

AFTER AID:

WHAT IS NEXT FOR TUBERCULOSIS & HIV IN EUROPE?



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome	GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria	NGO	Non-Governmental Organisation
CCM	Country Coordinating Mechanism of the Global Fund	HIV	Human Immunodeficiency Virus	NTP	National Tuberculosis Programme
CSO	Civil Society Organisation	LIC	Low-income Country	OST	Opiate Substitution Therapy
EECA	Eastern Europe and Central Asia	MDR-TB	Multi Drug-Resistant Tuberculosis	TB	Tuberculosis
EU	European Union	MIC	Middle-income Country	USAID	U.S. Agency for International Development
		NFM	New Funding Model	WHO	World Health Organisation

EXECUTIVE SUMMARY

This report examines the potential consequences of donor withdrawal on a range of countries in Eastern Europe and Central Asia (EECA), where the Tuberculosis (TB) and HIV epidemics are still problematic. Such an analysis is pressing as 15 out of 27 countries hardest hit by multi-drug resistant forms of TB (MDR-TB) are in that region, harbouring an estimated 74,000 cases of MDR-TB. Additionally, the region records a high HIV prevalence, which rose by 250 % between 2001 and 2011. Both EU member states (Latvia, Lithuania, Estonia, Romania and Bulgaria) and non-EU member states (the entire former Soviet Union) have been shaken by these epidemics.

External donors such as the Global Fund to fight AIDS, TB and Malaria and USAID have played a crucial role in ensuring access to TB services in the region. These programmes have primarily targeted vulnerable groups who are often overlooked by their governments. Shifting policies are leading international donors to withdraw support from middle income countries refocusing aid on low-income countries. This shift in donor resources is likely to deal a catastrophic blow to HIV and TB patients in the region.

If European and Central Asian governments were to fill the vacuum left by donors, this would allow for greater ownership, accountability and sustainability of TB and HIV programmes. However, donor withdrawal is unlikely to be matched by increased domestic investments in the immediate future, leaving potentially large gaps in

financing of basic TB and HIV services. These negative consequences have already been felt in new EU member states such as Romania, which witnessed a spike in HIV and TB rates after aid to the country was halted following accession to the EU.

External donors have significantly invested in support for services for affected and marginalised communities such as injecting drug users, sex workers and prisoners. Funding services such as syringe exchange programmes, motivational food packages and psychosocial support, has resulted in huge progress in managing the epidemics. Civil society has been a key stakeholder in achieving this progress. However, civil society support is likely to be weakened by donor withdrawal, as there is little culture of civil society engagement and support in most of these countries. Moreover, the quality and provision of drugs to TB and HIV patients are being put into question as mechanisms to purchase drugs will change, resulting in soaring prices, having a potentially disastrous effect on communities.

There is an urgent need for the Global Fund, the EU institutions, and affected countries to come together to develop sustainability roadmaps to address the decrease in international donor funding to the region. Only a concerted effort from multiple partners at the country level can ensure an effective and sustainable transition to domestic funding. It is critical that this opportunity is seized by political leaders and donors such as affected countries, the EU, and the Global Fund.

RECOMMENDATIONS: **SHARED RESPONSIBILITY**

AFFECTED COUNTRIES

should develop sustainability plans with concrete timelines and work with donors, partners and technical agencies to ensure support and assistance during the transition phase. They should continue engagement with civil society and affected communities to ensure sustainability and accountability of the programmes.

EU INSTITUTIONS

should acknowledge the role of political leaders in the region and drive the political response to both epidemics by developing a regional Action Plan on TB and HIV together with neighbouring countries and prioritise TB and HIV in their political dialogue with most affected countries of the EECA.

THE GLOBAL FUND

should ensure that countries develop sustainability plans and ensure sufficient support for countries undergoing the transition process. At the same time, the Global Fund should continue to support civil society organisations working with affected communities, regardless of the transition process.

