Discussion Paper

Handing Over Health: Experiences with Global Fund Transitions and Sustainability Planning in Serbia, Thailand and South Africa

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Summary

Following the global financial crisis, donor fatigue on HIV, and the subsequent cancellation of Round 11 of the Global Fund, a new era of international investment in health was born. After intensive replenishment efforts, the Global Fund's New Funding Model (NFM) adopted a more stringent approach, focusing heavily on high-burden, low-income countries. As a result, many middle-income countries (MICs) are no longer eligible for the same levels of support – and some none at all. As the Global Fund prepares to develop its new strategy for the period 2017-2022, there is a growing consensus that transition and sustainability must form a key component of the Fund's future approach. Evidence from countries that have transitioned or are currently transitioning present a mixed bag of successes, failures and uncertainties. It is not yet clear how or when to responsibly manage a handover from donor support to a sustainable domestic response.

This discussion paper presents a brief review of some of the current transition literature, paired with interview data from three country case studies. It examines Global Fund transitions in three different regions and at varying stages of progress. Serbia is presented as a country in the post-transition phase, after the Global Fund announced the country would no longer be eligible for support in the NFM. The case of Thailand is shared as a mid-transition country, currently in the middle of a two-year handover, which ends after its current NFM grant. Case study three offers a close-up of South Africa, a country in the pre-transition phase, not yet exiting the Global Fund system, but experiencing allocation reductions, while exploring sustainable financing mechanisms for the future.

Based on the literature review and the country case studies, this discussion paper concludes with four key recommendations on a sustainability policy for the Global Fund's new Strategy:

1. *The Global Fund should require countries to submit sustainability assessments as part of counterpart financing requirements. This should be done for all grants, irrespective of a country's transition readiness.*
2. *The Global Fund should develop a sustainability policy as well as a sustainability plan template with accompanying guidelines. This is necessary to institutionalize planning at country-level, long before countries are faced with transition.*
3. *When a country is ready to transition, transition plans should be compacts between countries and the Global Fund. These country compacts should have a clear process, timeline and indicators for success.*

4. *The Global Fund should continue to invest in key population[1] programs, advocacy and accountability work, even after a country has transitioned. Investments in these critical areas should be sustained through international support until we end the three diseases, not until a country is deemed able to afford to take over funding its response.*

[1] The Global Fund definition of key populations may include women and girls, men who have sex with men, people who inject drugs, transgender people, sex workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern, in each case based on epidemiological as well as human rights and gender considerations.

Introduction

Donor funding for AIDS has reached a plateau since 2008. At the same time, domestic investment has risen steadily since 2006, with 2012 marking the first time that the majority of global funding for AIDS came from low and middle-income countries. With static levels of funding from the international community, and increasing need from within affected countries, a discussion has emerged about re-thinking the financing of the AIDS response towards a system of greater sustainability (Institute of Medicine, 2010; Quinn & Serwadda, 2011; Whiteside & Bradshaw, 2014; Oberth, 2015a). In the spirit of sustainability, many funding partners are making big changes, transitioning out of upper-middle income[2] countries and handing over programs to national governments.

Evidence suggests that it makes good sense to encourage countries with more financial resources to assume greater responsibility for their AIDS, Tuberculosis (TB) and Malaria programs, and redirect scarce resources to those less able to pay. For example, one study found that Botswana, Namibia, South Africa, Mexico, and the Dominican Republic all receive more than five times the expected level of development assistance for health (DAH), given their income levels and disease burdens (Dieleman et al., 2014). Botswana, Namibia and South Africa's "surplus" was driven mostly by (over)spending on AIDS. Similarly, another study found that in a maximum effort scenario[3], Botswana, Namibia and South Africa should be able to fully fund their own AIDS programs with domestic resources by 2018 (Resch, Ryckman & Hecht, 2015). Conversely, many other countries receive far less aid than they need and could benefit significantly from additional investment. Dieleman *et al.* (2014) indicate that seven countries – Iran, Chile, Venezuela, Algeria, and Malaysia, Democratic People's Republic of Korea (North Korea) and the Central African Republic – receive less than one fifth of expected DAH. Similarly, Resch, Ryckman and

[2] The Global Fund assigns these designations to countries based on income classifications published by the World Bank, in accordance with the GNI-per-capita thresholds for each income classification.
[3] A "maximum effort" scenario is defined by Resch and colleagues (2015) as a combination of the following three methods of increasing domestic AIDS funding: (1) a minimum increase through expanded government revenue and spending driven by expected economic trends, (2) increasing government health expenditure to the Abuja target level, and (3) allocation of the national health budget such that the portion of budget for AIDS is set equal to 0.5 times AIDS's share of disease burden.

Hecht (2015) point out that even with maximum effort, Ethiopia can only afford to cover 23% of its AIDS program needs with domestic funding, and Mozambique just 19%.

Although this appears to be a compelling argument for donor transition out of certain countries, handovers can have disastrous effects if not managed carefully. As PEPFAR downscales funding in South Africa, documentation shows an up to 30% loss to transition where patients from PEPFAR-funded centers, on PEPFAR-funded ART, fail to effectively navigate to local clinics (Bassett et al., 2013). Based on Basset *et al*.'s (2013) estimates, Kavanagh (2014) calculates that 203,300 South Africans could have been "lost" from care during the PEPAR transition by 2014. Freeman *et al.* (2014) found similar treatment disruptions in the Democratic Republic of Congo (DRC) following a downsizing in Global Fund investment. Other qualitative evidence from the PEPFAR transition in South Africa suggests the transfer has been hurried, revealing of a lack of preparation at public clinics for the influx of new clients (Katz et al., 2015). Only a few studies are independently monitoring the effects of this "down-referral" (Katz, Bassett & Wright, 2013; Katz et al., 2015). Key informants in country also point out that **"PEPFAR isn't running to the Treasury or to the National Department of Health for support on how things can be replaced"** (key informant interview, 27 July 2015). The result: many PEPFAR-supported programs are simply disappearing.

Another example of a poorly managed transition can be seen in Romania where there has been a spike in HIV infections among people who use drugs since the Global Fund departed in 2010. In 2013, about 30% of new HIV cases were linked to injection drug use compared with 3% in 2010 (Open Society Foundations, 2014).

