To:

Donald Kaberuka, Chair, The Global Fund to Fight AIDS, Tuberculosis and Malaria; Peter Sands, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

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Soltan Mammadov, Global Fund Board Member, EECA Regional Constituency; Aida Liha Matejicek, Global Fund Board Member, European Commission; Andrey Klepikov, Global Fund Board Member, Developing Country NGO's; Maurine Murenga, Global Fund Board Member, Communities; Mike Podmore, Global Fund Board Member, Developed Country NGO's; Maria Kirova, Department Head, Asia, Europe, Latin America and the Caribbean, Grant Management Division, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

On the emergency situation concerning the sustainability of harm reduction services in the South East European countries of Albania, Bosnia and Herzegovina, Bulgaria and Romania

8th November, 2019

In advance of the upcoming 42nd meeting of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) as well as the Global Fund Regional Meeting for Eastern Europe and Central Asia to take place in Istanbul on 26-27 November, 2019, we – civil society and community organisations and networks working in the Eastern Europe and Central Asia (EECA) region for the benefit of key affected populations, including people who use drugs – would like to express our profound concern as to the current lack of sustainable harm reduction services in the South East European countries of Albania, Bosnia and Herzegovina (BiH), Bulgaria and Romania, respectively. Taking into consideration the successful results of the recent Sixth Replenishment Conference, we would like to invite the Global Fund to safeguard a part of the catalytic investment funds available for the 2020-2022, including multi-country grants, matching funds and strategic initiatives, in order to sustain life-saving services for people who inject drugs and other vulnerable groups and to incentivise domestic investment in harm reduction in each of these post-transition countries.

Countries in South East Europe became the first in the EECA region to start the transition from Global Fund financial support. Unfortunately, for a variety of reasons, this process has not been effective in several countries. As you are aware, the Global Fund defines eligibility based on two criteria: the level of national income, and the burden of the epidemic. Albania, Bosnia and Herzegovina, Bulgaria and Romania are all upper-middle-income countries according to World Bank classification, with low HIV/AIDS prevalence, thereby making them ineligible for Global Fund support¹. The immediate result of the end of Global Fund support observed in these South East European countries was a reduction of funding for programmes targeting key populations and delivered by community organisations² as the planned national government resources to fill this funding gap did not materialise. The gap in funding was detrimental to the delivery of these services as many providers closed down, drug and supply stock-outs were reported, and service coverage was reduced³, which caused an increase in new cases of HIV infection.

According to the estimated needs to sustain HIV and TB responses in **Albania**⁴, approximately US\$3 million is required *per year* to address the two epidemics effectively. The implementation of the current Global Fund HIV and TB grant is ending in December 2019. The last transition grant is expected

to start in January 2020, but its level of investment will be only one-third of the value of the current grant. With an allocation of US\$5.8 million within the existing 2017-2019 HIV and TB grant, only around 60% of the required funding is currently being met. Moreover, the services for key affected populations, including opioid substitution therapy, are largely implemented by civil society. So far, these services have not been funded from domestic resources in Albania.

Starting in 2006, **Bosnia and Herzegovina** (BiH) has had two HIV grants from the Global Fund, totalling over US\$40.9 million as part of Round 5 and Round 9. BiH became ineligible for new Global Fund support before the Global Fund policy on transition funding was adopted in 2016, and its existing funding ended in 2018. Since 2018, BiH has lacked both a strategy on drug policy and funding for harm reduction. Harm reduction services have subsequently closed in the cities of Sarajevo, Mostar, Bihać and Banja Luka with the only remaining services operating in Zenica and Tuzla. These services rely on volunteers and unpaid staff and operate with only a minimum of harm reduction materials.

Although **Bulgaria** is a member of the European Union, HIV remains a major concern among key affected populations, particularly people who use drugs and men having sex with men, and the country has been seriously affected by the withdrawal of the Global Fund in 2017. Since then, most NGO activities in response to HIV have been suspended. After a considerable period of preparation, in July 2019, three NGO's and one Consortium (comprising a further three NGO's) signed their first contracts with the Ministry of Health to ensure the implementation of activities of the National AIDS/SRI programme, 2017-2020. In comparison with the more than 50 NGO's implementing services, this pilot state funding is insufficient to provide the services needed and the mechanisms of state funding need to be improved to be sustainable.

Romania used to be a regional champion through having established a comprehensive HIV prevention and treatment programme for all key populations, including people who inject drugs. However, due to the withdrawal of the Global Fund, this situation has changed drastically over the past decade. Some seed money was provided by local authorities in Bucharest, but no formal mechanism is yet in place by the government for the subcontracting of HIV prevention services. Since 2010, Romania has had no multi-sectoral coordination mechanism, nor a national HIV/AIDS strategy in place. Moreover, the country recently experienced ARV treatment interruptions on several occasions due poor management of ARV stocks and delays in the procurement of drugs.Recognising that a strong, and fully-funded, Global Fund is vital to the harm reduction response, over 150 organisations and parliamentarians around the world signed on to the *Call to Action* on harm reduction funding earlier this year⁵. However, most governments have not yet prioritised harm reduction in their respective budget, even though the epidemic is concentrated among People Who Use Drugs in East European Countries.

