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PRINCIPLES OF A SUCCESSFUL TRANSITION FROM EXTERNAL DONOR FUNDING

INTRODUCTION

As we enter a new era of development and of the global economy, many donors are choosing to end programmes in countries where they previously provided support. Ensuring sustainable transitions is the shared responsibility of multiple stakeholders including, governments, donors, technical partners and civil society. In particular, national ownership and leadership of the transitions process by the government will be critical to its success. This paper is intended to advise the UK government and other donors who have decided to end support to a country on how a transition should take place in order to sustain and expand the benefits of development.

This paper uses case studies from 5 projects, 3 funded by the Global Fund (GF) and 2 funded by the Department for International Development (DFID) in varied geographic locations to pull out the common themes of what leads to a successful transition. It gathers lessons learnt from transitions that have already taken place to inform donors as they plan future transitions.

WHAT IS A TRANSITION? WHAT IS SUSTAINABILITY?

The Global Fund Technical Evaluation Reference Group (TERG) defines sustainability as ‘a long term plan for assurance that programmatic, financial and organizational gains at national and community levels as a result of the Global Fund support will be maintained or increased as Global Fund financing is reduced’¹

Although this definition was intended for the Global Fund it can be applied to almost any donor. It means that what is achieved through donor support should not be lost when a donor withdraws and the conditions should ideally be set for further programmatic, financial and organizational gains.

The Global Fund recently defined transition as, ‘the mechanism by which a country moves towards fully funding and implementing its health programs independent of donor support (financial or otherwise)’²

In 2013, Justine Greening gave her own definition of transition, ‘when...countries...become better able to stand on their feet, we should...gradually transition our aid spend on to those countries who are yet to reach the same stage and still need our help.’ She gave the example of DFID’s support to India, which at the time was transitioning from financial to technical support.³

WHAT IS A ‘SUSTAINABLE TRANSITION’?

Using the definitions above as a basis, a sustainable transition is a mechanism through which domestic resources are increasingly responsible for funding programmes that were previously funded by external donors while also maintaining or increasing the existing programmatic, financial

¹ Sustainability Review of Global Fund Supported HIV, Tuberculosis and Malaria Programmes (2013)

http://www.theglobalfund.org/en/terg/evaluations/evaluation_2013-2014

² www.theglobalfund.org/documents/terg/TERG_26Meeting_Report_en

³ <https://www.gov.uk/government/speeches/justine-greening-development-in-transition>

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and organisational gains that resulted from donor support. The remainder of this paper will aim to describe the principles of a sustainable transition.

PRINCIPLES OF A SUSTAINABLE TRANSITION

Informed by international initiatives, such as the Equitable Access Initiative, **donors must develop more nuanced graduation or transition criteria** for deciding which countries should begin the transition process. Rather than withdrawing support as a country's GNI hits a particular level, donors need to evaluate a range of factors that influence a country's readiness to transition. Funding decisions based on GNI alone will not take into account critical determinants of a successful transition, such as the political will, technical capacity and efforts to prepare policies, systems and funding. The Open Society Foundation (OSF), summed up these determinants of a successful transition in the context of domestic governments being 'ready, able and willing'⁴.

As transitions become more common, donors should consolidate lessons learned and **develop guidelines for themselves and for recipient countries on the content and process for ensuring sustainable transitions** that can be implemented throughout the life of a grant. These guidelines should be flexible and adaptable to country context. Donors may also play a role in facilitating regional sharing of experiences with transition. DFID currently have a section on sustainability in the project completion report (PCR) template- but this report is only completed 3 months after the programme ends; too late to be used for transition planning. The PCR also has no path to follow up actions- even when it identifies sustainability issues. In the case of the **DFID HIV prevention programme in Vietnam** the PCR proved to be an inadequate tool. Civil servants used this section of the PCR to indicate concerns that funding for key populations would not be taken on by the Vietnamese government and that services for key populations would likely end but this didn't influence the decision to transition or the nature of the transition at all⁵ as the report was only written after the project had already ended. While there are usually references to sustainability within a DFID business case, planning for the transition needs to be included explicitly in all project documentation and implementation. Business cases, log frames and annual reports should all be updated to include a plan for transition and provide a mechanism to monitor progress towards transition from the start of a project. DFID should also develop a transitions strategy guidance document that programme managers can use as a resource. The Global Fund has similarly recognised it must develop guidance for countries and grant managers. The Global Fund Development Continuum Working Group (made up of representatives from all key stakeholder groups) recently called on the Global Fund to, 'support country efforts to include sustainability planning from grant inception, consider more appropriate metrics for eligibility and transition (through the Equitable Access Initiative and additional efforts), and establish a responsible transitions policy'⁶. An initial transitions policy was presented to the Global Fund Board in April 2016.

