Ensuring sustainability of services for key populations in the EECA region:
Taking stock of budget advocacy efforts to date

Initial meeting of regional analysis and dialogue

9–11 December 2020

Summary of discussion

The regional dialogue is organized by the Eurasian Harm Reduction Association (EHRA) in partnership with Open Society Foundations; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM). It is supported by the Robert Carr Fund for civil society networks.

Contents

Acronyms and abbreviations

ART	antiretroviral therapy
ARV	antiretroviral drug
CSO	civil society organization
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
MSM	men who have sex with men
NGO	non-governmental organization
OAT	opioid agonist treatment
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1. Introduction and overview

International donors have been withdrawing from support for HIV and other health programs in Eastern Europe and Central Asia (EECA) for several years. Many countries no longer receive, or are eligible for, funding from the Global Fund to Fight HIV, Tuberculosis and Malaria (Global Fund). Among other major funders over the years, the UK Department for International Development (DFID) ended its support in the region several years ago, the US President's Emergency Plan for AIDS Relief (PEPFAR) provides only small amounts of funding in a few countries, and the Dutch Ministry of Foreign Affairs, the German Agency for International Cooperation (GIZ) and the French 5% Initiative no longer consider the region a priority.

Most of these funders provided critical financial and technical support for HIV prevention and other services for key populations including people who inject drugs, men who have sex with men (MSM) and sex workers. The programs usually cannot survive international donor withdrawals unless they have access to domestic funding, and especially from the public sector.

This is the background for ongoing efforts in the region to safeguard and improve the health and rights of people vulnerable to and living with HIV and other stigmatized conditions. Sustainability of services is the ultimate goal, with transition from external to domestic funding being the process through which countries move as donor support decreases and then stops.

Transition has proved to be a difficult and complex process in many parts of EECA. Money is only one part of the overall issue: to a significant extent, transition is as much of a political process as a financial one. Governments are often unwilling to provide state funds for many of the services key populations need the most, including harm reduction services for people who inject drugs. Even when they might be open to considering such support, they often claim they cannot for a variety of reasons. For example, governments often say they do not have enough money in their budgets for such services, or that there are no clear legal or technical ways to provide funding to civil society and community groups that often provide these services.

About budget advocacy and the regional dialogue: rationale and background

Over the past several years, as countries in EECA began to acknowledge the realities of declining donor funding for HIV programs, civil society organizations (CSOs) and community groups in their respective cities and countries also started facing a new challenge of mobilizing government funding and influencing budget decisions for supporting HIV responses among key populations. Recently gained new skills and partnerships have allowed many CSOs to engage in analysis of national and municipal budget spending on services for key populations; identify funding gaps; conduct advocacy for development or adjustment of existing social contracting and other financing and contracting mechanisms; and assess to what extent EECA budget systems overall are transparent and accountable. In addition to budget monitoring and analysis work, groups of key population communities and civil society organisations at local level started engaging in community-led monitoring and assessments of quality of services to build arguments for effective advocacy for proper budget allocations for services.

The regional dialogue that began with the 9–11 December 2020 meeting is designed to take stock of what has been achieved over the past few years – taking into account the realities of transition of HIV responses for key populations from donor support to national funding, limited donor resources for the EECA region, and new economic and public health challenges including the COVID-19 pandemic. The dialogue aims to explore whether and how budget advocacy efforts have impacted state budget funding for HIV services for key populations in the region, what critical elements of budget advocacy have made a difference, and what next steps should be taken by donors to support further efforts by CSOs in budget advocacy for key population HIV services to be fully covered by national budgets in the region. The crises caused by the COVID-19 pandemic have greatly altered situations and contexts and added new urgency to the need to

understand how to effectively influence budget decisions. There are huge risks associated with adjustments and replanning of all public health funding that many countries are doing in response to the crises, because these changes could lead to lack of funding for HIV responses among key populations.

As noted above, there are two main goals of the regional analysis and dialogue: to examine the impact of budget advocacy efforts and implementation experience in the region over the past three years; and to identify, for current and potential donors, perspectives, directions and investment priorities in budget advocacy for funding of social and medical services for key populations affected by HIV in EECA.

The regional dialogue will consist of three steps:

1. Initial meeting (9–11 December 2020)
2. Budget advocacy mapping analysis for the past three years in the EECA region. Eurasian regional consortium costs for this analysis are dedicated for a three-month period (December 2020 – February 2021)
3. Consultation to develop recommendations (March 2021)

Budget advocacy work and other transition experiences across EECA have varied in terms of overall success and the actions taken by civil society advocates, governments and donors to plan for and respond to donor withdrawals. The three-day initial meeting of the dialogue, which was held online and had more than 40 participants each day, included several comprehensive presentations of transition-related activities regionally and at national level. They served as the basis for group discussions about opportunities and challenges for this type of work across the region. The online meeting concluded with participants proposing suggestions and recommendations for priority actions to further promote and ensure investment in health and social services for key populations in EECA.

About this document

This document provides an overview of some of the highlights and key themes discussed during the online dialogue. It is not intended to be an in-depth review or analysis of all that occurred. More detailed information about many of the tools, processes and country examples discussed can be found in the presentations delivered during the dialogue, available at https://drive.google.com/drive/folders/1U-2wlR0SnPew8KRdynSCTE5GFctYlKYJ?usp=sharing.

