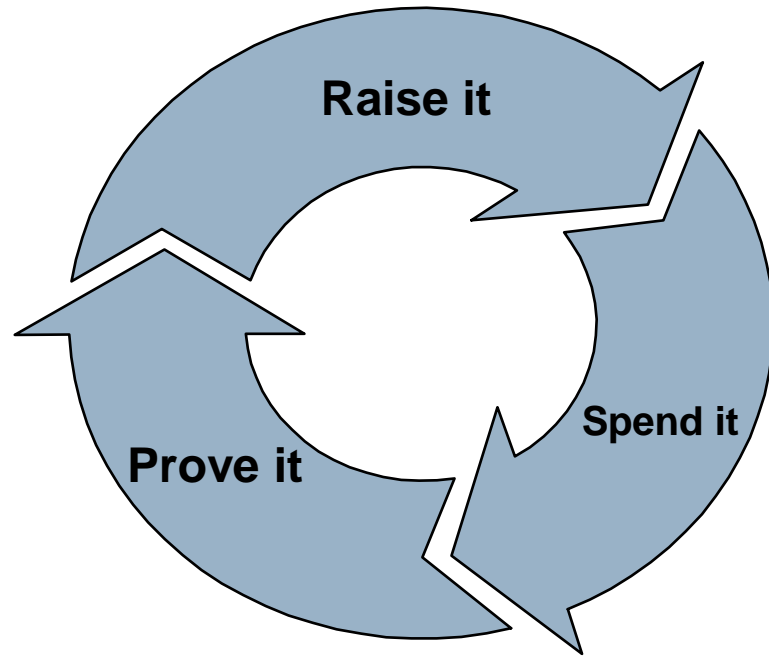
The Global Fund to **fight** Aids, Tuberculosis and Malaria (GFATM)

Section II: Purpose

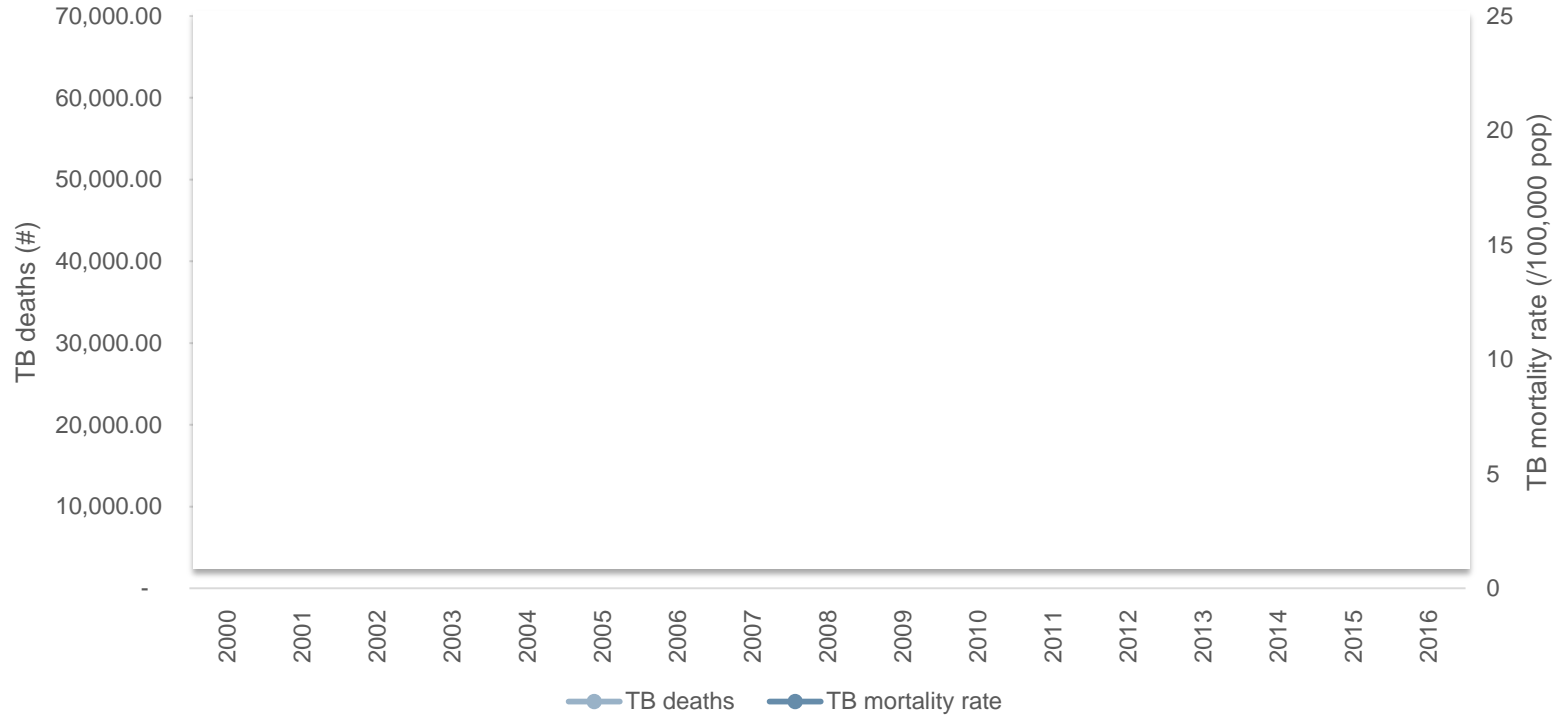
Attract and disburse additional resources that will make a sustainable and significant contribution to the reduction of *infections, illness and death* by HIV/AIDS, tuberculosis and Malaria.