Regardless of what criteria donors use to decide when to end support, an **evaluation of the impact of donor withdrawal must be done**. This evaluation will highlight likely challenges to the end of funding, allowing countries to anticipate and prepare mitigating strategies. An evaluation to this effect was done in **Thailand** to prepare for the exit of the Global Fund, which is a positive step- but

⁴ Open Society Foundation (2015): 'Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support'

⁵ Project Completion Review 113926 (March 2014) <https://devtracker.dfid.gov.uk/projects/GB-1-113926/documents>

⁶ Evolving the Global Fund for Greater Impact in a Changing Global Landscape Report of the Development Continuum Working Group www.theglobalfund.org/documents/board/33/BM33_DevelopmentContinuumWorkingGroup_Report_en/+&cd=2&hl=en&ct=clnk&gl=uk

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the follow up has been disappointing. An evaluation was done in 2013 by the Global Fund to look at the programmatic and financing differences between the Global Fund and domestic HIV programmes to assess the impact of the departure of the Global Fund. This evaluation found that because of the different focuses of the Global Fund and Thai government programmes, the key challenges during and after the transition would be ensuring Thai and migrant key populations had access to prevention, care and treatment⁷. A multi-stakeholder consultation was convened to present this research, but few consensus were reached on how to address these challenges and the findings of the evaluation have not informed the government's programming as Global Fund support has started to decrease. A sustainable transition will not only begin with an evaluation of the likely impact of ending donor support, but be followed by a financed action plan agreed by all key stakeholders to address the challenges identified in the evaluation.

Predictable funding is essential for countries to plan budgets. A minimum of **3-6 years notice must be given** before a donor withdraws funding. This amount of time is necessary for a country to convene stakeholders to prepare a transition plan and to make plans to finance that plan either domestically or by securing other donors. The period of notice should be equivalent to two funding cycles, allowing the country to apply for funding to facilitate the transition. For example, **Thailand** received initial indications 2011 that it would be soon ineligible for Global Fund support but will continue to receive funds (albeit massively decreased funds) until 2017 Thailand were given no notice of this substantial reduction in funds. Thailand has yet to develop a formal transition plan, which is disappointing given the length of time they have had to do this. However, the lengthy period of notice has allowed Thailand to apply for Global Fund a final Global Fund grant with the knowledge it will be the last. Thailand has used this information to strategically budget for their future HIV and TB response. They have chosen to use their last Global Fund grant to frontload their HIV and TB response and then complete their transition in 2017⁸. In contrast, The Global Fund notified **Serbia** that support would be ending 2 years before the end of the grant. This was not adequate time for a transition plan to be developed or financed and as a result no transition compact was prepared. Serbia did not have enough time to investigate other options for funding, including EU funding⁹.

In a sustainable transition, the period of notice of the end of funding should be used to **hold a country dialogue to develop a transition compact with multiple stakeholders' endorsement** (including national Governments (Ministry of Health, Finance), civil society, key affected populations, donors, technical partners and agencies, private sector). A country dialogue ensures that the voices and perspectives of varied stakeholders are heard, helps to avoid gaps in the HIV response and acknowledges that transition is a process, not just a piece of paper. Including all key stakeholders also builds consensus and helps secure buy-in of stakeholders to be involved in implementing the transition plan. A transition plan allows for planning, coordination and financing to be explicitly worked out and creates a document that can then be used to hold implementers to account. **Serbia** held no such country dialogue to prepare for the Global Fund's exit and did not produce a transition

⁷ <http://www.biomedcentral.com/content/pdf/1471-2458-13-1008.pdf>

⁸ <http://www.theglobalfund.org/en/blog/2014-11-28-Global-Fund-News-Flash/>

⁹ http://www.harm-reduction.org/sites/default/files/pdf/r-serbia-global-fund-210x297_0.pdf

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plan. Without the views of multiple stakeholders, the 2015 national HIV budget did not include any funding for prevention for key populations¹⁰.

Within the transition compact, **involving key populations and maintaining services for key populations should be prioritized and considered central to transition planning**. Key populations are particularly at risk during a transition because services for key populations frequently lack political support and are complicated by punitive legal frameworks. In order to safeguard services for key populations, key populations should be represented within the country dialogue to develop the transition compact and within the institution leading the transition. A minimum acceptable level of service for key populations should be agreed between the donor and the institution leading the transition before the donor begins to exit. In several of the case studies below, the domestic government had long financed HIV treatment but were leaving prevention programming, particularly for key populations, to donors. In **Thailand, Vietnam and Serbia** donors were focusing on prevention and particularly prevention for key populations. After the Global Fund reduced funding, Thailand and Serbia loosely referred to the importance of financing HIV prevention for key populations, however, no minimum level of service was agreed to. Neither Thailand nor Serbia has a transition plan and so it wouldn't be possible for key populations to be central to this. Without the inclusion of key populations in transition planning, funding for Thai and Serbian civil society organisations working with key populations has been drastically cut since the global fund withdrew support. In Serbia, the first national HIV budget after Global Fund support did not include any funding for prevention for key populations and only 3% of the HIV budget was allocated to prevention at all. This reduction in funding has seriously affected NGOs who deliver HIV services to key populations. An NGO previously reaching 3000 IDU has estimated they will reach only 500 IDU this year due to funding cuts¹¹.