BACKGROUND

Multidrug-resistant tuberculosis (MDR-TB) represents a significant threat to health and well-being across Europe and Central Asia. The region is home to an estimated quarter of the global MDR-TB burden (74,000 cases per year) despite only accounting for 13 percent of the world's population.¹ The disintegration of the Soviet Union two decades ago, followed by a dramatic decline in socio-economic conditions and the collapse of health systems, facilitated the spread of MDR-TB across Eastern Europe and Central Asia (EECA). Fifteen of the world's 27 countries hardest hit by MDR-TB are situated in EECA. The 2014 WHO Global TB report revealed that the **WHO European region harbours the greatest percentage of drug-resistant TB cases, reaching one in three in some Central Asian countries** (see figure below). The disease requires an urgent and collaborative response from across the region.²

TB and MDR-TB are not the only public health threats in the WHO European Region. Despite a decline in the number of new HIV infections around the world, the **HIV epidemic in Europe and Central Asia remains the fastest growing in the world**. While HIV prevalence in sub-Saharan Africa fell from 5.8 to 5 percent **between 2001 and 2011, HIV prevalence in EECA increased by 250 percent** in the same period.³ In 2014 there were

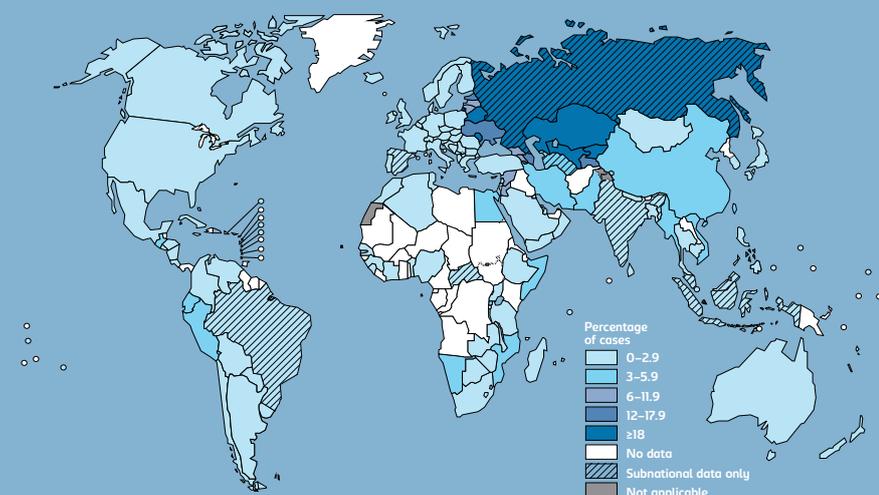
more than 136,000 new HIV cases diagnosed across Europe and Central Asia compared to 76,000 new cases diagnosed just ten years earlier in 2004.⁴ The epidemic is especially serious among injecting drug users, sex workers and prisoners.

The MDR-TB and HIV epidemics are a problem for all Eastern European and Central Asian states. Out of the 15 high MDR-TB burden countries in EECA, four are European Union member states (Bulgaria, Latvia, Lithuania and Estonia)⁵. Similarly, the HIV epidemic, despite being particularly acute in EECA, has not declined in EU member states despite advances in medical treatment and prevention options.

This report focuses on the countries of Europe and Central Asia that continue to bear the heaviest burden of TB, MDR-TB and of HIV. Countries included in the scope of this report make up a majority of the region's estimated 74,000 MDR-TB cases per year and include five EU Member States (Bulgaria, Estonia, Latvia, Lithuania, and Romania) and 12 non-EU Member States (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan).

PERCENTAGE OF NEW TB CASES WITH MDR-TB

Multidrug-resistant tuberculosis (MDR-TB) is a form of drug-resistant TB in which TB bacteria does not respond to the two most powerful anti-TB drugs, isoniazid and rifampicin. It is becoming increasingly difficult to treat MDR-TB in the region, as treatment options are limited and expensive, recommended medicines are not always available, and patients experience many adverse effects from the drugs. In some cases even more severe drug-resistant tuberculosis may develop.



From: *Global tuberculosis report 2014*. Geneva: WHO.

Figures are based on the most recent year for which data have been reported, which varies among countries.

Disclaimer: Territorial boundaries shown on the map may not represent the actual and territorial claims of countries, nor is it an endorsement by the publisher of this document.