In China, the Global Fund's transition out of the country has left a deeply mixed legacy, especially related to unintended effects on fostering an unhealthy civil society, which led to enduring challenges to scale-up and sustainability (Huang & Ping, 2014). While high per capita expenditure acts as an enabler for sustainable transitions, part of the problem is that China only spends $308/per capita on health, which is among the lowest levels in the world. Further, Global Fund investment made up 30% of TB spending in China in 2011, compared to currently-transitioning Thailand where it makes up 2% (Mogeni, 2013). This created a challenging context for transition, with such a large portion of the program being

handed over in a short period of time. Sustainability of Global Fund-supported TB programs should be of particular concern, given that Global Fund makes up 82% of total international funding for TB, compared to 21% for HIV and 50% for malaria (Global Fund, 2012).

In other cases, transition away from Global Fund support towards a domestically funded system has worked well. While Peru did experience some role uncertainty during parts of its transition (Amaya et al., 2014), Peru also has a fairly low HIV prevalence. A large enough portion of the population is formally employed and can contribute payroll-based premiums towards the country's AIDS program (Katz et al., 2014). As with other countries in Latin America and the Caribbean, Peru has been preparing absorption plans for ARVs as well as human resources. Today, Peru, along with Belize and Suriname, have managed to transition away completely from Global Fund dependency for ART, with very little disruption in coverage (Mogeni, 2013).

Another example of a well-managed transition is the Avahan India HIV/AIDS Initiative. The program was handed over from Bill and Melinda Gates Foundation to the Government of India over a period of nearly eight years.[4] This transition is largely regarded as a success, and one the Global Fund could learn from (Bennet et al., 2015a; Bennet at al., 2015b; Summers & Peck, 2014).[5] Factors contributing to this success largely related to the evolution of the transition approach in an ongoing manner over the eight year handover, as well as having clear implementation plans, hiring transition managers at several levels, funding the transition with identifiable budget lines, and establishing a common minimum program for transition (Bennet et al., 2015; Sgaier et al., 2013). This is an especially relevant case for informing responsible Global Fund exit strategies, as the Avahan program targeted key populations;[6] groups which many stakeholders are concerned will be left behind during Global Fund transitions.

[4] This long timeline is hailed as a cornerstone of the transition's success, but it also meant that the handover cost approximately 28% of the program's total implementation budget (Development Continuum Working Group, 2015).

[5] I should be noted that some have questioned this finding. Further, even those who conclude that the transition was success acknowledge that there were negative changes to the flexibility in program management, delays in funding, commodity stock outs, and community member perceptions of a narrowing in program focus (Bennet et al., 2015b).

[6] Sex workers, men who have sex with men (MSM) and transgender people.

Learning from these examples –those which have worked and those which have been less successful – will be critical in informing the Global Fund's new strategy for 2017-2021. The next Global Fund Strategy must address these concerns in a meaningful way, while providing clear guidelines and commitments for how all partners can ensure responsible and sustainable transitions.

Background and Context

In the Global Fund's New Funding Model, eligibility parameters for accessing funding have shifted significantly. As discussed above, the impetus for this is rooted in economic and political changes in the global AIDS funding and governance landscape. Since the cancellation of Round 11 in 2011, the re-prioritization of Global Fund investment has been heavily in favor of the poorest countries with the greatest disease burden. This has meant that many MICs are receiving less and less funding from the Global Fund. Thirty-two disease components from twenty MICs have been deemed ineligible for funding since Round 10 (Garmaise, 2015) (Table 1).

Table 1: Countries and Disease Components Classified as Ineligible for Global Fund Support since Round 10

Disease	Country Ineligible for Global Fund Support since Round 10
HIV	Argentina, Bosnia & Herzegovina, China, Equatorial Guinea, Jordan, Kazakhstan, Macedonia, Mexico, Montenegro, Serbia and Uruguay
TB	Bosnia & Herzegovina, Brazil, China, Colombia, Cuba, Ecuador, Iran, Jordan, Macedonia, Montenegro, Russia, Serbia and Tunisia
Malaria	Azerbaijan, Ecuador, Equatorial Guinea, China, Colombia, Dominican Republic and Iran

Unpacking the concepts

It is important to note that ineligibility is not the same thing as transition. Indeed, transition and sustainability are also not always synonymous. What exactly does transition mean? Doing the same things but somebody else is paying for them? Likely not, as we know that the current spending trajectory for AIDS is unsustainable (United Nations, 2011). Does transition mean doing the same things

but finding a more stable way of paying for them? This is also not enough, as modeling shows that maintaining our current effort scenario will mean AIDS deaths and new infections will continue to rise (Piot et al., 2015). It is becoming clear that transition and sustainability must include both programmatic and financial changes; we must do things differently, as well as find steady investment streams to pay for them. Particularly, transition must include a recalibration of program design to focus more on geographic hot spots and key populations (UNAIDS, 2015), but also on scaling up existing programs that work. However, current transition and sustainability discourse has focused almost solely on aspects of financial sustainability, which is problematic. Financial sustainability measures such as country wealth or levels of counterpart financing say very little about the actual need or readiness of specific programs to transition. Using wealth as a benchmark of country preparedness to transition has been flagged by many as a poor measure.

Some argue that the concept of a "Middle Income Country" as a classification is both arbitrary and unhelpful for determining a country's need for Global Fund (and other donor) support, as it is not necessarily linked to public health realities on the ground (ICASO, 2014; Médecins Sans Frontières, 2015; Lauer, 2014). For one, the poorest people do not necessarily live in the poorest countries; 72 percent of the world's poorest people live in MICs (Lauer, 2014). As the Global Fund withdraws money from these countries, this leaves many poorer people, hidden behind their country's GDP, unable to access or afford what are often lifesaving services and medicines. For example, third line ART costs a person living in Ukraine $16,409 per year, compared to the lowest global price of $1,854 for the same regimen (Médecins Sans Frontières, 2015). According to the UNDP, about one quarter of people in Ukraine live below the national poverty line, despite being classified as an MIC.

In addition, targeting the countries with the highest number of people living with and affected by HIV may not be the best way to curb the epidemic, globally. Lauer (2014) and ICASO (2014) both draw attention to the fact that key populations are potentially placed at very high risk of being left behind as the Global Fund reduces support to countries with higher incomes and lower HIV prevalence rates. First, many countries with low overall prevalence rates have exceedingly high sub-epidemics among key populations such as men who have sex with men, transgender people, sex workers and people who use drugs. Secondly, although a country may be classified as an MIC, it does not necessarily follow that the

country will be willing to dedicate adequate resources to concentrated epidemics among stigmatized (and often criminalized) populations. In Eastern Europe and Central Asia, harm reduction programs are overwhelmingly funded by external resources from the Global Fund, with only 10% of support coming from government coffers. As many countries in the EECA region are now deemed ineligible for Global Fund investment due to income status (see Table 1), this can pose major challenges for efforts to curb infections fueled by unsafe injection as a major mode of transmission.

