

Global Fund EECA investment guidance “reality check”

Eastern Europe & Central Asia Consultation on Sustainable Impact

Istanbul, Turkey

24 July 2015

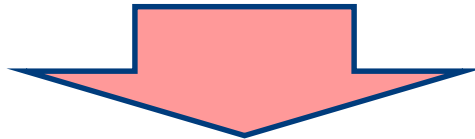
EECA's differentiated approach

Unique epidemic profile.

- Fastest growing HIV epidemic globally – driven by injecting drug use.
- Low coverage of prevention, treatment and care services.
- Highest levels of MDR-TB in the world.
- Shared legacy of the TB systems. Over-hospitalisation contributes to further spread of drug resistant

Limited domestic and external resources.

Majority of EECA countries are upper middle-income.



The Global Fund NFM provides an opportunity for bold strategic investment choices for **sustainable impact on HIV/AIDS and TB in the region and thereby help reverse the tide of the epidemics.**

2

Global Fund Investment guidance in TB

Promote universal access to timely and quality diagnosis of all forms of TB, including M/XDR-TB.

- Expand the use of new diagnostic technologies.
- Ensure proper internal and external quality assurance systems in TB laboratories.
- Improve tracing and management of TB and M/XDR-TB contacts and infection control.

Promote universal access to quality treatment of all forms of TB, including M/XDR-TB.

- Ensure uninterrupted supply of quality-assured medicines.
- Implement patient-centered approaches for improving treatment outcomes.
- Address TB/HIV co-infection through integrated care and joint strategies.

Special attention to: migrants, (ex)prisoners.

3

Global Fund Investment guidance in HIV

Promote universal access to anti-retroviral therapy, with special focus on key affected populations (PWID, MSM, SWs) and prisoners.

- Scale up access to the comprehensive package of harm reduction interventions.
- Support quality community -based services.
- Share and roll-out best practice service models.

Enhance access to comprehensive harm reduction services for PWID, including those in prisons.

- Scale-up access to ART and support treatment retention and adherence.
- Ensure uninterrupted supply of quality-assured medicines.
- Ensure early HIV diagnosis, link to treatment, and continuum of care for KAP.