*The Framework Document of the Global Fund to fight AIDS, Tuberculosis and Malaria

The mandate of the Global Fund is to raise and disburse large amounts of additional resources to achieve impact against the three diseases



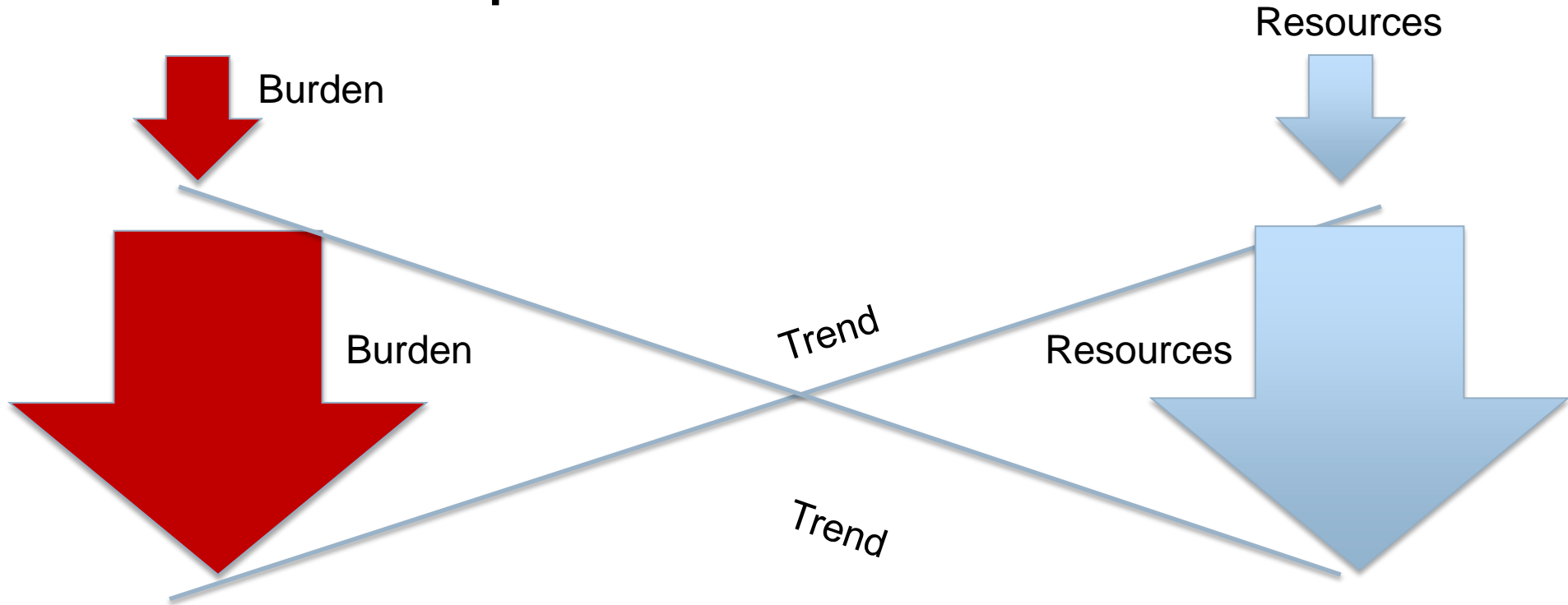
TB deaths in EECA 2000- 2016



Global Fund. View on Transition

Transition: A programme's move to domestic funding of a service coverage that ensures the control and supports the elimination of a Aids, TB and Malaria

Equation of transition



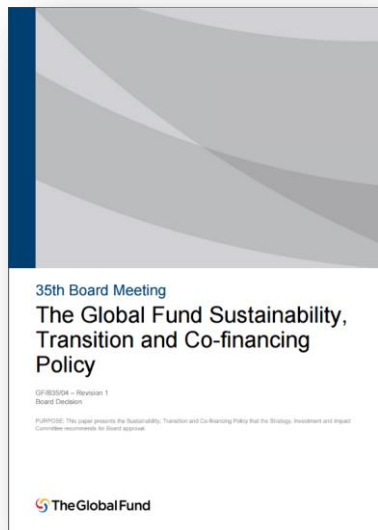
Strategy Implementation and Transition Preparedness

The STC Policy calls for strengthened transition preparedness, particularly in UMICs (all disease burdens) and LMICs (low and moderate disease burden)

While country context will heavily influence the extent to which transition preparedness is both appropriate and possible, as part of our ongoing strategy implementation we expect to see significant progress in certain thematic areas as we move through the 2017-2019 allocation cycle and the 2017-2022 strategy.

Core thematic areas include (but are not limited to):

- 1 **Strengthening Transition Planning and Analysis**, including the development of transition readiness assessments (TRAs), strategies for transition, and (where possible) integration of transition considerations into national strategies
- 2 **Progressive and accelerated absorption of core interventions**, with a particular focus on commodities and key population programming
- 3 **Strengthening investments in RSSH related transition challenges**, including in the areas of procurement, M&E, social contracting, etc.



When we say transition preparedness, what do we mean and what are the focus areas?

1 Transition Planning and Analysis

2 Absorption of Commodities and Key Population Programming

3 Well targeted and sufficient Co-Financing commitments