2014-2017: A KEY PERIOD OF TRANSITION FOR BETTER OR FOR WORSE?



We are at a critical juncture in the fight against TB, MDR-TB and HIV. With a concerted and coordinated effort from the governments of Eastern Europe and Central Asia, EU member states, the European Institutions, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) civil society, communities and technical partners, the battle against the epidemics can be won. If no action is taken the region could face a catastrophic increase in both diseases.

Traditionally, **the TB and HIV response in the European region has been, and remains, dependent on a number of external donors (mainly the Global Fund and USAID)**, who have provided the vast majority of resources for TB prevention, diagnosis and treatment services.⁶ The grants provided by the Global Fund and USAID were developed to fill funding gaps that had existed in national TB and HIV Programmes. These investments were aimed at supporting countries to develop enabling environments and in strengthening health and community systems, which have allowed the region to make considerable progress against HIV and TB. The Global Fund's role

in the past decade has been **particularly important in addressing the HIV and TB epidemics among affected communities.**⁷ Since the Global Fund was established in 2002, it has disbursed almost \$2 billion in Eastern Europe and Central Asia.⁸ These investments, along with those from other donors, have helped scale up lifesaving services to reach affected communities who have otherwise often been overlooked by governments lacking the political will to deliver services to vulnerable populations.

Today, the region is transitioning away from external funding. In 2012, the Board of the Global Fund adopted the **New Funding Model (NFM)** for the 2014-2016 period. The NFM was introduced as a means of ensuring that **Global Fund investments are focused on low-income countries hardest hit by diseases** or, in other words, where it is perceived that investments will have the greatest impact. This change of Global Fund policy translates into a gradual loss of funding for middle-income countries (MICs), where the majority of people affected by HIV and TB live.⁹

2014-2017: A KEY PERIOD OF TRANSITION FOR BETTER OR FOR WORSE?



MDR-TB patients, Tudor and Cosmin, wait for treatment at Leamna sanatorium in Craiova, Romania.

© Tom Maguire

USAID, the United States Agency for International Development, has also been a major health donor for the EECA. Between 1990 and 2012, USAID provided about \$20 billion to assist in the region with economic support following the collapse of the Soviet Union.¹⁰ However, similarly to other aid agencies, **USAID has recently been downscaling its support for TB and HIV programmes in countries with a higher income status**, such as Azerbaijan, favouring investments into the region overall, by supporting the work of the WHO Europe office.

This shift in Global Fund and USAID policy reflects a similar position taken by the EU's own development policy. In 2011, the European Commission's 'Agenda for Change' stressed how EU aid will be concentrated in countries with the greatest needs and where it can have the greatest impact.¹¹ Throughout this report we will refer to this shift in policy as “**donor withdrawal**”.

This report will review the extent to which donor withdrawal will impact upon the trajectory of the TB and HIV epidemics in the region. It will provide specific recommendations for national governments, the European Union, major donors and policy makers in order to ensure that the TB and HIV epidemics are dealt with in an effective and coordinated manner.

FINANCING THE TB & HIV RESPONSE IN MIDDLE INCOME COUNTRIES (MICS)

The rationale behind the Global Fund and other donors redirecting resources to low-income countries with a high burden of disease makes sense. Especially considering that the Global Fund is reliant on donor governments' contributions, which are under pressure to demonstrate value for money to their electorate.

