EASTERN EUROPE AND
CENTRAL ASIA CONSTITUENCY
OF THE BOARD OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Statement of the EECA Constituency

to the 41st GF Board Meeting on the next round of Allocation and its impact on the region

The general context: Is EECA losing control over TB and HIV? Will GF Strategy deliver in the EECA region?

The Eastern Europe and Central Asia (EECA) represents an important and complex region in terms of achieving SDGs and efforts to ensure UHC, particularly in terms of TB/HIV control services for all affected populations or in risk of infection, not disregarding Hepatitis and other non-communicable diseases. Since 2002, the Global Fund's and its partner's investments in the EECA region have contributed to considerable progress in combating these diseases, developing enabling environments and strengthening health and community systems. These successes would not have been possible without the close collaboration of the Global Fund, implementing countries and partners, including technical agencies, private firms and nongovernmental organizations. Nevertheless, EECA continues to face serious challenges and is now the region with the highest rate of HIV growth and the highest levels of multidrug-resistant TB in the world.

The next cycle of funding has a critical importance for the EECA Region. Regardless of epidemics trends, complex operational environments, recourse scarcity and lack of sound readiness and capacity to ensure a sustainable transition beyond GF funding, especially related to prevention, the allocation methodology will continue to disfavor this region for the next three-year period.

The April 2019 meeting in Dushanbe, which brought together the CCM countries represented in EECA and the GF technical partners, called on enhancing the GF attention with regard to the complexity of challenges faced by this region in its efforts to control the 2 epidemics. Building up on that, the EECA Constituency call on the 41st GF BM to turn its face onto EECA. The price of losing, within the course of next 3 years, the gains attained over decades could be too high for thousands and thousands of TB and HIV affected people and families.

Leave no one behind – leave not EECA behind!

Allocation methodology

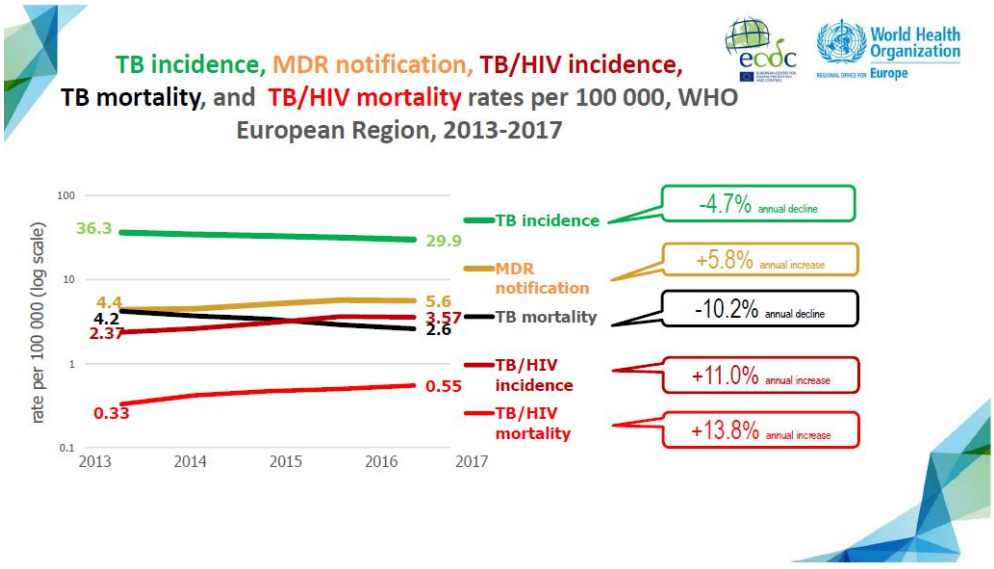
I. Technical Parameters

The EECA Constituency supports the updated technical parameters for the allocation formula. The Secretariat and technical partners' analysis are pertinent. We acknowledge

the significant efforts to update the parameters and allocation formula based on lessons learned from the previous allocation period. The presented disease burden indicators are meant to best possibly capture the disease burden of the 3 maladies and we share the Secretariat and Technical Partners concerns on their limitations, as well as the effort to look at additional metrics.

Moreover, given the variety of country contexts and epidemic concentrations, other disease indicators are to be taken into account as they can affect the allocations, shape the treatment and prevention resources. The EECA constituency strongly recommends application, whenever possible, of additional metrics, like incidence and prevalence values, as well as conducting adjustments for key population epidemics during the qualitative adjustment stage.

These additional metrics are particularly relevant in the EECA region, where epidemics is mainly concentrated in key populations, there are limited local resources, and often not a strong will to invest in services targeting and transition readiness. A holistic approach is needed to address prevention issues. In this respect, it is critical to incentivize governments to undertake public health approach, eliminating any barriers for KAPs and integrating preventive services into the current model of health systems.



We expect the 2020-2022 allocation formula to provide space and make use of best fit disease indicators and metrics that can respond to the funding gaps of specific epidemics and boost countries efforts to fulfill the commitments.