4 Other

- a. **Transition Readiness Assessments** -- inclusion of funding for TRAs and other analysis essential for transition planning (when not already available or funded).
- b. **Development of transition strategies** – Including funding to support the development of a strategy for transition, or a management action / condition to complete one
- c. **Updating of National Strategies and documents** -- If sufficient transition analysis is already available, consider using analysis to inform further development of national documents or transition work-plans during the grant-implementation stage
- d. **Alignment of Systems (on budget, on system)**
- e. **Efficiency Analysis** – Technical, Allocative, Cross-Programmatic
- f. **Health financing strategies** – as relevant
- g. **Fiscal space analysis** – if needed
- h. **Sustainability plans** – especially if there was a condition in previous grant agreements

When we say transition preparedness, what do we mean?

1 Transition Planning and Analysis

2 Absorption of Core Interventions
Commodities and Key Population
Programming

3 Well targeted and sufficient Co-
Financing commitments

4 Other possible areas:

- a. Absorption -- In line with the Strategy Implementation plan (SIP), one of the key focus areas is increased absorption of core interventions by domestic financing as countries approach transition
- b. Key Population Program and Commodities – Two specific focus areas include absorption of key population program and commodities. This may include potential financing or other ways of supporting country specific strategies to meet absorption targets that have been set.
- c. Grant-Making may be an opportunity to: 1) further define absorption targets with countries; 2) finance activities to support countries to meet already established absorption targets

When we say transition preparedness, what do we mean?