2. Examples of transition activities, methods and results

This section provides a basic summary of some of the activities taken by global, regional and local partners in support of sustainability of services. All were referenced during the regional dialogue.

2.1 Regional and global examples

The **Global Fund** has been the most significant and important donor of harm reduction and other HIV-related services for key populations in the region, with its support since 2004 allowing pilot projects to grow to national coverage scale. To support strengthened country ownership and to address strategic transition challenges, the Global Fund in recent years has increased its focus on sustainability and transition preparedness in all aspects of its work.

Targeted country support is necessary because situations and dynamics differ greatly across the region. But overall, the Global Fund's technical support and advice has been focused on activities in six main programmatic areas: planning, financing, health systems, enabling environment, civil society, and efficiency. In the planning area, for example, transition readiness assessments (TRAs) have been conducted in 17 countries in the region as a crucial step to help guide overall transition processes. Other examples of Global Fund assistance in the six areas include supporting national health accounts reporting (financing); supporting the definition and costing of HIV service packages (health systems); supporting the assessment of legal and regulatory barriers to access to services by key populations (enabling environment); helping to build the capacity of CSOs to access public funding (civil society); and piloting and evaluation of performance-based financing for scaling up TB and HIV case finding and OAT schemes (efficiency).

Part of the catalytic funding made available through the Global Fund's multi-country projects in the region over the years has been to support the sustainability of HIV services for key populations. The current three-year project 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia' (**SOS project**) is being implemented from 2019–2021. It is coordinated by the Alliance for Public Health in a consortium with 100% Life (All-Ukrainian Network of People Living with HIV), the Central Asian HIV Association and the Eurasian Key Populations Health Network. Budget advocacy is a main priority work area. A key indicator of success to date is that 16 of the 25 municipalities covered by the project have now signed the Paris Declaration to end the AIDS epidemic in cities, which commits them to taking steps to reach the 90–90–90 targets by the end of 2020. One of those cities, Chisinau in Moldova, followed its signing of the declaration with an agreement to establish a municipal council on HIV, develop its first municipal program on HIV, and allocate funds (for the first time) from the budget to support harm reduction and HIV prevention – a total of 500,000 MDL (US$29,000) for 2020. Some of the other 16 cities, including Osh (Kyrgyzstan) and Dushanbe (Tajikistan), have also pledged to provide some funding for such activities.

Also as a result of the project, significant progress in price reductions of key antiretroviral drugs (ARVs) has been achieved in several countries through optimized ARV procurement schemes. Other important focus areas of the project that have had notable success include:

- building the capacities of CSOs and activists in budget advocacy in 14 countries of the region;
- providing technical support in unit costing for key population interventions in an effort to improve existing state procurement mechanisms in 14 countries;
- supporting advocacy for changes in legislation to make social contracting possible in different countries; and
- supporting budgeting of national and regional/city HIV programs and improving functional mechanisms for public procurement.

With other partners in the region[1], the Drug Policy Network South East Europe (DPNSEE) in 2018-19 was implementing a **project on budget advocacy and monitoring in South East Europe**. Knowledge transfer and training are ways that this project is helping to develop the capacity of civil society groups to understand and undertake budget advocacy. Relative success stories in terms of sustainability of services include North Macedonia (see country example in Section 2.2 below), but there are major challenges elsewhere in the region in places including Bosnia and Herzegovina and Bulgaria. The closing of services continues to be a constant threat. Examples of recent work include an advocacy plan focused on optimizing antiretroviral treatment (ART) procurement in Serbia, with eventual budget savings being used to support prevention and other services among key populations.

Also during the discussion, **EHRA and ECOM** shared their experiences of **building budget advocacy literacy** among their membership and discussed tools available for activists for effective advocacy for sustainability of services for key populations.

2.2 Country examples

The five country examples below highlight different activities and methods used to secure the sustainability of funding for HIV response services specifically for key population – before, during and after transition processes. Community and civil society groups have played critical advocacy and policy-making roles in all of them. The information is based on the presentations provided by country-level respondents during the regional dialogue as well as comments from others at the meeting. The mapping component of the regional dialogue will identify additional case studies of what has been successful – and not successful – at country level in the region.

Kazakhstan

Indicators of success toward sustainability of services for key populations

- Regular annual increase in state funding for HIV program over the years, reaching 94% in 2019. (This represents ongoing transition from Global Fund support.)
- State support for HIV testing, outreach, care and prevention programs among key populations
- During the COVID-19 lockdown and other related economic and social restrictions, access to HIV services for key populations did not decline at all – instead, it even increased slightly.

Activities, methods and processes used

- Strong and sustainable epidemiological data collection and analysis system enabling the analysis of needs and impact of services
- Social contracting for existing and piloted HIV services by non-governmental organizations (NGOs)

Key factors

- Sufficient and constant political will and strong national ownership
- Comparison of ART prices in state and non-state procurement was a significant step, including via the UNAIDS Optima HIV mathematical modelling approach. The results were used in meetings to show how and why the state could afford medicines and other HIV services

Challenges and ongoing needs

- Lack of international guidelines and recommendations regarding the norms for services for several key populations, including sex workers, MSM and transgender people. UNAIDS and the World Health Organization (WHO) provide precise recommendations that country-level advocates and providers can use for people who inject drugs, but not for other key populations.