4

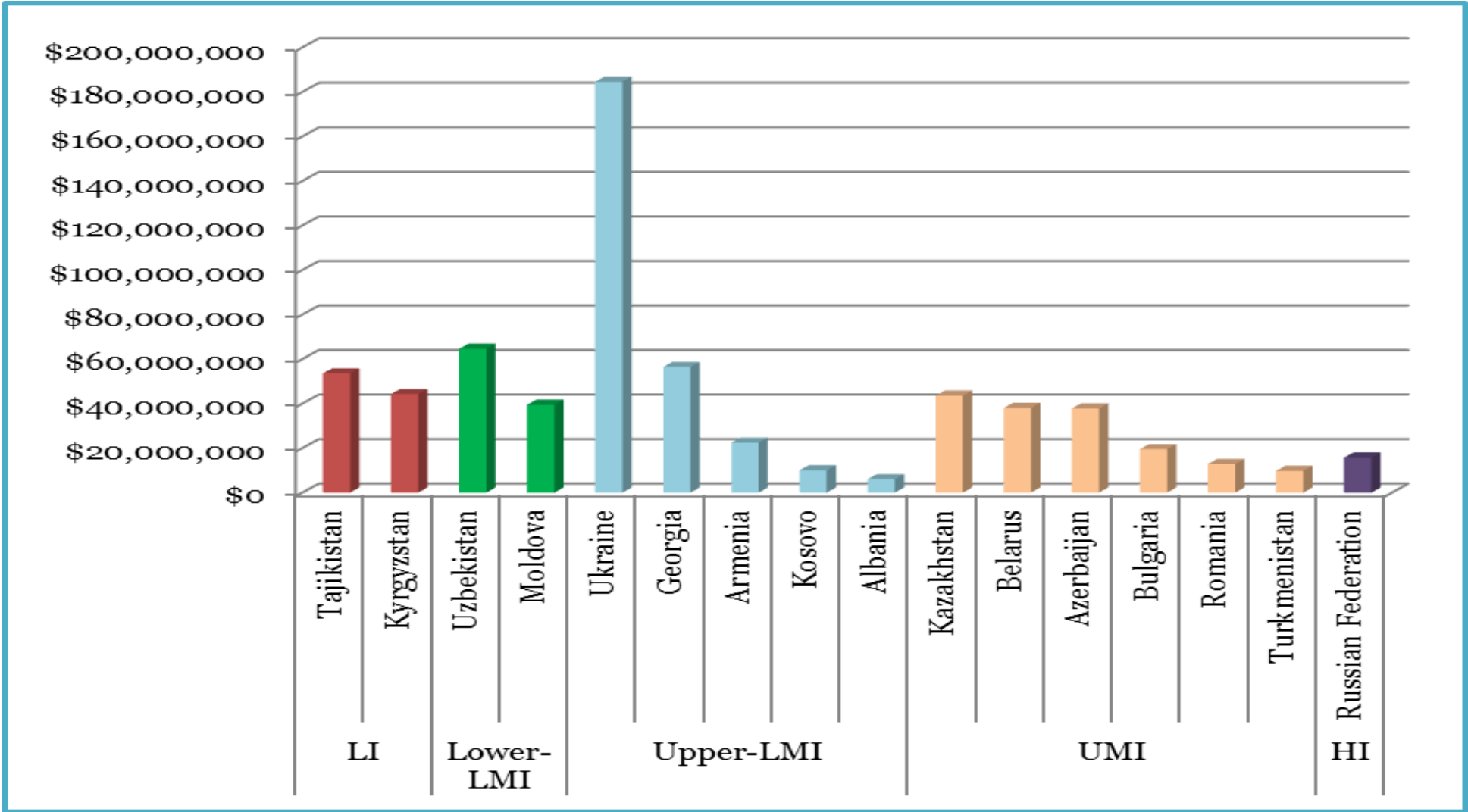
Strategic Enablers for sustained impact

- Develop National investment case optimization of resources for impact.
- Advocate for appropriate regulatory frameworks programing and domestic financing.
- Strengthen information systems, surveillance and M&E.
- Improve procurement and supply chain management systems.
- Ensure linkages and consistency between the Global Fund grants and national health and programs.
- Reform health and financing systems to apply sustainable patient-centred TB services, based on outpatient case management and appropriate patient support