The civil society response

Civil society organizations along with other advocates have been mounting pressure against the Global Fund to reconsider how it is handling these transitions as it develops its new strategy for 2017-2022. In developing its new strategy, the Global Fund has held a series of Partnership Forums in 2015 to inform its new approach.

At the first Partnership Forum (May 7-8, 2015 in Addis Ababa, Ethiopia), partners from the African region emphasized the need for the Global Fund's new approach to include concrete sustainability and transition strategies. Stakeholders recommended that the strategy clearly describe the criteria for transitioning from the Global Fund system, support the development of tailored sustainability plans, and monitor the success of these plans, as well as define what sustainability means beyond access to financial resources (Global Fund, 2015c). Importantly, the development of transition plans must be a transparent process and meaningfully involve civil society and key populations. Furthermore, forum participants recommended developing contingency plans for scenarios where governments do not effectively deliver the right to health for key populations during transitions.

At the second Partnership Forum (June 24-25, 2015 in Bangkok, Thailand), transitions as a key topic once again dominated large portions of the proceedings. Timeliness was again a core message, with delegates pressing for the Global Fund to assist countries in planning for their transition much earlier in the process (Global Fund, 2015d). There were also calls to fund civil society engagement and advocacy for resource mobilization in countries where transition is already occurring.

At the Global Fund's third and final Partnership Forum in Buenos Aires, Argentina (September 3-4, 2015), the issue of responsibly managed transitions was raised yet again. Members of the Global Fund Board emphasized that MICs must make transition and sustainability key strategic objectives sooner rather than later, to ensure that there is adequate time for planning (Global Fund 2015e). Civil society representatives continued to insist that the Global Fund keep investing in key populations within MICs, since many of these countries do not yet have enabling legal and policy environments to implement effective key population programming, despite availability of domestic resources. Discussions centered on how graduation criteria and timelines should be tailored to country readiness, and that a safety net mechanism may be needed for countries whose transitions are going less smoothly. This could include "graduation in" and "graduation out" approaches, where changes in disease trajectory or human rights violations could allow for reinstated funding eligibility.

At the Communities and Civil Society Consultation on the Global Fund Strategy in Chisinau, Moldova (July 13-14,2015), civil society's main position on this subject was that the Global Fund must assess a country's readiness to transition based on different criteria, not just income classification and overall disease burden. Participants called for consideration of the work of the Equitable Access Initiative (EAI) and a "transition readiness assessment" tool. Furthermore, delegates prioritized sourcing other funding for civil society to continue working with key populations if countries are unable or unwilling to continue programming, especially ensuring that the focus of this work addresses legal barriers and community systems strengthening.

The Global Fund is considering these recommendations. On June 16-17, 2015, the Global Fund's Strategy, Investment and Impact Committee met in Geneva to discuss sustainability and transitions in preparation for the new Strategy. The Committee urged that the Global Fund develop a sustainable transition policy, which should chiefly address issues of programmatic sustainability for key populations (Global Fund, 2015f).

It is clear that a core theme for the Global Fund's new Strategy will be sustainability and transitions. However, the focus of the critical analysis on transitions has been largely reactive (after-the-fact), and centered heavily on the impact of Global Fund withdrawals in EECA countries. This paper endeavors to broaden the discussion to include several regions (Eastern Europe, Asia Pacific and Southern Africa) and

investigate countries at different stages of transition (post-transition, mid-transition and pre-transition). The aim is for this analysis to prompt a wider discussion and debate within the context of the Fund's new strategy for 2017-2022, about how to responsibly and sustainably manage Global Fund transitions.

Research Questions

- What do Global Fund transitions mean for the sustainability of AIDS, TB and malaria programs in middle income countries?
- How can transitions be responsibly managed by both the Global Fund and domestic partners?
- In countries with large populations, and especially large populations of people living with HIV, is income necessarily a good measure of a country's ability (or willingness) to pay?
- What are the non-financial consequences or aspects of a transition?
- What do transitions mean for key populations in particular? Should transitions occur at all for key populations programming?

Methodology

This report is based on a desk review of available literature published by research organizations, civil society, academic journals, The Global Fund and Global Fund partners. Three case study countries were selected for closer analysis: Serbia, Thailand and South Africa. The three were chosen based on several inclusion criteria. First, this report aims to compare three countries that are at different stages of transition. Serbia has already exited Global Fund support, Thailand is currently in the middle of its transition, and South Africa has not yet begun. Secondly, the three countries were chosen with a considered aim to compare different geographic regions, different disease burdens and different responses to the epidemic.

Adding depth to the themes identified through the desk review, a small number (n=7) of complementary key informant interviews were conducted. Key informants were selected through a targeted approach, with an aim to gain a more nuanced understanding of country level decision-making around transitions. Informants included members of government, multi-laterals and development partners, Country Coordinating Mechanism (CCM) Secretariats, civil society organizations and key populations' networks.

All interviews were conducted in person in Cape Town, South Africa and in Bangkok, Thailand, with informants representing all three countries[7] in the comparative case sample. Interviews were conducted between May and August 2015.

Case study 1 – Serbia (Post-transition)

With the Global Fund's new allocation methodology under the NFM, Eastern Europe and Central Asia (EECA) has experienced a bigger funding cut than any other region (Varentsov & Arsenijevic, 2015). Advocates charge that this funding reduction has been made in the absence of adequate warning, leaving many countries without transition plans and with financial gaps that governments are not prepared to fill.

Serbia is one country in the region experiencing a particularly acute funding crisis. The country has received about $30 million from the Global Fund since 2003 for HIV, but investment ended abruptly in 2013 when it was removed from the Global Fund's eligibility list (Varentsov & Arsenijevic, 2015). A year later, the country was unable to access any further support. Some estimate that the Global Fund's exit from Serbia will see more than 50 local HIV organizations lose 90 percent of their funding (Hungarian Civil Liberties Union, 2014).