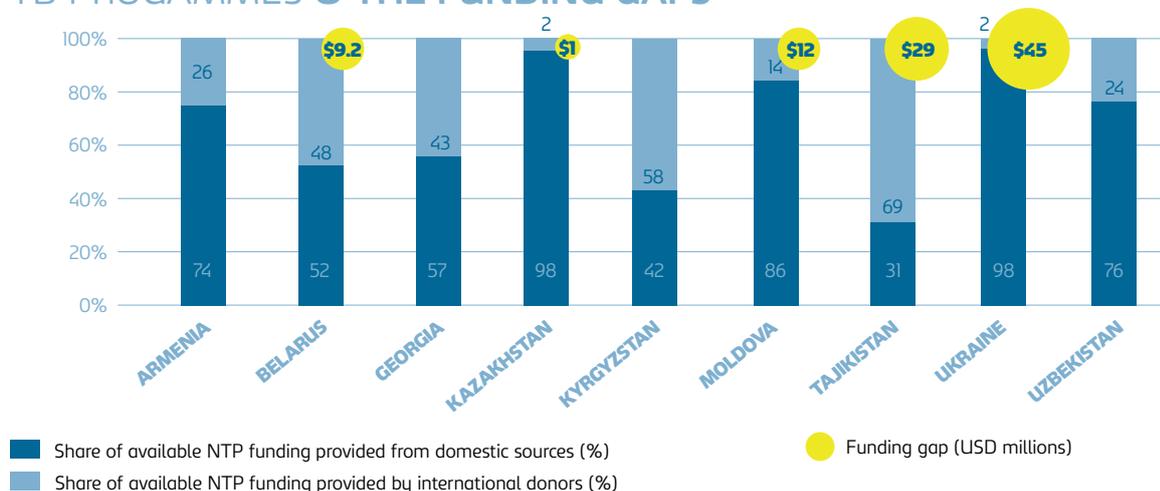
The end goal should be for MICs to fully finance their own TB and HIV programmes, with national governments filling the vacuum left by donor withdrawal. If implemented, this change in policy would also allow for greater ownership of TB and HIV programmes, based on nationally developed strategies and plans aligned with national budget cycles, which is not always the case with donor programmes. This would increase the long term sustainability of the programmes and help hold governments accountable for TB and HIV programmes that they themselves have developed and funded. Ideally, this is what donor withdrawal is supposed to achieve.

Despite good intentions, donor withdrawal policies bring with them potentially harmful consequences, which can weaken regional efforts to combat the TB and HIV epidemics. Most importantly, there is a possibility that donor withdrawal will not be matched by an increase in domestic financing. This would only serve to

heighten the burden of TB and HIV in vulnerable communities where confronting the epidemics is already challenging. Taking into account that the majority of poor people live in MICs, this poses a serious equity issue.

These concerns prove well-founded when assessing the share of TB and HIV programme budgets, which include a combination of domestic and international funding. In both Tajikistan and Kyrgyzstan, the share of available TB programme funding provided by international donors is over 50 percent. While in Armenia, Belarus, Georgia and Uzbekistan the percentage of funding coming from international donors is approximately 25 percent.¹² It is clear from these figures that **many EECA countries still rely heavily on international donor funding to help support the implementation of their TB and HIV programmes.** Even with the current limited financial support from international donors such as the Global Fund, the data shows that many of these countries still face a funding shortfall for their TB and HIV programmes. Where will countries suddenly find the resources to tackle their TB and HIV epidemics? Can we silently expect governments to step up their response? What are the consequences for these countries and the broader region?

INTERNATIONAL VS. DOMESTIC FINANCING OF NATIONAL TB PROGRAMMES & THE FUNDING GAPS



Source: Country tuberculosis finance profiles available on www.who.int/tb/data

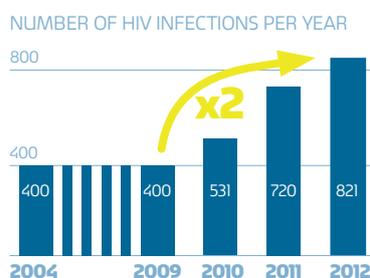
THE IMPACT OF DONOR WITHDRAWAL ON THE TB & HIV EPIDEMICS

Across the EECA region, evidence is already demonstrating the negative impact that donor withdrawal may have on the TB and HIV epidemics. Some of these challenges have already been felt with the Eastern enlargement of the EU. The departing of external donors from the new EU Member States after the EU enlargement created a sense of insecurity, especially for civil society. During the 2000s, civil society, through the support of external donor programmes, had built, developed and maintained a wide range of social services for vulnerable groups. Additionally, support to civil society actors that delivered these services was essential for creating environments where national governments were held accountable for properly addressing the health needs of their citizens. A withdrawal of most foreign donors threatens the existence of these critical social services and the accountability provided by civil society.¹³

ROMANIA



NO SUPPORT FROM THE GLOBAL FUND FOR HIV PREVENTION & HARM REDUCTION PROGRAMMES SINCE 2011



Romania, which became an EU member state in 2007, faced challenges providing social services for vulnerable groups that had previously been provided by civil society and community organisations. In 2007, USAID withdrew its funding from Romania's TB programme. After this withdrawal, the Romanian government failed to fill the funding gap and did not apply for EU funding for TB until very recently.¹⁴ The case of Romania illustrates the questions surrounding middle-income countries and their willingness or ability to fill gaps resulting from donor withdrawal.