GF funding available
GF disbursement

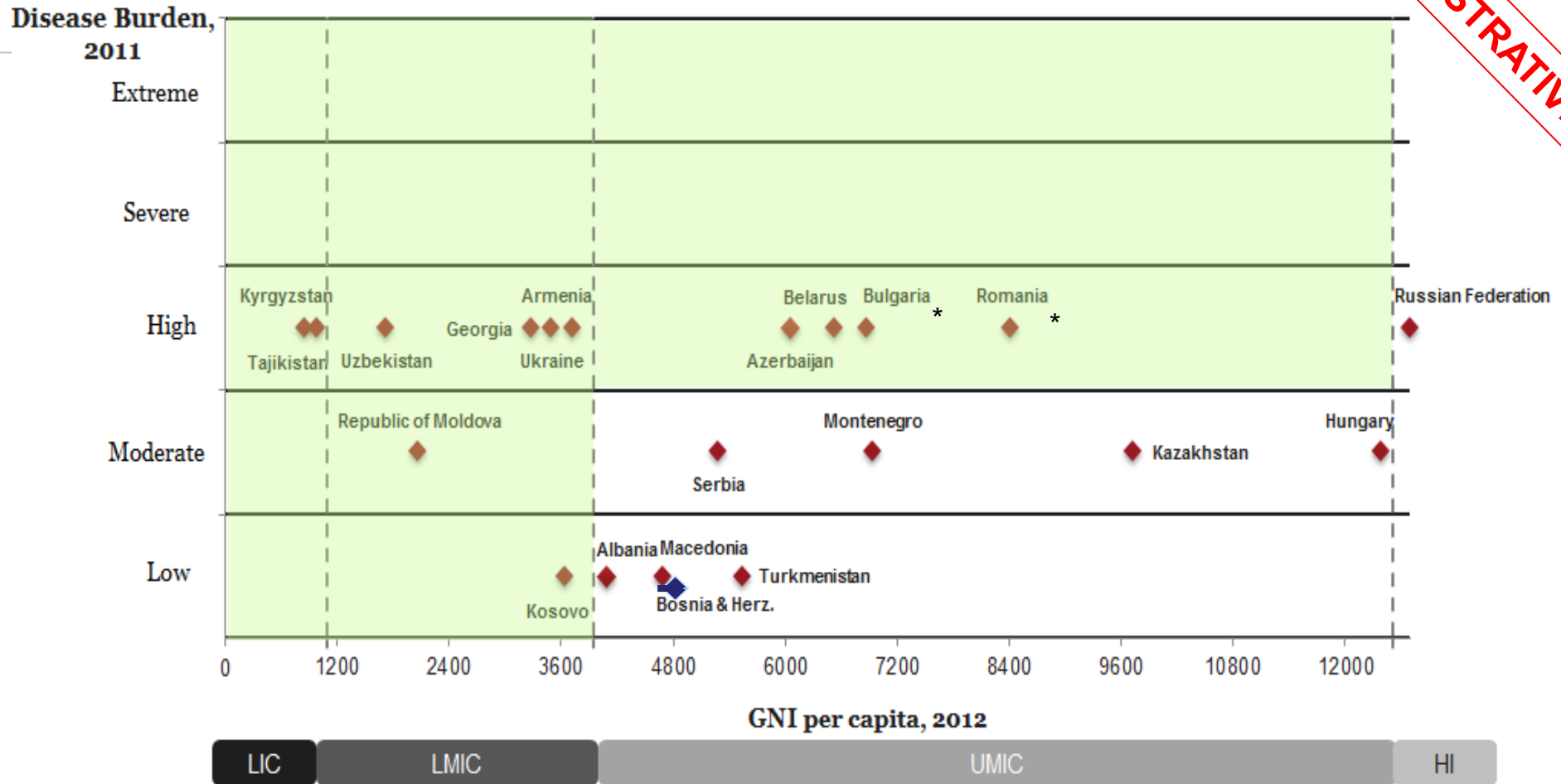
2014-2017
2010-2013

\$ 659 Million
\$ 768 Million



Eligibility: EECA region – HIV

ILLUSTRATIVE



Assumptions on eligibility are based on:
 a) 1 July 2013 World Bank income classifications;
 b) disease burden information received in January 2013.