[1] Association for Emancipation, Solidarity and Equality of Women (ESE) and Healthy Options Project Skopje (HOPS)

- Estimation of costs is still a challenge (e.g., including formulas and algorithms). Best practices and suggestions from other countries might be helpful.
- Limited access/coverage to opioid agonist treatment (OAT) and other harm reduction services for people who inject drugs and prevention services for other key populations such as such as sex workers, MSM and transgender people
- Relatively limited funding for HIV prevention services or key populations is provided by state and oblast-level health budgets
- The package of services for key populations available through domestic procurement is relatively rigid. The strict standards of services do not allow flexibility in response to changes in the drug scene and the needs of key populations, for example.

Kyrgyzstan

Indicators of success toward sustainability of services for key populations

- Increase in funding from state budget over past four years.
- Treatment covered by state for all people living with HIV

Activities, methods and processes used

- Developed and implemented social contracting for civil society and other groups: tender for projects from Republican AIDS Center for HIV services for key populations
- Seeking to pass a law allowing local state administrations (e.g., regions, municipalities) to fund programs. A law introduced in parliament in 2020 stalled.

Key factors

- Effective national advocacy for open and transparent state procurement systems
- Well-organized and detailed transitioning planning since 2016
- Ability to get low prices for ART (about US$84 per person annually now) and as a result re-allocate HIV program money for services for key groups.
- Global Fund reminding the government regularly about the need for co-financing and international technical support in budget advocacy and transitioning
- Partnerships and united vision and coordinated actions of different NGOs in health
- Involvement in discussions and dialogues of parliament members and local governments and decision makers
- Broadening discussion to issues related to the overall health budget

Challenges and ongoing needs

- Big deficit in state budget, partly due to COVID-19. This could result in a change of government priorities. Advocacy work is aimed primarily at maintaining in 2021 the level of the 2020 budget (and less emphasis on increasing in 2021).
- Serious concerns about the sustainability of OAT and other services for key populations. Advocacy is now targeted at including OAT in state-guaranteed programs
- Confidentiality concerns related to services provided through social contracting agreements. The state currently requires recipients of services to provide their names and passport data.
- Some key population groups, including MSM, do not have regular and easy access to services procured using social contracting mechanisms.

Ukraine

Indicators of success toward sustainability of services for key populations

- Steady increase of state budget support on step-by-step plan, from 20% to 50% to 80% of all expenses of HIV services for key populations since 2018. Even in crisis situations, services are supported by the state using social contracting mechanisms.

Activities, methods and processes used

- Building civil society capacity to understand and engage in budget processes. A national coordination working group among civil society and community leaders was formed to coordinate all efforts. This group has been highly active throughout the period of transitioning to domestic funding.
- Developing and assessing three pilot models for disbursement of state budget funds
- Optimizing treatment procurement prices, which led to savings that were then able to be allocated by the government for services for key populations
- Ensuring that legislation and national regulations were adjusted to allow civil society and community groups to receive domestic funding

Key factors

- NGOs and state became partners, with representatives from the Ministry of Health and other public health services, key population groups and communities all involved collaboratively.
- Involvement of the parliament members and politicians in advocacy.
- Building sustainability of HIV response among key populations into the health system reform agenda
- Monitoring is essential, both to show that the money is spent according to its intended purpose and also to help plan for the future. Monitoring must take place continuously.
- The ProZorro online public procurement platform[2], established a few years ago, helps to ensure open access to tenders in Ukraine. Changing how procurement was conducted was directly responsible for a reduction in ART prices, which opened up more opportunities to advocate for sustainable funding for services for key populations.

Challenges and ongoing needs

- Expanding basic package of services is important goal. Currently, only a very limited number of services are provided from the state budget through the center for public health procurement. A majority of important services can only be provided from other sources such as local budget funds and international technical assistance.
- More focus and attention are needed on community- and provider-based monitoring of service access and quality.
- National NGOs are advocating for integrating prevention services for key populations as part of primary health care, which would mean they could be supported through the national health care service.

Moldova

Indicators of success toward sustainability of services for key populations

- Beginning in 2021, the state will buy all ART.
- Three social centers for people living with HIV are now 100% funded by the state.
- Financing of prevention services for key populations is primarily through the national health insurance fund. Some additional funding is provided by the budgets of two municipalities (Chisinau and Beltsy)
- Contracts for service provision first signed in 2019 with the penitentiary system and narcology services

[2] https://prozorro.gov.ua/en

- The government has earmarked funds for services for all key populations including 400 MSM, which represents a decent figure for a country of this size.

Activities, methods and processes used

- Developed and approved standards of services for key populations
- Specific national agency responsible for National AIDS strategy implementation was established
- Relevant CSOs and community groups are united in advocacy for sustainability of services.