We still need international donors, including the Global Fund, to safeguard the provision of harm reduction services based on epidemiological need. The withdrawal, or reduction, of funding without an adequate transition plan in place has had, and will continue to have, a devastating impact on the health and life expectancy of People Who Use Drugs.

Sustainability is an ongoing process that does not end with the Global Fund's support and the transition process. The Global Fund has shown strong commitment to this issue. We therefore ask the Global Fund to work with bilateral donors and private foundations to establish a 'safety net' through sustainable bridging funds to address the challenges faced in those countries which can no longer rely on Global Fund support. If such a mechanism is not forthcoming, there will be a serious risk that these countries will become re-eligible for Global Fund support due to re-emerging epidemics among vulnerable groups, as has been the case in Montenegro, Serbia and some other countries.

Bridging and emergency funding, together with technical support, could be provided for a limited time period and should go directly to civil society organisations to address the most important problems and challenges, including the contracting of, and financial support for, service targeting vulnerable groups that are delivered by community and civil society entities⁶.

This is why we urge the Global Fund Board to safeguard catalytic investment $funds^7$ within the 2020 – 2022 allocation period, such as multi-country grants, matching funds, technical support and strategic initiatives, to ensure the sustainability of harm reduction services in South East European countries. Only then can we guarantee the continuous access by people who inject drugs to life-saving harm reduction services.

We sincerely hope that this will help to meet the ambitious target established by the Global Fund to save 16 million lives and prevent 234 million new infections between 2021 and 2023.

This letter is supported by the following 41 organisations:

- Eurasian Harm Reduction Association;
- Correlation European Harm Reduction Network;
- Drug Policy Network South-East Europe;
- Aksion Plus, Albania;
- Association Margina, Bosnia Herzegovina;
- Association Proi, Bosnia Herzegovina;
- Initiative for Health Foundation, Bulgaria;
- ARAS the Romanian Association Against AIDS, Romania;
- Prevent, Serbia;
- HOPS Healthy Options Project Skopje, North Macedonia;
- Romanian Harm Reduction Network, Romania;
- Association Rainbow, Serbia;
- Dose of love Association, Bulgaria;
- "Center for Health Studies", Albania;
- Ngo Juventas, Montenegro;
- Re Generation/ Re Generacija, Serbia;
- Association for harm reduction Stigma, Slovenia;
- PF " You are not alone", Kazakhstan;
- "Center for Information and Counseling on Reproductive Health Tanadgoma", Georgia;
- Zveza NVO na področju drog in zasvojenosti/Alliance of Non Governmental Organisations for Drugs abd Addictions, Slovenia;
- Association Terra, Croatia;
- Polish Drug Policy Network, Poland;
- CAZAS, Montenegro;
- Central Asian Association of PLHIV;
- AFEW International;
- NGO "Labyrinth", Kosovo;
- HELP, Croatia
- Life Quality Improvement Organisation Flight, Croatia;
- Kazakhstan Union of people living with HIV, Kazakhstan;
- Alternative Georgia;
- The Charitable Foundation "Ukrainian Network of People Who Use Drugs" VOLNA", Ukraine;
- The Users' Voice, UK;
- Georgian Harm Reduction Network, Georgia;

- PREKURSOR Foundation for Social Policy, Poland;
- NGO "Volunteer', Tajikistan;
- Public Union "Women's network of key communities", Kyrgyzstan;
- Public Association "Amelia", Kazakhstan;
- Kazakhstan Harm Reduction Network, Kazakhstan;
- HPLGBT, Ukraine;
- Public association "Supporting People Living with HIV "Kuat", Kazakhstan;
- All-Ukrainian charitable organization "Liga LEGALIFE".

¹ Eurasian Harm Reduction Association (EHRA). Sustainability Bridge Funding: Case Study from Bosnia and Herzegovina, Montenegro and Serbia. Vilnius, Lithuania; EHRA, October 2019. <u>https://eecaplatform.org/wp-content/uploads/2019/10/ehra sbf rev 1-6.pdf</u>

² Open Society Foundations. Lost in Transition: Three Case Studies of Global Fund Withdrawal in South Eastern Europe. New York, NY, USA; Open Society Foundations Public Health Programs, December 2017. <u>https://www.opensocietyfoundations.org/uploads/cee79e2c-cc5c- 4e96-95dc-5da50ccdee96/lost-in-translation-20171208.pdf</u>

³ Drug Policy Network South East Europe. Addressing the acute funding crisis facing harm reduction services in South-East Europe. Belgrade, Serbia; Drug Policy Network South East Europe, November 2018. <u>http://dpnsee.org/wp-content/uploads/2019/07/Addressing- the-acute-funding-crisis-facing-harm-reduction-services-in-South-East-Europe.pdf</u>

⁴ Sanigest International. Transition Readiness Assessment: Tuberculosis & HIV Supported Programs in Albania. Draft, March 2019.

⁵ <u>https://www.hri.global/hr19-call-to-action-harm-reduction-funding</u>

⁶ Joint Statement of Civil Society Organizations in advance of the Thirty-Ninth Meeting of the Global Fund Board, 5 May, 2018. <u>https://harmreductioneurasia.org/wp-content/uploads/2018/05/Eligibility-Position-Statement-2018-updated1.pdf</u>

⁷ Why catalytic investments funding is crucial to preventing HIV among people who use drugs, <u>https://www.hri.global/files/2019/04/08/Catalytic investments briefing FINAL.pdf</u>