A recent report from the Eurasian Harm Reduction Network (EHRN) presents evidence on how the Serbian transition is affecting service delivery, particularly examining the impact on harm reduction for people who use drugs (Varentsov & Arsenijevic, 2015). According to the report, experts in-country believe that some services are transitioning well, but others are facing challenges. Opiate substitution treatment (OST), for example, is available at 26 centers nationwide, largely as a result of Global Fund investment. Since the transition, three have closed their doors, while the rest have proved to be sustainable thus far. The government has also assumed responsibility for HIV prevention in 12 prisons previously supported by the Global Fund.

[7] Representatives from the EECA region were interviewed in person in Bangkok at a Global Fund Partners meeting.

For needle exchange programs, the transition in Serbia has been less seamless. The government has not yet stepped in to fill the gap left by the Global Fund, which had previously supported access to safe injecting equipment to more than 4,000 clients in four major cities (Varentsov & Arsenijevic, 2015). A lack of sustainability planning is a key reason cited in the EHRN report for the challenges Serbia is experiencing in maintaining harm reduction services during the transition.

A key informant from the region suggests that key populations programming is much harder to transition than other components of an HIV response, such as the procurement of drugs. **"For MSM, it doesn't work. For sex workers, it doesn't work. Even for harm reduction, it doesn't work. Transition works for things like ART, but not for key populations"** (key informant interview, 20 August 2015). She noted that if a country is faced with a transition, the restriction is *how* to do it, much less where the resources will come from. **"If you want to transition, you need a smarter investment. It's more than just CCM governance"** (key informant interview, 20 August 2015). This is a perspective shared by key informants in all three case countries.

Other activists have lamented that funding is not available from other donors to fill the gap left by the Global Fund in Serbia. Partners like the European Union are much more focused on funding transparency, democracy, freedom of speech, human rights, and other activities that may not appear to be directly related to harm reduction among injecting drug users (Varentsov & Arsenijevic, 2015). However, recent evidence from other regions (East and Southern Africa) has shown that freedom of expression and accountability measures are directly related to civil society organizations' ability to influence national funding decisions (Oberth et al., 2015). These elements of community systems strengthening should be more centrally prioritized in key populations programming where sustainability is a concern.

The absence of effective planning is likely a significant contributing factor to some of the more difficult elements of Serbia's transition. Stakeholders agree that the transition was too quick, planning was not adequate, and oversight and governance to navigate the transition was essentially non-existent given the defunct nature of the Serbian Country Coordinating Mechanism (CCM) (Varentsov & Arsenijevic, 2015). As a result, key informants suggest that **"In five years' time, ten years' time, someone will need**

to start from scratch. You can't transition like this [snaps fingers]" (key informant interview, 20 August 2015).

One key informant suggested that the case of Serbia is likely to follow what has already transpired in Estonia, which is purportedly a good example of a transition 6-7 years ago. Though it's a small country with relatively abundant resources, an informant from the EECA indicates that **"civil society is dead now as government doesn't fund it. And the quality of services is poor"** (key informant interview, 20 August 2015).

The Serbian case may in some ways be a foreshadowing of what is to come for the other two countries in this discussion paper, as Thailand navigates its current transition and South Africa contemplates future sustainability planning. There are a number of areas where similarities are already apparent.

Case Study 2 – Thailand (Mid-transition)

Thailand has been hailed by the Global Fund as a golden example of transition, praised for its good planning and proactive decision to graduate ahead of schedule. In the Technical Review Panel's report on concept notes submitted in the third and fourth windows, Thailand is held up as a one of the only good examples of a country providing "a well-thought out, well-defined exit strategy" (Global Fund, 2015b, p. 25). However, it remains unclear what that strategy is, as the country has not yet begun developing its transition plan (key informant interview, 21 August 2015).

Thailand has been previously described as a country where strong national leadership played an important role in the country's success in the AIDS response (Singhal & Rogers, 2003). The country's current move to transition away from Global Fund investment towards a more sustainable domestically-funded response is perhaps in keeping with this tradition. That said, many stakeholders have serious concerns about the country's ability to transition successfully, without compromising services within the short time period proposed of two years.

Thailand's TB/HIV concept note states that:

> **The current Global Fund investment is viewed as a strategic short-term support to innovative and focused approaches that would facilitate the transition to fully domestically funded disease responses. This investment will allow Thailand to sustain and expand the gains in the HIV-TB responses while concentrating on mobilizing diversified domestic financing for sustained evidence informed, human rights-based, gender sensitive HIV-TB programmes at all levels** (Thailand CCM, 2014, p. 4)**.**

The Global Fund has granted Thailand leeway to reprogram $1 million in savings from their Round 8 grant towards funding their transition. The Fund has also provided human resource support, sponsoring a private sector engagement position within the CCM. Despite this support, there is little else forthcoming from the Global Fund in terms of their commitments and obligations during Thailand's transition.

Moreover, there is significant cause for concern related to indications of transition planning in the Thai concept note, especially for key populations programming. Currently, 86% of funding for prevention programs for sex workers, MSM and people who use drugs comes from the Global Fund and the U.S. government (Thailand CCM, p. 36). The concept note states that the Thai government will take increasing responsibility for funding the country's commodity needs, specifically mentioning the country's needle/syringe requirements. It states that 50% of the country's commodity needs are currently funded by the government, with the other half covered by Global Fund. In the second year of the two-year transition, the concept note proposes that the arrangement move to 60% government funding, 40% Global Fund. It is then very unclear how the country aims to go move to a 100% domestically funded system of commodity procurement in the year following a 60/40 split. The closest the concept note comes to answering this question is by stating that "domestic funding for prevention activities with all KPs [key populations] is also being mobilized, with Cabinet approval for funding commencing in fiscal year 2015 currently being processed" (Thailand CCM, p. 22). In several other instances, the concept note suggests that planning *should* occur, or that domestic funding to fill Global Fund gaps *is expected*, but there is little convincing evidence of any real strategy or commitment.

Although the concept note contains little evidence of a real exit strategy, and the country is still yet to develop a transition plan, it is relevant to note that Thailand has demonstrated its ability to deal with the need for sustainable health financing in the past. Faced with a mounting tobacco epidemic in the

late eighties and nineties, the Thai Parliament passed the Thai Health Promotion Fund Law in 2001, establishing the Thai Health Promotion Foundation (ThaiHealth), a general health promotion fund financed through taxes (Charoenca et al., 2015). This fund has been shown to be highly successful after both five and ten year reviews, and has been hailed by the World Health Organization (WHO) as a model for countries to sustainably finance their responses to chronic diseases. However, mobilizing the necessary resources is just one element of a successful transition. There is some degree of concern over the potential capacity shortfalls of the government to manage and/or implement key population programming in particular.