Key factors

- Political will, which the Global Fund has helped to create through its co-financing requirements
- Budget advocacy trainings for civil society, including regional technical support in development of unit costs and service standards
- Support from GF multicountry projects, which for example helped lead to Chisinau and Beltsi signing the Paris Declaration and allocating funding
- An online scorecard provides real-time transparent data on procurement. It is always available for communities to review, including when monitoring effectiveness.

Challenges and ongoing needs

- Lack of synchronicity is a problem, including across local, municipal and international donor funds. The processes should be better aligned.
- The existing annual social contracting cycle is very inefficient. The results of tenders have been announced up to half a year after they should have started. This represents a major challenge for sustainable and quality service provision.
- Some difficulties persist in absorbing and spending funds from the national health insurance fund. This is a concern because it could prompt a lowering of available funds in the future.
- State officials are not used to funding and budget lines for things such as condoms and syringes that are essential to comprehensive services for key populations.

North Macedonia

Indicators of success toward sustainability of services for key populations

- State funding since January 2018 for all already established HIV prevention and support services (previously supported by the Global Fund). Some additional funding is also provided by the city of Skopje.

Activities, methods and processes used

- Contracts between the Ministry of Health and NGOs that apply to annual open call. The call specifies activities to be supported.
- Excise taxes on alcohol and tobacco provide a large share of resources used by the state to pay for these services comes. The rest is from general tax revenue.

Key factors

- Transition planning and research started very early, in 2014 – almost four years before the end of the Global Fund grant. Initial discussions were in the country coordination mechanism (CCM).
- International financing and technical assistance were critical to build civil society capacity. Support included financing key studies to provide reliable evidence base.
- Service delivery NGOs set up their own HIV Platform to help coordinate advocacy processes around transition
- Learning from elsewhere: key stakeholders went on a study visit to Croatia to explore its system of financing of HIV programs

- NGOs worked jointly to define models of harm reduction programs, including in terms of minimal and optimal price per client of providing services.
- NGOs work with the Ministry of Health in advance to ensure that as many priority activities as possible are included in what is covered through the open calls.

Challenges and ongoing needs

- Annual public calls are often delayed due to bureaucratic issues. This can lead to a one-month gap in payments (or more), which can be a huge problem for some of the smaller NGOs in particular. In some cases, larger groups have stepped in with supplies to help cover some shortfalls during these gaps.
- The current process is *ad hoc* and therefore subject to political interference. The establishment of a long-term contracting mechanisms for NGOs would help to remove some uncertainty and perhaps ensure sustainability. The HIV Platform has developed an amendment to a pending new law on health protection that would include a mechanism for social contracting of NGOs in the delivery of programs for public health in general.

3. Lessons learned and challenges

3.1 Collective lessons learned

Several lessons learned can be seen from the country examples. The following are among those mentioned in one or more observations about transition-related efforts at the country level.

- Building a **coalition and closely coordinating** can be critical for effective budget advocacy work. For organizations and networks with the same overall goals, planning actions together from the very beginning can make the process faster and more effective. **Partnerships** allow comparative advantages to be positively exploited, including in terms of contacts and capacity.
- Specific **funding for advocacy** can bring results. This is important for both civil society groups and donors to understand, especially since funding for this type of work has been historically difficult to find.
- **Unspent funds** in already allocated budgets could cover a large share of services needed for sustainability. In cases of annual procurement cycles for the services, delays associated with a planned budget that is not executed can cause gaps of more than half a year in funding them.
- **Parliament members** can play a key and supportive role in getting state budgets to cover services for key populations. The engagement and support of parliamentarians and political parties has been helpful in Kyrgyzstan, North Macedonia and Ukraine, for example.
- Monitoring progress and implementation of transition plans works better when CSOs and the government **jointly monitor**. Experience from the Global Fund's work over the years has shown that resolving bottlenecks is quicker when all key stakeholders are in a special working group or forum that focuses on monitoring. Service providers and beneficiaries must monitor access to services and their quality to help ensure that the services are responsive to all needs.
- **Being creative and 'thinking outside the box' in defining sources of funding for services** can have significant benefits. During their careful budget analysis in the transition-planning phase, North Macedonian advocates recognized that alcohol and tobacco excises offered a potential source of funding. According to one estimate, investing just 0.34% of this revenue source in Bosnia would cover all harm reduction expenses, and 1% of the total in Serbia could cover all efforts to fight drugs and support people who use them (including harm reduction). In

some countries, the drug policy budget could be used for harm reduction funding (instead of imprisonment, for example). Municipal budget sources could also be an opportunity for additional funding,

3.2 Collective challenges

Several challenges to the overall effort to ensure sustainability for services in EECA were evident across the global, regional and country-level discussions. Several of them are summarized below. They are additional to or reinforce country-specific challenges that are mentioned in the country examples in Section 2, and many of them overlap or are linked to others.