1 Transition Planning and Analysis

2 Absorption of Commodities and Key Population Programming

3 Well targeted and sufficient Co-Financing commitments

4 Other possible areas:

Well targeted co-financing commitments (which have to be negotiated for all of the countries that passed through Program Continuation in Window 1) may help achieve key program goals and/or decrease reliance on Global Fund for key interventions.

1. **Be ambitious** (the minimum was just the minimum!), **be specific**, ensure **alignment with strategic goals** (including those related to absorption of key population programming)
2. **Commitment** from Ministries of Finance or other relevant entities (where possible)
3. Specifically tied to disbursements (where necessary and appropriate) or other strategies to ensure fulfillment (as per co-financing OPN)

When we say transition preparedness, what do we mean?

1 Transition Planning and Analysis

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4 Other possible areas:

- a. Resource Tracking -- Investments in resource tracking and sufficient investments in expenditure analysis (to strengthen financial planning)
- b. Domestic Resource Mobilization for Civil Society – Inclusion of activities, TA, or tailoring grant design to specifically address challenges to domestic resource mobilization for civil society
- c. Investments in social contracting mechanisms – Do the type of contracting mechanisms reflect national contracting of non-state actors? If not, what investments can be made to address this in the short or medium term?
- d. Access to affordable commodities -- Inclusion of activities or TA to begin to address pricing issues related to commodities
- e. Opportunities for innovative finance (where relevant)
- f. More, depending on country context

Transition in EECA.

- The Global Fund acts primarily on reducing the size of the TB, HIV (and Malaria) problem, but also on strengthening the health systems and stimulating the government funding of the diseases
- Malaria was eliminated from Central Asia and South Caucasus. Croatia, Estonia and Turkey have successfully transitioned from GF funding.
- A historic characteristic of the region is good commitment of governments to treatment of TB and HIV, strong and increasing reliance on domestic financing for health products.
- **ARVs** are fully government funded in Albania, Bulgaria, Kazakhstan, Kosovo and largely government funded Azerbaijan, Belarus, Georgia, Moldova and Ukraine
- **Treatment monitoring**, is mostly government funded and **TB 1st line**, is fully government funded except for Moldova, Armenia and Tajikistan.

Advanced Transition Planning in Ukraine

- **The Global Fund** financing has helped define the key components of sustainability and transition planning in Ukraine, which were linked to the overall health reform movement.
- **The Ukrainian Rada** (parliament) has successfully passed health reform bills on June 5 and October 19, 2017. The health reform represents a serious step away from the Soviet-era model of healthcare provision, making Ukraine's system more like the National Health Insurance model that exists in Canada. The country may now offer more feasible and sustainable healthcare management and financing solutions.
- **Addressing the earlier distortions**, in the most recent funding request (2017), the country has proposed to shift an increasing proportion of Global Fund financing for prevention to a government Principal Recipient, and has committed progressive co-financing to assume the cost of these interventions over time. The expected result is a more sustainable funding of prevention activities

Efficiency and Integration in EECA

- Strengthening efficiency and integrating TB and HIV services into the overall health system is a key aspect of the long term sustainability
- In Kazakhstan, the Government used the Global Fund's relatively small allocation to stimulate health sector reforms. These were aimed at reducing the hospitalization of the TB patients, a costly practice with poor outcomes.

Access to Affordable Health Products

- In Belarus, the MOH is committed to expand access to affordable, quality health products.
- This is achieved through the increasing use by the Government of international procurement mechanisms and through investing in better production standards (WHO pre-qualification) for local producers. The Global Fund will be supporting the country in these processes in the coming 2 years.

Transition. Problems and solutions

- The low and decreasing share of GF funding in health products procurement can limit the influence over the prices, quantity and quality of the medicines procured.
- Immediate consequences: the progress of enrollment on ARV treatment in EECA is amongst the lowest globally. The questionable quality of 1st line TB in some countries may exacerbate the problem of poor TB treatment.
- Solution: strong GF emphasis on increasing the quality and coverage of TB and HIV treatment, and transitioning the good coverage and reduced TB and HIV burden to the Governments