The basis for this skepticism is grounded in evidence from an external evaluation of MSM programming implemented by the government through Thailand's Round 8 Global Fund grant. The assessment found that the Principal Recipient (PR) for Round 8 MSM programming – the Royal Thai Government Department of Disease Control (DDC) within the Ministry of Public Health – significantly underperformed on targets (below 60%) and was given a poor performance rating ("C") from the Local Fund Agent (LFA) and the Global Fund (Wolf, 2012). Key informants in-country point to this report as evidence for the claim that **"MSM contribute to the most new infections in Thailand but the Ministry has no MSM capacity, technical or otherwise"** (key informant interview, 19 August 2015).

During country dialogue for the NFM, civil society and key population groups were successful in removing the government as the PR for the MSM program, replacing them with the Raks Thai Foundation, a civil society organization and the former sub-recipient/implementing partner (key informant interview, 19 August 2015). This history shows a lack of government capacity related to key populations, as well as reveals potential reasons for the government to view civil society as unwelcomed competition.

Given these uncertainties, how did Thailand's decision to transition ahead of schedule come about? Perspectives from stakeholders in-country are varied. Some from civil society suggest it was a political move, born out of the recent (2014) military coup; the new government is determined to demonstrate its capability, particularly to Western countries that were highly critical of the regime change. Refusing donor support might be a good way to send this message, especially if that donor support is funding civil society organizations which are doing a better job than the government at delivering health services

(Wolf, 2012). **"The move was to get rid of a potentially embarrassing enemy"** (key informant interview, 19 August 2015).

However, other stakeholders disagreed with this version of events, submitting instead that the decision to transition has been in the pipeline for a long time, and is not politically motivated whatsoever. Some stakeholders contended that the decision to transition started with smaller groups on the advisory committee in 2013, back when it was not yet clear that this would be Thailand's last concept note. Considerations for the transition were that Thailand does not need the money, and that evidence has shown Global Fund money to be counter-productive in many places (Bassett, 2013; Huang & Ping, 2014). One Thai CCM member expressed this kind of disillusionment with Global Fund investment, stating that **"Countries took money, diverted budgets, and did not develop home grown solutions. It was not sustainable,"** (key informant interview, 21 August 2015). As a result, this key informant is optimistic about Thailand's decision to transition.

Along with these motivations, it was also relatively clear financially that a change needed to happen in Thailand. The country's annual budget for TB/HIV is just over $400 million, with $385 million coming from the government, and the remaining $20 million coming from donors, predominantly the Global Fund. Key informants relate that even before the NFM envelopes were announced, the country was not sure it would be eligible for funding and was already thinking about transition planning. When the allocations were released, Thailand's amount (of new funding, above what already existed in-country) was about $700,000. This small allocation was the final straw in the country's decision that it was time to exit (key informant interview, 21 August 2015).

The less-than-expected allocation amount also steered the country towards insisting on a two-year transition, despite the Global Fund's strong recommendation for at least a three-year handover. One CCM member recalls the thinking: **"OK, if this is the money that we have, then we have to transition. The two-year plan was the result of a healthy assessment. We saw that the money couldn't stretch three years"** (key informant interview, 21 August 2015). Another CCM member said **"The Global Fund tried to tell us three years [for the transition], but we said Thailand should stand on our own two feet.**

Thailand told the Global Fund no – two years. We cannot keep relying on them" (key informant interview, 21 August 2015).

Not all stakeholders in the response are as confident about the transition. There is a group of civil society organizations who have been clamoring that something be done. The head of Raks Thai Foundation is leading that group, and they have been requesting meetings with development and technical partners to discuss government capacity around key populations (key informant interview, 21 August 2015). There is clear concern from civil society, as Shreehari Acharya (Raks Thai Foundation) says **"We understand transition, but we want the Global Fund to focus on particular populations that will not been taken care of by the government so that they provide really great support, continually and sustainably"** (Global Fund, 2015a). The worry about the government's will/capacity to absorb and support key population programming is not isolated to civil society. Though most suggested that there is a fair amount of goodwill on behalf of government towards civil society, and there is recognition of civil society's value in the response, it is fairly clear that the transition impacts civil society-led programs much more than the government. As one CCM member said, **"Government isn't affected [by the transition]. Only civil society"** (key informant interview, 21 August 2015). This statement is reflective of the financial nature of the transition, where civil society organizations were much more heavily dependent on the Global Fund than the government. But it also reveals a lack of understanding of how government *will* be affected, chiefly in determining which civil society-led programs to maintain and finding funding sources for that essential work.

Others within the transition leadership are also concerned:

> **[W]e still don't have domestic funding for key populations. In the current Global Fund grant, half the money is for CSOs to reach people and bring them in for services. Government doesn't allocate money for CSOs to work. We are concerned about money for key populations. The country has a system to provide for CSOs, but it's very little and not very efficient** (key informant interview, 21 August 2015).

Others suggest that those who are worried are perhaps not acknowledging a necessary reality: **"Why are people panicking? Are all people panicking? No. People who are panicking are poorly informed and are not looking for ways of financing themselves"** (key informant interview, 21 August 2015). This

key informant suggests that civil society needs to focus on better evidence production during transition (a perspective shared by two South African stakeholders in Case Study 3) in order to motivate sustained investment for civil society and key populations. **"*Transition to Self-Reliance* is the theme. It's not limited to financial transition. It's also a transition to doing the right things. We are changing our approach to challenge and revisit the assumptions of the best response"** (key informant interview, 21 August 2015).

Case Study 3 - South Africa (Pre-transition)

Although Resch et al. (2015) suggest that South Africa should be able to fully fund its own AIDS program by 2018 with domestic resources – something which a government representative confirmed during key informant interviews – the country is not yet seriously considering a transition away from Global Fund investment. South Africa submitted a $380 million funding request for TB/HIV on 15 July 2015 (Oberth, 2015b) without any serious transition plan attached. Though South Africa is classified as an upper-middle income country, it is also considered a "desirable market" for donors like the Global Fund, with relatively low levels of corruption/mismanagement and a large affected population for impact and results (key informant interview, 21 August 2015). Given this, (when) is transition going to occur in South Africa?