- **Even when state funding is provided, the amount of money provided often is not enough** to cover all the needs of vulnerable populations – or to allow expansion of coverage if necessary. For example, a package based on a minimal guarantee of €20 per client in Ukraine might not be enough to truly change the life of a person who uses drugs. That per-client amount only allows for a limited number of syringes, condoms, and tests for HIV and TB. It cannot cover systematic legal or psychological help, employment, overdose prevention, case management and other components of an internationally recommended package of services.
- **Basic packages of services are often not sufficient to meet overall needs.** In most countries, a service must be included in the basic package for it to be funded. Services that are critical for some or all key populations therefore are sometimes not available after transition to state funding. In these contexts, advocacy to deepen or expand the basic package is an urgent priority.
- **No 'one size fits all' options exist.** Although there are similarities across some countries in EECA regarding HIV programs, governance systems, epidemiological realities and other factors, contexts differ greatly. Therefore, what will work in one country regarding transition and sustainability will not necessarily work in another. Adapting methods and strategies used elsewhere might be helpful, but a significant degree of flexibility should be allowed from the start.
- **Adapting programs to existing health system structures can be complicated and time-consuming**. Across the region, HIV and TB services supported by donors created parallel procurement, implementation and monitoring systems. It is often difficult to integrate these programs and systems into old-fashioned and conservative national health structures.
- **Prevention risks being 'lost' in the transition process**. Vital prevention services for people using drugs, MSM, sex workers, transgender people and other key populations are often the last and least priority for state funding of HIV programs. In some countries, focused HIV prevention among key populations is still officially being piloted even though the Global Fund has been supporting such services for more than a decade.
- **'Open dumping' can be a problem that degrades access to (and the quality of) services**. Some cases have been seen of civil society bidders for service contracts quoting a very low price simply to win. This behavior increases the likelihood that they will be unable to provide the type and scope of service expected.
- **Civil society capacity might not be adequate or resilient to fulfill all key roles related to transition and sustainability**. To ensure that they play a robust and necessary role in disease responses, civil society groups need to be able to continue providing services and engaging in monitoring and advocacy. Many of the key processes of budget advocacy, for example, require collecting and analyzing data over and over again. These activities require sufficient financial and human resources.
- **Many community groups lack an understanding of the key issues, political structures or priorities**. They therefore cannot be meaningfully involved in most aspects of transition and

sustainability, from advocacy to social contracting. This is especially true in many contexts for some highly marginalized and vulnerable populations (e.g., sex workers).

- **Criminalization and other non-health barriers can restrict access to services even when the state is funding them**. Legal and policy environments that drive key populations underground or make them unwilling to seek out services remain a huge problem throughout the region. These and other human rights barriers, including stigma and discrimination, can limit the value and effectiveness of programs that are intended to reach and support key populations.
- **COVID-19 represents both a huge overall challenge and an opportunity for longer-term improvement**. Different lessons can be drawn from the impact of COVID-19 on the lives of key population and the services they need. On the positive side, many service providers have developed innovative responses to lockdowns and other restrictions, including by shifting how and when services such as condoms, syringes, etc. are made available (e.g., mobile brigades instead of requiring facility visits). In many cases, the changes made will help services be more efficient and of better quality over time. Also, another possible longer-term benefit from the pandemic's impact is that governments and other stakeholders will be more focused on overall health security, which might make them more willing and able to support the broader health needs of all people in the country.

  However, COVID-19 also represents a major, ongoing challenge for many key populations and their service providers for reasons including the impacts of severe economic downturns and restrictions on mobility and meetings. In Moldova, for example, there have been reports of problems with procurement of OAT. In several countries narcological services are not comfortable with dispensing the medicines to people in their homes or elsewhere outside of clinics for several days, and finishing this good practice right after the end of quarantine. Even when basic harm reduction services are available, clients throughout the region face new and growing challenges regarding food, shelter, and safety (especially in light of documented evidence of increases in domestic violence since the pandemic arrived). Also, surging budget deficits and growing social needs throughout societies could limit governments' ability or willingness to sustain services for key populations – or to expand them in the future.

4. Key themes and concepts discussed

Several themes, issues and concepts that were considered important for transition and sustainability in EECA were discussed during the three-day regional dialogue. Many relate to being able to provide effective and efficient budget advocacy, among other priority areas of work to support the needs of key populations. Some of those themes and concepts are summarized below:

Accountability. Governments have made commitments to global targets for HIV and other health and well-being areas. Holding them accountable to taking action to meet these commitments, including with concrete financial investments, can be the core of certain advocacy activities and approaches.

Transparency is a top-level priority in all relevant processes, including budget decisions, tenders and procurement. More transparency equals less corruption, more efficiency, and more engagement by service providers than are best-placed to provide quality services.

Data are essential. Many countries collect data, but huge gaps remain in many fundamental areas. Data are critical to identifying real needs, allocating resources efficiently, and monitoring and evaluating impact. Some key considerations regarding data include the following:

- Data often do not exist on which key populations domestic funds are spent on. Similarly, data are usually lacking about the share of domestic resources allocated for HIV responses that go to key populations.
- Some countries collect huge amounts of data, but a significant portion is not useful – including because some data are not necessary, and some are not analyzed properly.
- Disaggregated data are largely missing for many countries in areas such as the sizes of key populations, sex and age, extent and reach of harm reduction programs, etc. This raises a huge concern about countries' ability to include many key populations within universal health coverage (UHC) platforms and schemes.
- One notable challenge is the sustainability of gathering epidemiological data on key populations, including conducting sentinel surveillance studies and population size estimates. Lack of such data can obscure the real consequences of service shutdowns in a country.
- Adequate information about out-of-pocket expenses for services is often not available.
- Many dialogue participants agreed that the EECA region would benefit from data standardization and better data disclosure. This might include having better tools available to gather more targeted and useful data, which can then be used for advocacy purposes. The advocacy step is important, because simply gathering data makes little difference.