* Theoretically eligible; however, must satisfy NGO rule criteria.

GF funding available for EECA 2014-2017

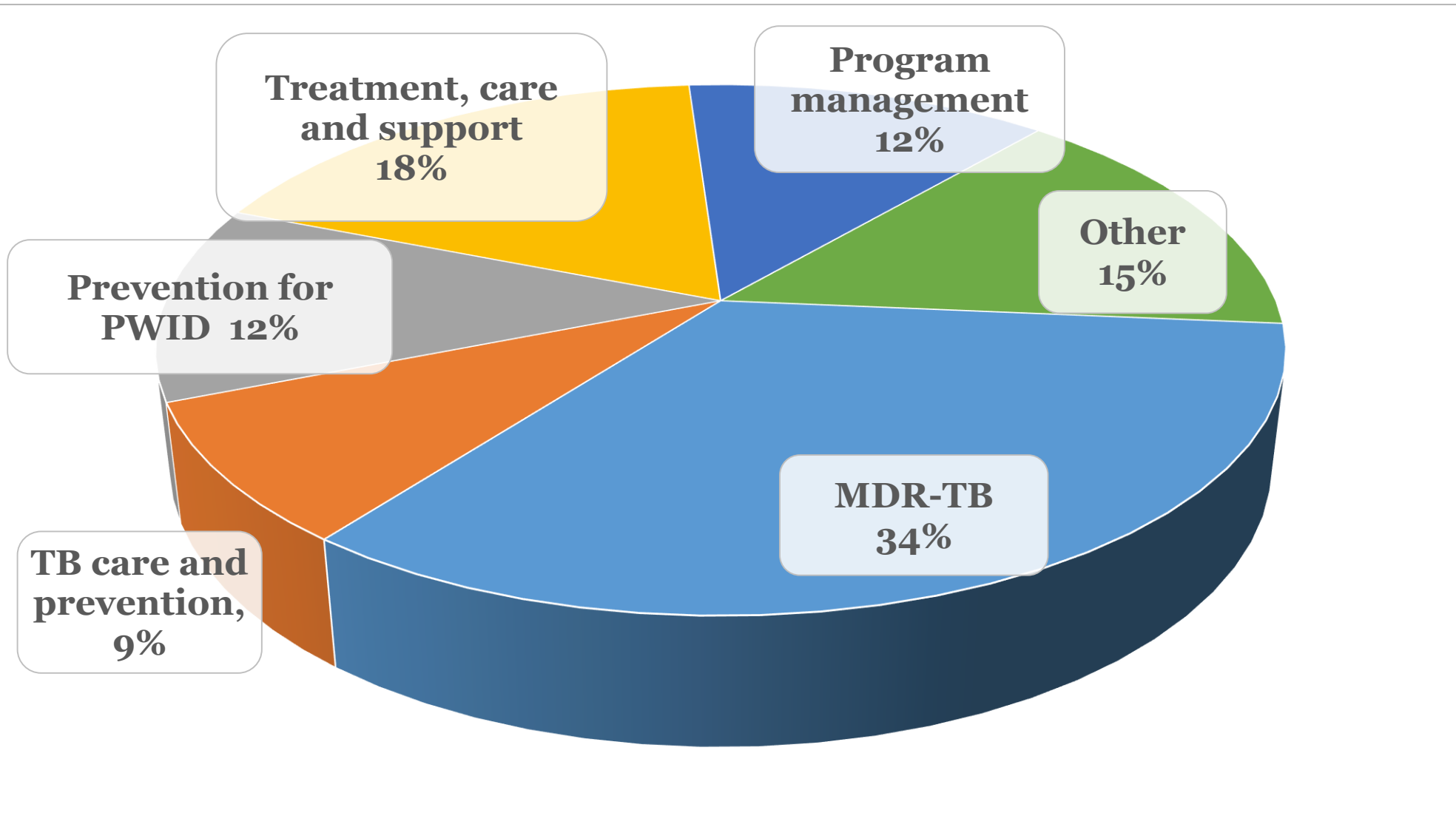
- Overall, EECA is getting 188% of the aggregate “fair share” based on disease burden. This is explained by the historical overall high success rate of EECA under the round base model.