Despite transition discussions being largely absent from CCM meetings, there are some indications that addressing this direction is gaining momentum in South Africa. First, the country's allocation under the current funding model is significantly less than it was in the previous Rounds-based system at approximately half. This has kick started some of the thinking in-country about how to sustain certain elements of the response with less external support. Difficult decisions were made during concept note development; programs for orphans and vulnerable children as well as voluntary medical male circumcision will no longer be funded by Global Fund, while many other interventions were narrowed in geographic scope.

For many of the areas where Global Fund support is no longer available, the South African government is stepping up. This is, in a sense, the beginning of transition in some areas of the response. The

country's current request for ART is less than half of what it was in the previous Global Fund proposal, with the government assuming a much larger portion of the growing cost. Expenditure tracking also shows growing government commitment to key populations through the National Department of Health's High Transmission Area (HTA) Program. The government's budget commitments for the HTA program rose from $7.8 million in 2012/2013, to $8.5 million in 2013/2014, to $9.9 million for 2014/2015 and 2015/2016.[8]

Another important component in South Africa's proposed Global Fund program is to establish sustainable finance mechanisms. Social Impact Bonds are being considered by several partners as a means of enhancing private sector investment in health, and mobilizing added resources from the government for programs which demonstrate success (Social Finance, 2015).

While the availability of funding is important, stakeholders in-country emphasize that the real challenge for South Africa during a transition will be to maintain consistency in the kinds of services that are delivered, not finding the fiscal space. **"It's not the money that's the problem. It's programmatic sustainability. Getting provincial health managers to *want to* and *be able to* take programs over [is the more important issue]"** (key informant interview, 27 July 2015). Disruptions are likely inevitable during any transition, but concerns go much further than fearing a blip in service delivery. A key informant appropriately asks **"What exactly are you transitioning? It's not always clear what is being replaced"** (key informant interview, 27 July 2015). This is in line with the Global Fund's Development Continuum Working Group (2015) recommendation for the Global Fund to establish an operational definition of sustainability that will allow for tangible monitoring of success during implementation of transition plans (Csete, 2015). A definition of sustainability is needed since transition is not as simple as handing the money from an international bill-payer to a domestic one – continuity of programming is the main issue: **"There's no guarantee that if Treasury fills the gap from donors that the National Department of Health will spend it on the same things"** (key informant interview, 27 July 2015).

How do you get buy-in from government to sustain community-led responses that are working? One answer is stronger evidence. Demonstrating value to the government (and other potential financiers) is

[8] In ZAR currency, government spending increased, though due to the weakened exchange rate the dollar value appears as a plateau.

perhaps even more critical during transition than it was in the era of donor support. The need for an improved evidence base in the context of transition was echoed by key informants in Thailand, too. South African key informants emphasized that Technical Assistance (TA) is always good and always needed, and will help civil society, key populations and community groups improve their evidence base and help their programming become more data-driven (key informant interview, 27 July 2015). This, in turn, will help partners in-country see the value of civil society's contribution and support a sustained community arm in domestic AIDS, TB and malaria responses. Echoing this trend, a key informant from civil society suggests that organizations are faced with **"a period in which donor funding has shifted to promoting systems of results-based planning, monitoring and evaluation as a primary means of accessing and accounting for funds. The loss of very scarce core funding from donors such as Comic Relief and DFID has had a particularly severe impact on effective social movements"** (key informant interview, 6 September 2015). This suggests that transition includes both a shift in who is paying as well as a shift in what is paid for. While many are concerned about the sustainability of services for key populations under domestically-funded responses, advocacy and accountability work are equally threatened.

Though explicit Global Fund transition planning is not yet occurring in South Africa, the country is taking preliminary steps towards a more sustainable response. The country's current concept note demonstrates well-considered planning about how to achieve greater impact with fewer resources. The focus of the Global Fund program is entirely on key populations and high impact interventions, delivered in target geographic hot spots. This is a big shift for South Africa in terms of its response, and could be said to represent the beginning of transition thinking.

The South African TB/HIV concept note states that:

> **[T]he focus of this request for funding is to promote increased proportional investment in key populations from the Global Fund, while government assumes greater accountability for its treatment program. This is an important phase in the context of transition, which must be managed carefully by both government and development partners in the era of shared responsibility** (South African CCM, 2015, p. 43)**.**

However, there is also evidence that the country might not be planning adequately – albeit at this early stage – for a potential withdrawal or downscaling of Global Fund support in the coming grant cycle(s). For South Africa's NFM concept note, the CCM was strongly encouraged by the Global Fund country team to submit a sustainability plan along with its application. Since such a document does not exist, the country submitted a brief which essentially advocates for continued donor investment at current levels – 80% domestic funding, 20% external – as the program grows over the next twenty years (as modeled in the country's Investment Case[9]). This thinking was echoed by two key informants, both of whom agreed that **"we should try to access donor funding as long as possible**" (key informant interview, 21 May 2015; key informant interview, 27 July 2015). This is a very different perspective that those in Thailand ("we should stand on our own two feet"), despite Global Fund contributions making up the same proportion of TB/HIV funding in both countries (roughly 5%).

There are some significant differences between a country like South Africa and the two cases studies described above. The sheer size of the epidemic (6.4 million people living with HIV) being the most pertinent, with the cost of the country's program closely following ($2.1 billion in 2015/2016).

South Africa's sustainability plan/brief attached to the concept note does articulate that part of the strategy is to take steps to reduce the dependency for core interventions, including HIV counseling and testing, anti-retroviral therapy and prevention of vertical transmission. The document also highlights how South Africa has commenced the process of exploring innovative financing options such as social impact bonds and increases to taxes on alcohol and tobacco. Investment to develop a more consultative and robust sustainability/transition plan related to Global Fund investment will need to be a priority for South Africa over the coming three year grant cycle.

Discussion

[9] At the time of writing, South Africa's Investment Case is not yet finalized. Preliminary results were presented at the 7th South African AIDS conference in Durban (June 2015) and can be accessed at http://ow.ly/UvixH

1. **Determining program sustainability is often a retrospective exercise. Much of the analysis is only available after the fact, and often after it is too late to prevent avoidable disruptions.** For example, one systematic review found that the majority of sustainability studies happen between one and five years after the completion of a program (Scheirer, 2005). Other approaches have sought to predict sustainability of health programs (Hanh et al., 2009; Tibbits et al., 2010) but few have sought to analyze these things in an ongoing manner and adjust programs towards a more sustainable path during implementation (Bennett et al., 2011). For countries like South Africa, assessing sustainability at this early stage should be a core focus for both the Global Fund and the Principal Recipients. For the other two cases, feasibility studies on the sustainability of programs should have begun long before transition became a reality.