Monitoring is an essential, ongoing activity. National health accounts make it easier to monitor spending and impact of funding for HIV and other program areas. Monitoring is much more difficult in countries without such accounts.

For budget advocacy and other purposes related to sustainability for key population services, ***community-led monitoring*** (CLM) is an especially important priority. This kind of monitoring is designed and done by community and civil society groups themselves. CLM allows the gathering of evidence on how effectively and successfully services are reaching and being used by people. The evidence gathered can then be used for targeted advocacy efforts that can lead to changes that improve quality and increase the reach of services.

Political will is a necessary component of successful transitions to domestic funding. It can take a long time to build support, and sometimes efforts are constantly blocked. In some cases, external pressure or lobbying might be useful to get change at the country level. This might include, for example, political advocacy through the European Union, the G20 or the BRICS initiative[3].

Consistent **quality of services** – which relies on a package of available services that is based on changing needs and evidence – is an underlying concern and priority in all aspects of service delivery for key populations, regardless of the source of funding. More intensive efforts to measure quality are needed, including in terms of what this might mean for sustainability-related advocacy. State procurement systems do not have specific information and resources for measuring the quality of services.

Some examples were cited at the meeting as to how service quality can be negatively affected by transition. One referred to a situation in which outreach workers who were paid US$100 a month under a Global Fund-supported program were paid only US$40 a month after the program transitioned to state funding. The result is a workforce that is less motivated and has fewer incentives to deliver quality services.

[3] BRICS refers to a semi-formal association of five large emerging economies: Brazil, Russia, India, China and South Africa.

Performance-based funding. The term and approach are increasingly common among donors and other stakeholders. Usually, it is a principle that refers to the need to show proven, effective results to continue to be able to receive funding. (This is different from receiving funding and then reporting at the very end, after the money is spent.) What performance-funding means and whether it applies to them are likely to be important priorities for NGOs, key population networks and others involved in budget advocacy and service provision.

Universal health coverage (UHC). Ongoing country efforts to implement UHC are likely to be of even greater priority since the COVID-19 pandemic. Most of the key goals of UHC – regarding equity, accessibility, quality and financial protection – are also part of the transition and sustainability agenda. Therefore, civil society groups and others working on transition issues should try to be part of and engage with the UHC agenda in their countries, because UHC will influence the future of HIV and TB programs and therefore the success of sustainability for key populations.

One main priority will be to understand how and whether the 'universal' part of UHC is upheld. Monitoring and advocacy will be needed to help ensure that all important services for key populations are included within UHC structures. [One likely benefit to these efforts is that WHO seems likely to include harm reduction within its recommended national benefits package for UHC. That compendium of services is expected to be published shortly.]

Holistic conception and approach to key populations and their needs. The overall needs of most key populations extend far beyond HIV prevention. Comprehensive services to adequately support them and reduce their vulnerability cover a range of other health and social protection areas, and often should be targeted specifically for different ages, gender identities and comfort levels. This reality also suggests that HIV prevention budgets or broader HIV program budgets should not be the only source of funding for many harm reduction services (for example). This understanding of the need for a multisectoral framework to adequately address needs and vulnerabilities of key populations could open up the door for new and different funding sources.

5. Existing and planned tools for analysis and data collection to support effective transition efforts

Dialogue participants discussed some tools and processes that could help to strengthen the planning, implementing and monitoring of transition process in the region. Some of them are summarized below.

Transition monitoring tool developed by EHRA. The tool is a model that aims to support the benchmarking of key commitments for transition and sustainability from the community perspective. The goal is to allow key populations to be more engaged and to monitor transition processes more easily and effectively. The model is based on a series of steps that include identifying the full range of commitments by governments, setting up a reference group to select a priority set of the overall commitments, and then using a matrix to allow progress toward these priority commitments to be tracked and assessed from year to year according to various domains and basic programmatic areas. This approach allows communities to fill in the gaps through their selection of the indicators to monitor. More detailed information about the tools is available in the full text of the presentation about it during the dialogue, which is available at https://drive.google.com/drive/folders/1U-2wlR0SnPew8KRdynSCTE5GFctYlKYJ?usp=sharing

This transition monitoring tool has similar objectives as some other existing monitoring tools, including transition readiness assessments (TRAs) that are often used by partners to guide transitions from Global Fund support. The new model is intended to complement those tools and provide added value by helping to simplify the gathering of data and allowing the process to be firmly community-led.

The methodology behind the tool is now available in English, with a Russian translation forthcoming. A pilot of the tool was undertaken in Georgia, and the current plan is to have an assessment done over the next year in two waves of five countries in the region (for a total of 10 countries). This part of the initiative will be done in collaboration with the SOS Project.