Eight years after the country joined the EU, Romania now has the unwelcome accolade of being the country in the EU with the **lowest level of total expenditure on health per capita and accounts for an astonishing 27 percent of all TB cases within the EU.**¹⁵ Romania is also facing an upward trend in HIV infections. **The number of cases remained stable, at around 400 per year, between 2004 and 2009, before increasing to over 800 new cases per year in 2012. This surge is explained by an increasing number of HIV infections among people who inject drugs.**¹⁶ Despite high levels of HIV among injecting drug users, Global Fund support to HIV prevention and harm reduction programmes stopped abruptly in 2011.¹⁷ **Some observers see Romania as the harbinger of the first of many spikes in HIV epidemics likely to follow with Global Fund withdrawal from other Eastern European countries.**¹⁸ The exit of Global Fund support for TB would be a disaster. As an EU member state, Romania would normally not be eligible for Global Fund financing, however extraordinary measures have been put in place because of its high TB burden. It is therefore paramount that domestic funding increases and is predictable and stable if we do not want to see an increase in TB and HIV epidemics in our region.¹⁹

“TB is hard to sell to politicians, it is politically not attractive.”

Jonathan Stillo, medical anthropologist working in Romania

RUSSIA


NFM
\$12 MILLION
GLOBAL FUND > RUSSIA
2015 > 2017


70,000
NEW HIV CASES/YEAR


-76% INJECTING
DRUG
USERS
RECEIVING SERVICES
BETWEEN
2015 & 2017

The shift from recipient to donor country makes **Russia** a unique but worthwhile country to study when addressing the impact of donor withdrawal. There is evidence suggesting that this shift has already resulted in affected communities being left on their own.²⁰

In 2010, Russia stated that the country's economy had improved to the point where it could become a donor to the Global Fund rather than a beneficiary.²¹ Recognising the growing HIV epidemic in the country, the Global Fund does continue to support some services in Russia. Within the NFM, Russia is set to receive up to \$12 million from the Global Fund. However, in a country with an estimated 70,000 new HIV cases per year and with legislation that does not support harm reduction policies, on the basis that they supposedly threaten drug control, this support can only go so far.²² **It has been acknowledged that there would be a 76% reduction of people who inject drugs receiving services on the basis of the NFM allocation between 2015-2017.** The Russian example highlights the uncertainties around donor withdrawal and the problems that exist around reducing financing in a country that can, in theory, support their own programmes but where in practice there is an unfavourable environment to policies such as harm reduction that results in many people not having access to the services they need.

UKRAINE

Ukraine continues to receive funding from external donors, such as the Global Fund and USAID. However, the country is receiving the maximum amount of funding it can under the Global Fund NFM. Within the NFM grant it is planned that the transition to domestic funding should be made throughout 2017 and completed at the end of that year. There are also indications that USAID will follow suit.²³ The government has taken up most of the cost of HIV treatment, care and support but most of the prevention work such as harm reduction and opiate substitution therapy (OST) is only being funded through a Global Fund grant implemented by an NGO.²⁴

HIV and TB prevention programmes have a higher risk of discontinuation after Global Fund withdrawal from the country due to the absence of a legal framework for the social contracting of civil society actors by governments, a lack of political will and the deterioration of financial stability in the country in recent months. TB and HIV prevention activities along with most services provided by civil society could come to a halt should Global Fund support come to end in 2017. Within the current health care reform and as a result of the tense political situation in Ukraine, HIV and TB has fallen down the priority list.