- This may imply that future funding in EECA based on similar level of replenishment and eligibility principles would be significantly be lower.

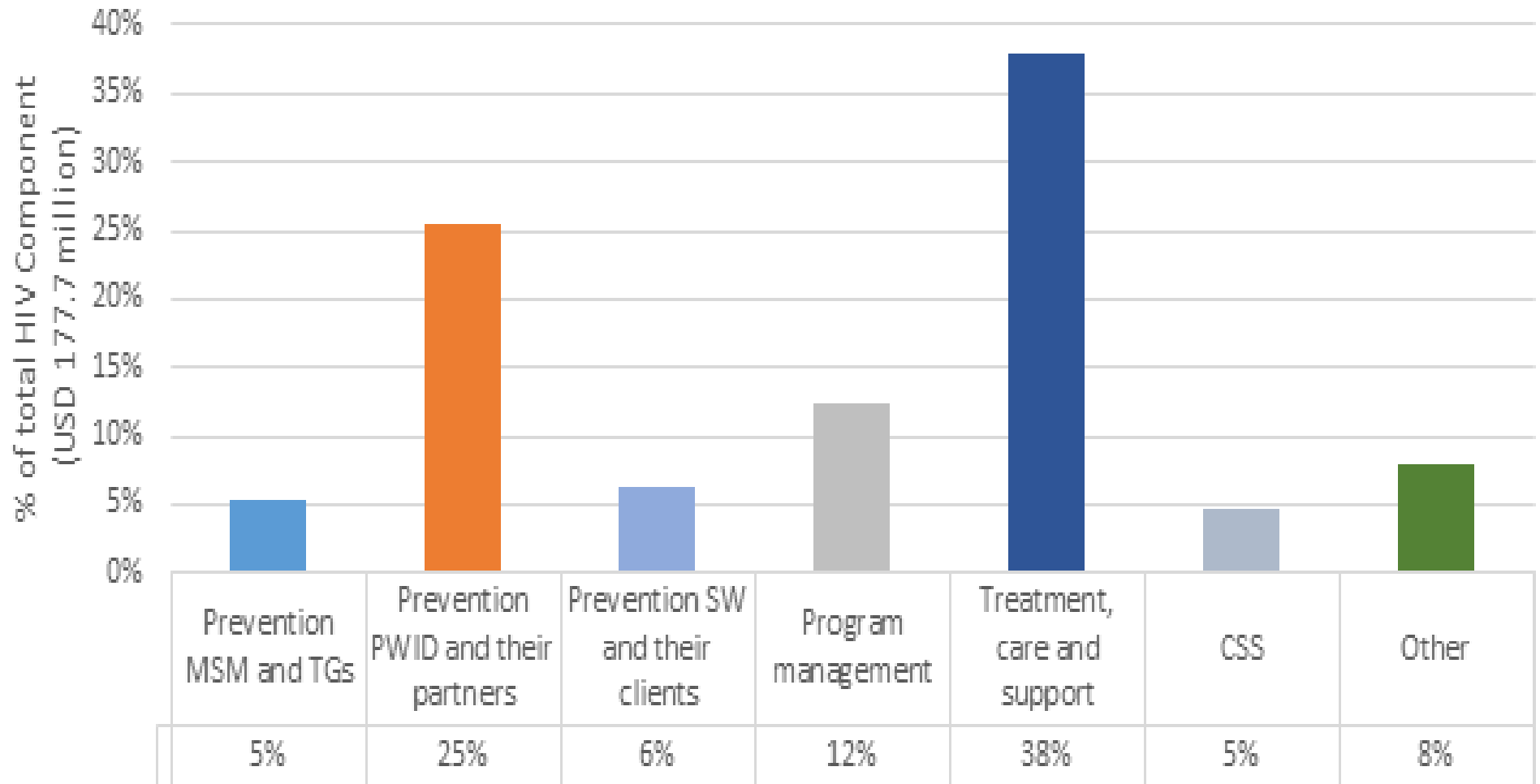
CCMs applications under the NFM

- To date GF received Concept notes from 12 countries out of 16 eligible countries (75%) for \$376 Millions.
- 3 Regional grants (EHRN, ECUO and TBREP) building on critical component of the GF investment guidance.
- Under the round based model 2/3 of funding went for HIV and 1/3 for TB. With the NFM approximately 1/2 for TB and 1/2 for HIV.
- Concept notes have been submitted on the basis of National Strategic Plans.

Countries request are in line with GF investment guidance



Request in HIV Component



Invirtiendo en nuestro futuro
El Fondo Mundial
 De lucha contra el SIDA, la tuberculosis y la malaria



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全球基金
 抗击艾滋病、结核病和疟疾



Investing in our future
The Global Fund
 To Fight AIDS, Tuberculosis and Malaria



Investissons dans notre avenir
Le Fonds mondial
 De lutte contre le SIDA, la tuberculose et le paludisme