With regard to the country economic capacity indicator, the EECA Constituency call for considering additional indicators that shape the countries' funding landscape – fiscal

landscape, investments in public health, and the capacity to fund the TB and HIV care continuum.

II. Refined/adjusted allocation methodology

EECA Constituency appreciates all work and efforts deployed by the Secretariat to review refine the allocation methodology. We do not want to jeopardize the approval of the allocation methodology, including the global disease split. However, it is not easy to support 18 % of funding for TB when the number of MDR-TB cases are on the rise in EECA region.

We call for the GF to pay attention to the factors of the growing number of MDR-TB cases and system failures to address that. The allocation methodology is meant to assist the countries in tackling the core points of the course of the problem.

The EECA Constituency supports the recommendation to conduct and incorporate a disease split analysis when planning for the next allocation periods.

Catalytic Investment (CI)

With inevitable decrease in country allocations during the next three years, Catalytic Investment is strategically important for the EECA region.

EECA expresses gratitude for the immense work conducted to date by the Secretariat and the GF Board leadership to build and promote a robust investment case for the upcoming replenishment, the results of which would greatly influence the catalytic investment landscape of the next allocation period. We appreciate the complex format of discussions and reviews carried out to prioritize initiatives under the CI.

We understand the rationale and the GF concerns related to the need to prioritize and sustain country allocations under different funding scenarios. Moreover, the prioritized catalytic investments are in line with the set-up principles and impact criteria.

We are all aware a successful replenishment cannot be guaranteed, the EECA constituency calls on the GF to commit/set aside CI for TB/HIV multi-country initiatives as well as sustainability & transition funding under all scenarios. Otherwise, the costs of current and previous “neglects” might be too painful.

However, we cannot but flag the disproportionate opportunities for the EECA region to access in 2020-2022 the CI under different funding scenarios and based on 3 modalities (matching funds, multi-country grants and strategic investments).

A short contextual summary of the region highlights EECA as one of two geographic regions where HIV epidemics is increasing because of insufficient funding to cover the service cascade. Since 2010, the number of new infections has increased by 29%, making it the fastest-growing HIV epidemic in the world. This region also faces the highest levels of multidrug-resistant tuberculosis (MDR-TB) in the world: 1 in 6 newly diagnosed and 1 in 2 previously treated TB patients are estimated to have MDR-TB. It is also heavily affected by chronic hepatitis C virus infection, and accounts for the largest proportion of HIV-infected people with past or present hepatitis C infections.[1]

Expensive ARV treatment (compared to GF prices) put a considerable burden on costs of local HIV and TB programs, thus negatively affecting the treatment coverage. Complex operational environments like Ukraine or frozen conflicts in countries like Moldova or Georgia make it more and more difficult to ensure disease control programs for affected populations. The considerable decrease in external funding from the GF and other donors during the last and current allocation periods, alongside with local funding scarcity and competing priorities on public health agenda, have extensively increased the budgetary gap of local programs. Despite separate initiatives (like in Georgia, Moldova, Ukraine) to plan and fund prevention programs from local funds, neither this funding nor the implementing mechanisms are yet sustainable.

On one hand, the EU members (like Romania or Bulgaria) are not or partly eligible, though they are struggling with high TB or HIV epidemics. On the other hand, there are the Balkan countries that have transitioned, yet all of them (except Bosnia and Herzegovina) are back to the eligibility list, which proves the volatility of local TB and HIV control programs. This is a particular concern for us, because even those countries which have been recognized as success stories like Macedonia and Montenegro are now eligible again, due to the increased disease burden within the key affected populations. Above all, apart stand the CA countries, where epidemics is considerably increasing, KAPs face discrimination, criminalization, while cultural traditions and legal barriers constrain access to key services for affected populations.

[1] http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/news/news/2018/11/countries-of-eastern-europe-and-central-asia-improve-access-to-hiv,-tb-and-viral-hepatitis-diagnostic-technologies-and-medicines

Regretfully enough, despite all these critical challenges, the EECA countries are currently part of only 2 multi-country grants and a couple of strategic initiative funding. As if not enough, under the 2020-2022 funding scenarios and prioritized CI, the EECA would be further disadvantaged/unprivileged. Not to disregard here the (cross-cutting) data challenges and need for support.

For EECA region, which has been registering a considerable decrease in country allocation funding since 2014, while the gap was not closed by the countries, as well as less opportunities to access catalytic resources that are strategic for local and cross—boarding challenges, it is crucial to have the certitude that the 22 countries of this region can/be given an equal opportunity to access CI to improve the data collecting mechanisms, consolidate the country coordinating mechanisms, advocate for respect of KAP rights and services, improve the procurement mechanisms and build RSSH.

In conclusion, EECA Constituency calls on the Board of the Global Fund to endorse an allocation methodology, including equal access to catalytic investment, that ensures needs based funding for all regions, including EECA.