THE IMPACT OF DONOR WITHDRAWAL ON THE TB & HIV EPIDEMICS

IMPACT ON:

THE ROLE OF CIVIL SOCIETY & AFFECTED COMMUNITIES

Civil society plays a transformative role in addressing the TB and HIV epidemics. Through their close work within the community, civil society actors are often more trusted and effective in providing support to people living with TB and HIV. As a result of their close community involvement, civil society actors can advocate more effectively for the groups they represent, including sex workers, men who have sex with men, people living with HIV, people who inject drugs, prisoners, and other at risk groups such as the homeless and migrants. Civil society actors help reduce stigma towards vulnerable groups, promote social and structural changes that change attitudes towards certain vulnerable groups, mobilise resources, and engage in policy dialogue.

The positive impact of the Global Fund and other donors on the region is evident through their investments in civil society-based work with these affected communities. Donor support has allowed for the implementation of various care and support interventions such as syringe exchange, motivational food packages, and psychosocial support. These interventions are absolutely crucial in ensuring there is adherence to treatment amongst the most vulnerable groups. Similarly, donor support has enabled civil society, who are more trusted among at risk groups, to ensure that vulnerable groups are referred to medical institutions for treatment through their close work within the community. Donor withdrawal threatens the existence and effectiveness of these programmes. A lack of referral at the community level and support services to help adherence could lead to the further spread of MDR-TB and HIV among affected communities. This negative impact will be felt across the region and has already been reflected by stakeholders in Tajikistan. There, stakeholders working in the community have noted that donor withdrawal will impact upon MDR-TB patients accessing the necessary treatment, as referral and motivation services currently provided by civil society actors may in the future be withdrawn. The result of this could be a drop in treatment adherence and, most worryingly, increasing rates of drug resistance and a reduction in newly registered TB cases.

Civil society organisations in the region expressed their unease in a letter to the Global Fund Board in November 2014 highlighting their legitimate concern that services provided by civil society will be discontinued in the face of persistent political resistance and adversely affect most-at-risk groups.²⁵ Additionally, donors are setting unrealistic expectations on what activities countries will be able to take over in the short term as their funding depletes. Currently, **the Global Fund covers 70% of ARV treatment in Belarus.**²⁶ It is unrealistic to assume that Belarus will be able to find a way to finance all HIV treatment in the country within just two years.

Not only does donor withdrawal represent a threat to the unique role that civil society can play, it may weaken civil society actors who are currently recognised as 'partners' by governments because they were holders of Global Fund money. **In some of the fragile EECA political systems, this weakening may prevent civil society from advocating for more domestic funding for TB and HIV programmes, at a time when this is most needed.** Similarly, there may be a breakdown in the role that civil society actors and affected communities can play in the governance of TB and HIV programmes. This role is not yet strong enough, but under Global Fund efforts to strengthen Country Coordinating Mechanisms (CCMs), these groups have begun to have more say in how TB and HIV programmes are designed and implemented. **Civil society's participation and role as a watchdog of government services is still developing in many countries.** With a phase out of the Global Fund they will struggle to survive, or continue to exist but merged with other structures, which usually do not have 'the culture' of civil society participation and, thus, weakened. In many EECA countries, civil society actors and affected communities are not yet fully empowered to advocate for their inclusion as partners in governance platforms. Overall this could overturn the progress already made in regards to making governance of health programs more transparent, accountable and inclusive.

IMPACT ON: DRUGS & PRICING

As countries transition from low to middle income, they pay more for pharmaceuticals. The withdrawal of donors will impact the provision and pricing of drugs in the region. Across the region, governments are, or have plans to, finance the procurement of first line TB drugs. However there are concerns that **there may not be enough funding for second line drugs to treat patients with MDR-TB**. It is possible that donor withdrawal will lead to countries having to provide the more expensive second line drugs themselves without the support of the Global Fund. **The potential consequence of this is that countries will be forced to prioritise who gets treatment, or to purchase cheaper drug combinations that may not be as effective or suitable for people who need them, thereby potentially increasing the development of drug resistance.**²⁷