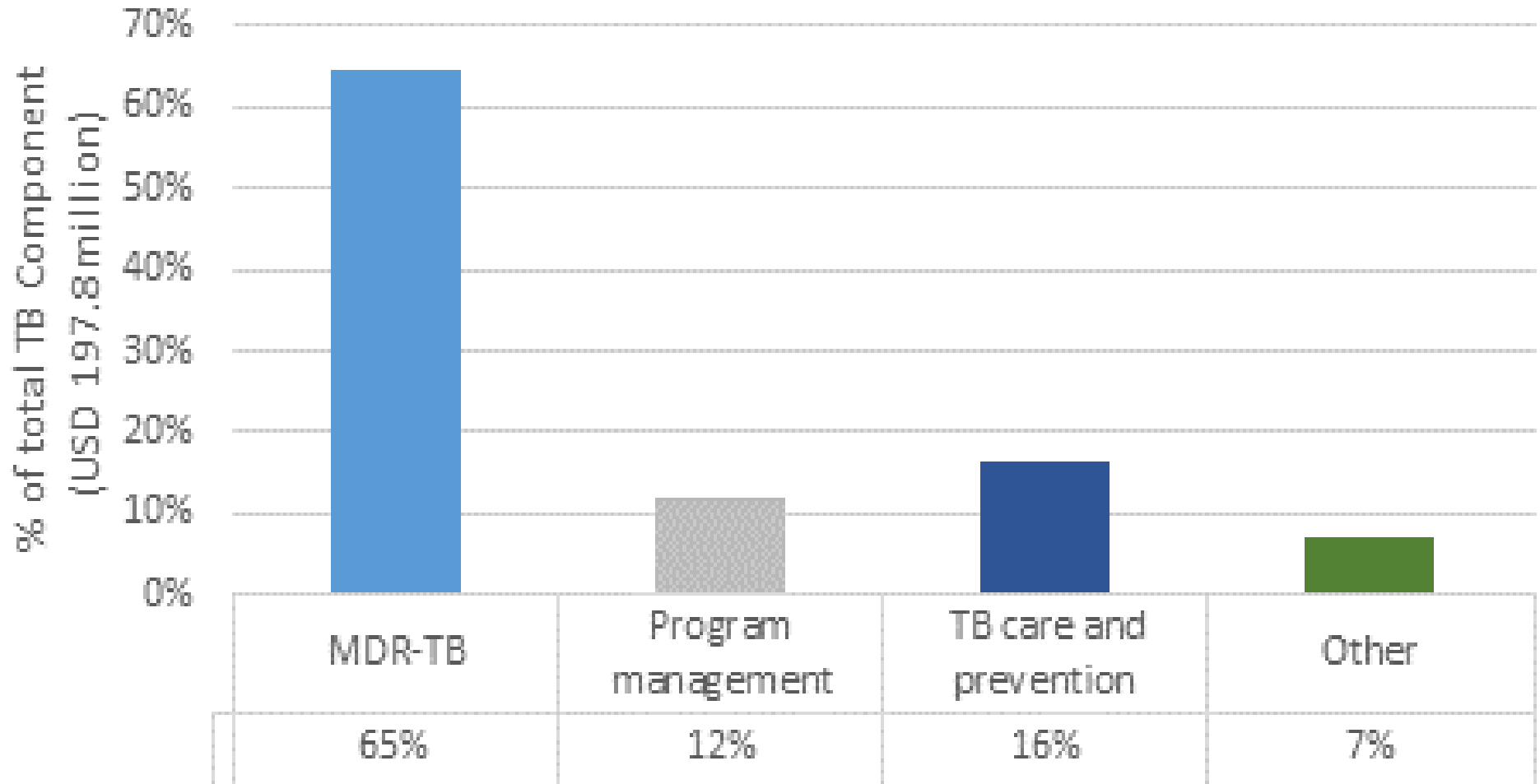
Вклад в наше будущее
Глобальный фонд
 для борьбы со СПИДом, туберкулезом и малярией



استثمار لمستقبلنا
الصندوق العالمي
 لمكافحة الأيدز والسل والملاريا



Request in TB Component



Positive trends and good practices in line with differentiated approach of the GF investment guidance

- TB reform (Armenia, Kazakhstan).
- Program for migrant and TB (Kazakhstan).
- Gradual take over of ART (Georgia, Moldova, Uzbekistan).
- Government take over of OST (Belarus).
- Work with KPs institutionalized in NAP and NTPs along with targeted counterpart financing (Ukraine, Georgia).
- HIV Investment case, resource optimization - Optima (8 countries)
- Sustainability plans (Bosnia, Georgia, Moldova, Ukraine).
- PR transition from UNDP to government (Belarus, Tajikistan).
- Transition readiness assessment (Belarus, Bulgaria, Georgia, Ukraine)

• Etc.

Challenges

- NSP often not (fully) costed.
- Interventions targeting KPs implemented by NGOs remain by and large funded by external resources.
- Sustain achievements while also scale up for impact.
- Challenging operating environment: (frozen)-conflict, human right crisis.
- Procurement Supply Management (PSM)

PSM remains a concern with strong reliance on GF and coverage remains low despite progress.

Health Product	% of country fully of partially depending of the GF or other sources
1 st line ARV	38%
2 nd line ARV	44%
Viral load	50%
HIV Lab diagnostics	38%
CD4	42%
1 st line TB drugs	39%
2 nd line TB drugs	66%
DST	58%
GeneXpert	94%
Microscopy	29%

Key challenges PSM chain systems

- Sustaining programme quality
- National procurement laws incompatible with GF parallel systems.
- Product selection which may not always support optimal care either in terms of the molecule selected or the selection of single vs fixed-dose formulations
- Maintaining uninterrupted supply of quality assured medicines (e.g. legislative barriers on buffer stock, procurement cycles)
- Budget-driven vs patient-driven forecasting & quantification
- Addressing barriers to high prices
- Improving the identification and management of adverse events as a means to retaining patients in care

Thank you.