Portal developed by the Institute for Analytics and Advocacy. This online portal, launched in 2019, is a communications platform for civil society and other partners involved in transition processes. It offers a digital solution to support the collecting, sharing and monitoring of data within and across countries by having all relevant information available in one online source.

Currently, a pilot stage is focusing on data from four countries in the region. Four more will be added in the next stage, after which the data and approaches in all eight countries will be analyzed to see progress and challenges. All civil society and other stakeholders in EECA working on transition and sustainability issues for key populations and HIV programs are encouraged to review the portal and offer suggestions to improve it to coordinator of the team Maxim Demchenko <max.demchenko@gmail.com>.

EHRA mapping for budget advocacy impact. EHRA is supporting a mapping initiative, soon to begin, that will look across the region to see what processes and investments have been made in countries to help with transition and sustainability efforts. This effort should help to understand the different contexts across the region, and thereby make it easier to identify where different types of investments are most needed to fill gaps. The mapping initiative is one of the three main components of the regional dialogue.

E-procurement and transparency tool from the Open Contracting Partnership (OCP). The Open Contracting for Medicines Program offers an technical support in organizing analysis of data on state procurement using open online data that allows users access to hiqh-quality, accessible, real-time information on medicine prices worldwide. The goal is to improve procurement processes by reducing the waste, corruption and inefficiencies that result from the ‘hidden’ nature of most procurement.

Use of this tool and other transparent information sources can result in huge savings. Public procurement is the world’s greatest overall corruption risk. According to WHO, about 40% of inefficiencies in the health sector are related to procurement. The prices for many generic medicines in lower- and middle-income countries, categories that include most EECA nations, are often higher than in wealthy nations. By making prices and tenders visible, this and other OCP tools could better optimize procurement and thus make more money available for targeted services for key populations.

Guide to assessing progress in sustainability of opioid agonist therapy (OAT) from EHRA. This analytical tool developed by EHRA was published in December 2019. It offers an approach for countries to assess progress in building the sustainability of OAT in the context of donor transition. With support from the International Renaissance Foundation, the tool was piloted in early 2020 in Belarus, Moldova, Tajikistan and Ukraine. The tool is designed to be flexible and adaptable to other countries throughout the region, regardless of where they are in the transition process.

6. Ideas for regional activities to support sustainability of services in the EECA region

The initial meeting of the regional dialogue concluded with some initial suggestions from participants about **potential priority areas of investment by national and regional partners at country, regional or global level for successful transitions and sustainability in EECA.** Some of the key ideas and recommendations are listed below. They were not discussed individually in detail, and no effort was made

to select 'top' priorities from among them. More detailed development of such ideas and prioritization are planned for the second meeting of the regional dialogue, which will take place after the mapping component is completed. The current plan is for that meeting to be held in March 2021.

- Identifying, analyzing and sharing 'good' and 'bad' examples of transitioning in EECA. Information and lessons learned about the experiences should be shared on an ongoing basis among countries not only within the region, but among countries in Latin America and the Caribbean and South-East Asia that are facing many of the same challenges in transitioning.
- Addressing human rights violations, stigma and discrimination as key barriers to the sustainable funding of services for people who use drugs, sex workers, and members of the LGBTQI community.
- Supporting and enhancing community-led monitoring (CLM) – to ensure that more of it gets done and that it is a regular part of advocacy efforts. It is also critical that the methodology and approaches used for CLM truly mean that communities are doing the work independently and are leading the monitoring in all aspects. More and better CLM relies on community and civil society groups being trained adequately and to have access to the tools and financing they need to do the monitoring and advocacy work effectively.
- Finding alternative sources of funding, which is an especially important consideration in the context of governments adjusting and reprioritizing health budgets to respond to COVID-19 crises. Funding for harm reduction services, for example, could come from sources other than HIV prevention budgets, including drug control authorities. Widening support responsibility across different state agencies is an important part of an effort to underscore that HIV is only one of many challenges, and that quality to people who inject drugs means much more than just being protected from or treated for HIV.
- Ensuring the effective introduction and scale-up of digital/online services for key populations. Many promising digital interventions that have been tried out and used during COVID lockdowns could contribute to less expensive service models, which in turn could improve sustainability likelihood.
- Involving political decision-makers (e.g., members of parliament) as partners in advocacy for more effective use of health budgets. A regional health caucus could be a good way to share and promote best practices across EECA. It is important to shift attention from technical to political solutions to ensure long-term sustainability.
- Organizing discussions and meetings among 'segmented' topics and partners within the overall transition and sustainability environment. For example, a meeting could be arranged for national health insurance companies from different countries in the region, at which representatives from Moldova could directly discuss at length their experience in financing services for key populations. This kind of targeted brainstorming and knowledge sharing might be a way to get into the specifics of complex arrangements.
- Finding ways to not leave prisoners, adolescents, women and sex workers behind when identifying programs to be funded during transition and sustainability for key populations
- Learning and knowledge from transition and sustainability in the HIV world could be hugely beneficial for those focusing on TB.
- Building and strengthening connections with UHC agendas at national and regional levels, as part of way to secure a 'bigger' solution that is more responsive to the overall health and well-being needs of key populations

- Impact assessment is as important as monitoring – because the numbers do not always tell the real story. There are many examples from the region where increases in health investments did not improve the overall system or the quality or scope of services for key populations.
- Explore more opportunities to advocate in the European Union, for example by engaging with EU ambassadors and accession bodies in the Balkan countries and the rest of EECA.
- Joint advocacy targeting key bilateral donors from the Netherlands, Germany, France, Norway, the United Kingdom and the United States to invest in effective transition in the region, including by supporting community advocacy and strengthening systems needed to ensure quality services from domestic sources in the region.
- Building partnerships with international organizations focused on transparency and accountability in budgeting and financing processes to help promote more effective advocacy for open procurement of HIV services and for budget accountability purposes.