2. **Many countries do not have exit plans within their concept notes.** In the TRP's February 2015 report, concerns are noted about countries' foresight in planning to transition. First, the TRP noted that many countries which are currently transitioning, or that are anticipating a transition, do not have exit plans within their concept notes. The TRP emphasized the importance of transition planning, noting that such planning must go beyond financial preparedness to include programmatic aspects too. The TRP emphasized that "There is particular concern around interventions in some countries that are aimed at key populations" (Global Fund, 2015b, p. 11). The TRP asked how these interventions would be sustained after transition from Global Fund support, and whether or not the government would budget for civil society to sustain these kinds of programs. The advice from the TRP was that CCMs should encourage increased government investment in key populations sooner rather than later and that adequate government spending on key populations should be established long before transition occurs.

3. **A good transition model might be co-implementation of some programs between government and community-based organizations leading up to a transition.** This should ideally be a system of joint delivery, not just the contracting out of civil society organizations by government. As an example, the Avahan transition model in India benefitted from this approach, and it is consistent with what stakeholders said in the three country case studies above. Co-implementation could promote a more collaborative, comprehensive and mutually accountable response**.** In the spirit

of joint implementation, some suggest that the PEPFAR model in South Africa of developing the Partnership Framework Implementation Plan (PFIP) is a good way of institutionalizing shared responsibility during transitions (key informant interview, 27 July 2015). The South African PFIP may be a good model for a transition plan which promotes joint ownership over the success of the handover and implies mutual accountability for its outcomes. The Global Fund appears to be less involved in transition planning at country level than PEPFAR has been to date.

4. **Countries benefit from advance warning of when and how the funding will end.** Another good model of responsible transitions which was highlighted by key informants is that of the Gavi, the Vaccine Alliance. South African informants felt that Gavi's qualification rules were very clear – a sentiment not shared related to PEPFAR or the Global Fund transitions. Clarity around how transitions work, when they will occur and what support will be offered should be a priority for the Global Fund's next Strategy. Just as countries have benefited from predictable funding through the transparent allocation methodology in the funding model (funding "envelopes"), so too will they benefit from advance warning over funding ineligibility in the longer term.

5. **The Global Fund's investment in improving transition and sustainability planning may not be enough.** The Global Fund is investing some resources into improved transition and sustainability planning. The Global Fund has a $9 million Special Initiative for Enhancing Value for Money and Financial Sustainability of Global Fund Supported Programs as part of the 2014-2016 grant cycle. Investing in sustainability planning is a key requirement and this may not be enough. It is the smallest dollar value of the Fund's five special initiatives (which total $100 million).

Recommendations

1. **The Global Fund should require countries to submit sustainability assessments as part of counterpart financing requirements.** Readiness to transition is currently heavily determined by availability of domestic resources. While there are several problems with using income as a measure of country need, the main issue is that financial sustainability tells tell you very little about the

sustainability of actual programs or interventions. It is recommended that countries conduct a sustainability assessment as a complementary component of the counterpart financing requirement, so that other elements of sustainability can also be measured in an ongoing manner. This way, both the country and the Global Fund will be able to track and measure when transition can occur based on a variety of factors.

2. **The Global Fund should develop a sustainability policy, sustainability plan template and accompanying guidelines.** As part of the necessary Sustainable Transitions Policy which the Global Fund has been encouraged by multiple stakeholders to produce, several supplementary practical tools need to be developed in tandem. First, a Sustainability Plan Template (like the concept note templates) will be a useful tool for guiding countries through a transition. A set of guidelines should accompany the template. This template should include sections on the following elements[10] of sustainability:

    a. *Financial sustainability*: How is the response going to be funded?
    b. *Epidemiological sustainability*: How are the gains in the response going to be maintained or ramped up?
    c. *Political sustainability*: How will AIDS, TB and malaria stay on the policy agenda?
    d. *Structural sustainability*: Are factors such as poverty, inequality, and gender-based violence being addressed in the context of transition?
    e. *Programmatic sustainability*: Which Global Fund-supported programs will be absorbed, which will end, and which will evolve, during the transition?
    f. *Human Rights*: How will the right to health be protected for populations who might be excluded from decision-making based on the five preceding factors?

    Along with these sections, there are other considerations for responsibly managed transitions which can be included in the Fund's policy, template and guidelines. Based on an analysis of 21 transition plans from 13 countries, Piot et al. (2015) suggest that the best plans have the following features:

    - Duration of about 5 years
    - Key financing or high-level political signees
    - Clear and monitor-able financial targets (for donors and governments)
    - Economic and epidemiological data
    - Costed HIV strategies and trusting dialogue

[10] Conceptual framework on sustainability drawn from Oberth, G. & Whiteside, A. (2015). What does Sustainability Mean in the HIV and AIDS Response? Draft manuscript submitted to the *African Journal of AIDS Research* for peer review.

- Reliable M&E systems
- Binding incentives (penalties and rewards)

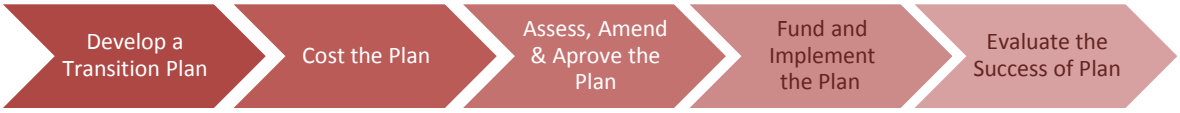
Piot et al. argue that developing explicit and results-based plans is key to managing the transition from external dependence to domestic self-reliance. They further suggest that national compacts be produced between parliament, ministries of finance, ministries of health and national aids councils, even in the absence of donor funding.

3. **Countries and the Global Fund should develop transition plans together - as country compacts – which have a clear process, timeline and indicators for success.** Once the programmatic sustainability assessments show that part, or all, of a country's Global Fund-supported program is capable of transitioning, a plan should be developed to guide this process.