A further detrimental impact of donor withdrawal is the **increased possibility of stock-outs**. Many countries have relied on the Global Fund to handle drug procurement that was done through a simplified procedure to prevent stock-outs.²⁸ If or when drugs are procured centrally through state tenders (inviting organisations to bid for the role), registration may be necessary for some drugs due to national laws and regulations, and if governments don't manage to conduct tenders on time – and they often don't – it may result in stock-outs. In Uzbekistan, one state organisation is responsible for centralised procurement of all drugs. There is some concern that a possible Global Fund withdrawal may interrupt access to MDR-TB treatment. Stakeholders working on TB are concerned that it will be difficult to enforce international quality control standards for drug procurement. In an effort to **save money, national governments may procure cheaper TB drugs of potentially lower quality.**



A patient sits on his bed at Bisercani hospital, Romania.

© Tom Maguire

As donors withdraw, so too might the effectiveness of how drugs are procured. The example of Ukraine starkly illustrates the problems that can occur with state procurement. **In September 2014, the Ministry of Health failed to properly conduct 80% of the drug tenders for patients with oncology, hemophilia, cystic fibrosis, viral hepatitis, tuberculosis, HIV/AIDS and others diseases.**²⁹ Such occurrences undoubtedly drive a rise in complications for patients and an increase in transmission rates. In Kyrgyzstan, there is concern that the only source of funding for procuring ARVs for people living with HIV is through the Global Fund. Moreover, given that around 44% of funds for TB are provided by international sources there is unease about the sustainability of TB and HIV interventions in the country.³⁰ **A substantial financial gap exists for effective TB prevention and care, especially with regard to the complex and costly interventions of drug-resistant TB management.**

CONCLUSION



Igor, Moldova

© Alexandr Preachin

Donors are expected to withdraw support from MICs despite the fact that these countries include the majority of the world's poor. While civil society actors in the European region acknowledge that their governments need to increase domestic TB and HIV spending, the majority still **question the capacity and willingness of governments in the region to step up their response once the Global Fund and other donors withdraw.**

Lack of domestic financing for TB and HIV is caused by budget restrictions and a historic lack of state financing for health across the region. **In several countries, up to 50% of TB funding comes from international sources. Despite this support, many of these countries continue to suffer from funding shortfalls for their TB and HIV programmes.** This report illustrates the potentially catastrophic impact of donor withdrawal in the region, reversing years of progress, particularly amongst the most vulnerable where the disease is felt most heavily. Interviews with various stakeholders in the region have highlighted key areas where the impact of donor withdrawal will be most devastating.

1

The ability of civil society to act as effective government watchdogs and service providers will be severely curtailed.

There are serious concerns that as donors withdraw, the few mechanisms used to hold the government accountable will disappear entirely. This includes documenting stock outs, determining inappropriate delays to diagnosis, and engaging in critical policy dialogue.

Similarly, the role of civil society will be weakened with regards to service provision, including through various care and support interventions that are not necessarily medical but that are key stepping stones in ensuring that vulnerable populations have access to and follow treatment.

2

Both pricing of and access to drugs is likely to worsen. There is a concern that middle income countries in the region simply do not have the financial capacity needed for the provision of drugs. Currently, up to 50 percent of TB and HIV financing is provided by international sources. Countries may be unable or unprepared to begin procuring drugs for national TB and HIV programmes, particularly the more expensive treatment required for MDR-TB. Questions remain around how these countries, which are not prioritising healthcare and continue to have funding shortfalls for their TB funding programmes, will be able to step in and fill the gap left when donors retreat. Moreover, a handover to state procurement may result in drug stock-outs and procurement of poorer quality drugs.

3

Together, these will feed into a disastrous situation where countries may be forced to prioritise who has access to treatment, most likely at the disadvantage of vulnerable populations. In some cases key services provided within these communities may be withdrawn. These scenarios are already occurring in Romania and Russia and there is evidence to suggest that progress against HIV and TB is at risk. This is likely to continue if concrete steps are not taken to ensure sustainable and appropriate financing of the TB and HIV responses.