Annex 1. Documents, reports and other resources mentioned during the dialogue

Documents and resources not yet publicly available:

- UNAIDS reportedly is preparing a global study mapping social contracting since 2017. It is expected to be published by March 2021.
- WHO is developing a compendium of services that are recommended to be included in national benefits packages for UHC. It is expected to be published soon.
- The Global Fund regularly updates its list of projections for when it will transition out of individual countries. Projections are currently available through 2028. This information can give advocates important information for planning.

Documents and other resources shared by participants during the dialogue:

Protect the gains, push for progress How to advocate for HIV services in universal health coverage, in the context of COVID-19. PITCH recent report on advocacy for HIV services in UHC, in context of COVID https://aidsfonds.org/assets/resource/file/PITCH%20UHC%20Advocacy%20Guide%202020_final.pdf

The Politics of Transition: Lessons and Strategies for Sustainable Financing of HIV and other Health Programs. Observations from the proceedings of the 2019 Salzburg OMI Seminar, 24–29 November 2019
https://drive.google.com/drive/folders/1U-2wlR0SnPew8KRdynSCTE5GFctYlKYJ?usp=sharing

Report from Civil Society Forum on Drugs in the EU: *Assessment Report & Literature Review – meaningful civil society involvement in the area of drug policy in Europe*. The report includes a literature review and recommendations for indicators for the meaningful involvement of civil society groups. http://www.civilsocietyforumondrugs.eu/assessment-report-literature-review-meaningful-civil-society-involvement-in-the-area-of-drug-policy-in-europe/

From Moldova: Scorecard HIV, or HIV prevention scorecard, is a tool to periodically review progress at all levels and to inspire countries to implement national tools to monitor the most important indicators in this area. https://scorecard-hiv.md/ru (in Russian and Romanian)

Report from EHRA (2019): *Alternative Financing: Models of sustainable development for non-profit organisations. A collection of case studies*. https://harmreductioneurasia.org/wp-content/uploads/2020/01/Alternative_Financing_EN.pdf

WHO. *Consolidated guidelines on HIV prevention, treatment and care for key populations*. 2016 update. https://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf?sequence=8

Drug Policy Network South East Europe (DPNSEE) has prepared a table with information on epidemiology of HIV and viral hepatitis, and the harm reduction response in South East Europe from the Global State of Harm Reduction 2020 report.
http://dpnsee.org/2020/10/29/global-state-of-harm-reduction-2020/

Report from Aidsfonds: *Fast-track or off track? How insufficient funding for key populations jeopardises ending AIDS by 2030*. It gives a good overview of available (and big gaps in) funding for key populations, including people who use drugs.
https://aidsfonds.org/cms/sites/default/files/inline-files/Fast-Track%20or%20Off%20Track%20report-final_0.pdf

Report from Bridging the Gaps: *Change Story 8: Turning policy into action: the implementation of Kyrgyzstan's National Adherence Plan*. The report provides an example of improving adherence to ART.
https://hivgaps.org/stories-of-change/2019-change-story-8-turning-policy-into-action-the-implementation-of-kyrgyzstans-national-adherence-plan/

Report from Bridging the Gaps: *Change story 1: From service recipients to drivers of change – developing adolescent drug users into leaders in Ukraine*
https://hivgaps.org/stories-of-change/2019-change-story-1-from-service-recipients-to-drivers-of-change-developing-adolescent-drug-users-into-leaders-in-ukraine/

OECD Public Governance Review. Improving ISSSTE's Public Procurement for Better Results
https://read.oecd-ilibrary.org/governance/improving-issste-s-public-procurement-for-better-results_9789264249899-en#page1

Measuring the sustainability of opioid agonist therapy (OAT) – a guide for assessment in the context of donor transition, EHRA
https://harmreductioneurasia.org/oat-sustain-method/

Budget advocacy toolbox for community activists. The toolbox includes documents and other supporting services such as a planning tool, advocacy guide, case studies on budget monitoring and advocacy, and recommendations for civil society and community organizations.
https://harmreductioneurasia.org/sustainability/ba-toolbox/

Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. Published in May 2020.
https://harmreductioneurasia.org/hr-programs-overview-in-a-covid-19-situation/

Report from Harm Reduction International, released in November 2020: *The Global State of Harm Reduction 2020*
https://www.hri.global/global-state-of-harm-reduction-2020

Harm Reduction in Eurasia 2020, published in Russian. A summary of the Eurasian chapter of *The Global State of Harm Reduction 2020*.
https://harmreductioneurasia.org/harm-reduction-in-eurasia-2020-published-in-russian/