   One of the core recommendations from experts is that Global Fund transitions must have longer timelines which allow for adequate planning, smoother handover and institutionalized frameworks for sustainability (Varentsov & Arsenijevic, 2015; ICASO, 2014; Summers & Peck, 2014). Vogus and Graff (2015) suggest a six step process for effective transitions:

   1. Develop a roadmap
   2. Involve stakeholders
   3. Communicate the plan
   4. Support midterm evaluations
   5. Strengthen financial, technical, and management capacity; and
   6. Support ongoing Monitoring and Evaluation (M&E)

   EHRN (2015) put forward a three-stage transition framework with explicit roles for government, civil society, technical partners and the Global Fund. This discussion paper echoes many of these recommendations, suggesting a five-step systematic process with longer timelines for more responsibly managed transitions:



Based on this process, a more carefully considered and methodically implemented transition could require between five and seven years of effort – more than two Global Fund grant life cycles. This is in line with what Piot et al. (2015) suggest is the ideal timeline for a transition plan. When compared with Serbia's seemingly abrupt ineligibility and Thailand's decision to transition over two years, this paper recommends a longer process which requires countries to begin sustainability planning at a much earlier stage, and obligates the Global Fund and other partners to support transitions with financial resources for a much longer period.

The need for concrete and transparent transition plans has been emphasized by several others, and was reiterated by key informants consulted for this discussion paper (Piot et al., 2015; Brundage, 2011; Varentsov & Arsenijevic, 2015). Having a transition plan – and ideally one that is public – will help to hold all parties accountable and to track progress. The development of transition plans must be done in a highly consultative manner, with an open and inclusive country dialogue. Open Society Foundation (OSF) (2015, p.2) calls for transitions to be "planned with meaningful participation of affected populations, coordinated with all donors, and attention to civil society strengthening that may help sustain and advocate for community-led services over the long term." An open and participatory process must continue throughout the monitoring of transition plans too. Evidence from Oberth et al. (2015) supports OSF's position, indicating that freedom of expression and freedom of association are statistically related to civil society's ability to lobby for funding of their priorities.

A key part of a transition plan must also include realistic costing of the resources required for the implementation of that plan. This should include the total annual resource needs for the country after transition occurs, but also the cost of moving towards that system. An initial upfront investment may be needed to kick start sustainable finance mechanisms. As Serbian advocates recommend (from experience), there is a critical need to "support countries in securing necessary financial resources for the transition" (Varentsov & Arsenijevic, 2015, p.9). In addition, funding

should be set aside so that programming can be restarted if transitions are not going according to plan, particularly if this is resulting in service disruptions.

After a transition plan is developed, assessing the robustness of that plan should be an important step in the transition process. The Global Fund should not transition out of a country without first assessing the viability of the transition plan (as appears to be the case in Thailand). Once developed, the plan should be assessed and approved by partners in country, including civil society and key populations, as well as approved by Global Fund and other technical partners. If there are significant concerns, the plan should go through a second iteration of development.

After the country's plan is approved, the next step is the implementation of that plan. The plan should be at least three years long, though ideally more forward looking and aligned with the timelines of the country's National AIDS Strategic Plan (often five years).

The final step is to monitor the success of the plan. Ongoing assessment should be done throughout the plan's implementation to improve and adjust the plan; however, a final review of the transition is necessary. Based on the assessment, it may be determined that the process should be repeated and that a second sustainability plan be developed and implemented. Alternatively, sustainability planning could be mainstreamed into national strategic plans (NSPs) and other government plans going forward.

4. **The Global Fund should continue to invest in key populations programs, advocacy and accountability work, even after a country has transitioned.** With a transition to domestic funding, key populations are those most at risk (EHRN, 2015). It is critical to continue funding key populations work even after most other components of a country's program are ready to be domestically sustained. Transition does not need to be an all or nothing situation. It may well be that governments are ready to absorb certain components of their HIV, TB and malaria responses at varying stages. Part of good transition planning could be to assess government readiness and absorptive capacity in a tiered manner, program by program. At present, evidence from the three

case countries suggests governments might not yet have the capacity to implement comprehensive and high quality key population programming.

Some hold the view that key population programming should never graduate or transition. There is evidence that services targeting key populations – especially in settings where certain key populations are criminalized – are delivered better by civil society organizations and peer networks than by government (Wolf, 2012). This could imply that key population components of Global Fund-supported programs should potentially be sustained through international investment until we end the three diseases, rather than until governments can afford to take over.

Along with key populations programs, advocacy and accountability work should also be sustained through international investment until AIDS, TB and malaria are ended as major health threats. These critical elements of community systems strengthening are not something that can ever be absorbed by government funding. If a civil society organization is funded by government, it is unlikely to be an effective watchdog. Even private sector investment is unlikely to fund civil society work which holds governments accountable, as companies may avoid controversial associations. In the TRP's last report, it agreed that multi-stakeholder engagement as well as monitoring of service delivery, especially for key populations, must be sustained after a transition (Global Fund, 2015b).

It is possible that regional Global Fund programs could be leveraged to do more of the critical advocacy and accountability work. However, this raises the important issue of how regional programs will be sustained after countries transition. Will the Global Fund continue to support critical regional-level work even in regions where some or all countries do not qualify for Global Fund allocations? The Global Fund's next Strategy should address the future of regional programming in the context of transitions.

Conclusion

As the Global Fund prepares to develop its new Strategy for 2017-2022, lessons from these three countries are critical for consideration. Combined with other evidence from China, India, Brazil and many countries in the EECA region, this discussion paper urges considered thinking around how transition can be a potential lynchpin in the AIDS, TB and malaria response, with the ability to either achieve long-term sustainability or undo significant progress.

Civil society has been very clear – Global Fund transitions are having damaging effects on key population services as well as advocacy and accountability work in many situations so far. Evidence from the three case studies discussed in this paper supports this concern. However, with more adequate planning many of these issues could be avoided. The onus is on a broad range of stakeholders, including the Global Fund, governments, technical partners, civil society, and key populations, to approach sustainability planning more seriously and systematically, beyond a willingness to pay and counterpart financing requirements.

The Global Fund has a responsibility towards affected populations which may be cut off from life-saving services after a poorly-managed transition, and so too does civil society and government. With effective partnership and planning among all stakeholders, it is possible to create a clearer picture of what transition and sustainability should look like, in the next five years of the Global Fund, and beyond.
A lot can be learned from how transition has been handled – both well and poorly – in countries with Global Fund grants as well as with other large funding partners. It is important that evidence continues to be generated about good practice around transitions as well as recurring challenges so that transition is not “Terra Nova” (Brundage, 2011), but can become a clear and predictable process that works for all parties involved, ultimately to the benefit of people on the ground who have the right to sustainable quality health services.

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