Only a concerted effort from multiple partners at the country level that rests firmly on country context can ensure an effective and sustainable transition into domestic funding. **It is critical that the opportunity this current period presents is seized by political leaders and donors, such as national governments, the EU, and the Global Fund.** It is clear that if national governments are not willing or able to step in and fill this gap, TB and HIV epidemics will continue to act as a millstone around the neck of countries throughout EECA.

Countries hit hardest by TB and HIV must ensure their governments step up their response. The EU must also use this opportunity to demonstrate stronger regional political leadership on TB and HIV in the EU and in the region by using its political dialogue with countries to ensure sufficient financing for the two epidemics. Similarly, the Global Fund must also ensure that any funding withdrawal is done in a collaborative and responsible fashion. Finally, the Global Fund should continue funding civil society actors that carry out effective interventions that are unlikely to be supported by national governments once funding is withdrawn.

RECOMMENDATIONS: SHARED RESPONSIBILITY

FOR AFFECTED COUNTRIES:

- Attend the 1st Eastern Partnership Ministerial Conference on TB and MDR-TB in March 2015 organised by the Latvian Presidency of the EU and use this opportunity to commit to high-level political cooperation and follow up in the fight against TB.
- Ensure that National TB and HIV Programmes address the epidemics in affected communities, by including key civil society actors in decision-making processes.
- Work with the Global Fund and civil society to ensure there are clear plans in place to follow through on sustainable TB and HIV financing. Importantly, proactively plan on how to support and sustain scale-up beyond current donor funding.
- Investigate alternative ways of using and mobilising resources:
 - Countries can use resources more rationally. This can include the reprogramming of existing funds, such as switching from a hospital-based system to ambulatory care. While this would not produce savings overnight and would require upfront investment, it can provide significant savings in the long term.
 - Countries can also explore innovative ways of mobilising resources. For example, use tax revenues or partner with the private sector or trust funds in order to increase resources.³¹

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FOR THE EU INSTITUTIONS:

- Advance TB and HIV on the EU Health, Development and Research agenda and adopt political and financing measures to ensure the sustainability of the TB and HIV response in the region.
- Demonstrate regional and global commitment to fighting TB and HIV by ensuring that the diseases are featured in political dialogue and agreements with EU partner countries.
- Develop a Political Action Plan and adopt Council Conclusions on TB and HIV for the EU and neighbouring countries.
- Develop a roadmap to support countries' transitions from external to domestic financing in the European Region with concrete and time-bound targets and outcomes.

FOR THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA:

- Ensure the Global Fund 2017-2021 Strategy reflects that the majority of the world's poor live in MICs. Therefore, the Global Fund should ensure:
 - Availability of sustainable financing in MICs with considerable disease burdens, ensuring that vulnerable populations continue to receive the services they need.
 - Countries are appropriately supported with technical support and advocacy capacity building accompanying the transition away from donor financing. This includes working with all stakeholders to make sure that plans are being put in place to ensure programmes do not collapse or major components disappear.³²
- Recognise the importance of civil society actors in supporting affected communities in MICs across EECA and continue to support the work that these civil society actors are carrying out, especially if there is evidence that governments will not step in.

recently sought EU funds for TB in the form of some hospital renovation funding in the north and a POSDRU project for MDR patients run by RAA. However from 2007-2014 there was virtually nothing and no efforts to obtain structural or regional funds on the part of the Romanian government.

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THE TB EUROPE COALITION



TB EUROPE COALITION

TBCOALITION.EU

is an informal advocacy network of civil society organisations and individuals that share a commitment to raising awareness of TB and to increasing the political will to control the disease throughout the WHO Europe Region and worldwide.

ACTION

ACTION

ACTION.ORG

is a global partnership of advocacy organisations working to influence policy and mobilize resources to fight diseases of poverty and improve equitable access to health services. ACTION was founded in 2004 as a partnership of civil society advocacy organizations with the shared mission of mobilizing new resources against tuberculosis (TB), a disease that kills one person every 20 seconds. ACTION partners work across five continents in both donor and high burden countries and advocate at the local, national, and global levels.

GLOBAL HEALTH ADVOCATES FRANCE & RESULTS UK

are NGOs part of the ACTION network and host the Secretariat of the TB Europe Coalition



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