The transition compact should also **clearly identify an institution to lead the transition** and lead the implementation of programmes in the future. This institution and its decision-making structures should include meaningful representation of civil society. Identifying a lead institution eliminates confusion around who is responsible for what and establishes who will be held accountable for future decision-making. For example, during the **Global Fund's transition in Serbia**, there was no clear organisation leading the transition. The Country Coordinating Mechanism (CCM) had coordinated Serbia's HIV response during the Global Fund grant but stopped meeting when the Global Fund withdrew. Prior to the CCM, the National Commission for HIV/AIDS had played a similar coordinating role but when the Global Fund withdrew it had not functioned for five years¹². In the absence of an institutional framework or leader, there was no platform for planning or coordination and no institution to hold to account. There was also no space for civil society to participate in decision-making around the response or to voice concerns about the way in which the transition was taking place. In contrast, during the **Global Fund's transition out of Estonia**, the Estonian Government set up a Governmental Commission on HIV/AIDS 2 years before the end of the Global Fund Grant to replace the CCM. The Governmental Commission on HIV/AIDS included civil society representatives¹³. Although the HIV response was implemented by several government departments including the Ministry for Justice and the Ministry for Education, the Ministry of Social Affairs played a coordinating role. The Ministry of Social Affairs developed flow charts reflecting the

¹⁰ Open Society Foundation (2015): 'Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support'

¹¹ Open Society Foundation (2015): 'Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support'

¹² http://www.harm-reduction.org/sites/default/files/pdf/r-serbia-global-fund-210x297_0.pdf

¹³ https://www.opensocietyfoundations.org/sites/default/files/estonia_20080901.pdf

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split of responsibilities across government and shared these publically. As a result, when the government then threatened to cut the HIV/AIDS budget in 2007, it was clear who civil society needed to lobby to reverse the decision. Civil society efforts were successful and in October 2007, the Minister of Social Affairs agreed not to reduce funding. She also signed an agreement allowing for civil society to be represented within the government's procurement initiative¹⁴. Although the transition should be led by a designated institution, **the donor should continue to play an advisory role in the development and implementation of the sustainability & transition plans**. This role may continue beyond the duration of the core grant.

Throughout a programme, not just as the transition phase begins, **recipients should have access to financial and technical assistance to prepare their systems for sustaining programs**. Aid should seek to build, not replace capacity. **The DFID's livelihood programme in Orissa** is an example of a project that prioritised capacity building throughout the project. 6% of the project budget was allocated to strengthening the systems of the implementing government department (Government of Odisha's Watershed Development Mission) over the 10 years of the project. This money was used to hire national and international consultants who built up technical and organisational capacity in OWDM that has endured beyond the project. 11% of the project budget went to funding local expertise that supported communities¹⁵. This heavy emphasis on capacity building meant that OWDM was prepared to take on and scale up the programme when donor support ended and that local experts were available to continue supporting communities. Today, similar levels of funding from the national government continue to go towards capacity building. In contrast, in **Thailand**, the government was the principal recipient (PR) of funding for a men who have sex with men (MSM) programme under Round 8 of the Global Fund. The government performed significantly under targets and was given a 'C' rating by the Local Fund Agent. This was interpreted by the Global Fund as evidence of the government's lack of technical capacity to implement MSM programming. However, rather than addressing this lack of technical capacity, the government was removed as the PR for the MSM programme¹⁶. With the government now leading the HIV response there are real concerns about the government's capacity to take responsibility again for MSM programmes.

Lastly, **donors should consider maintaining funding for key populations and advocacy even after transitioning away from supporting a wider project**. Where key populations are criminalised, and domestic governments will not provide services, there is a strong case for ongoing external funding for community mobilisation, service delivery and advocacy for key populations. In order to achieve the 90: 90: 90 targets and fulfil the SDG commitment to leaving no one behind, key population components of donor supported programmes should be sustained until the circumstances within a given country have changed to allow the meaningful access to tailored quality services for key populations. Funding for advocacy during and after a transition will be key to enabling civil society to act as a watch dog over domestic governments as international donors withdraw. Proactive and reactive advocacy will be crucial to ensuring legal, social and cultural barriers are overcome and political will and commitments are maintained as governments take over responsibility for programming.

¹⁴ https://www.opensocietyfoundations.org/sites/default/files/estonia_20080901.pdf

¹⁵ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

¹⁶ https://www.researchgate.net/publication/260293958_Thailand_Global_Fund_Round_8_External_Evaluation_MSM_Thailand_Global_Fund_Round_8_External_Evaluation_Men_Who_Have_Sex_with_Men_MSM_Thailand_Global_Fund_Round_8_External_Evaluation_MSM_ACKNOWLEDGEMENT

CASE STUDIES **STOPAIDS.**

THAILAND (GLOBAL FUND)

Overview of the epidemic

The latest UNAIDS statistics (2014) show the HIV prevalence in Thailand is between 1-1.3%¹⁷. However, prevalence among key populations is much higher, making Thailand an example of a concentrated epidemic. For example, HIV prevalence among women and men who use drugs is 29.7% and 24.5% respectively. HIV prevalence is also higher among male sex workers (12%) and female sex workers (FSW) (3%), men who have sex with men and migrants.¹⁸

Overview of Global Fund Support

Thailand has received support from the Global Fund since its inception in 2002. The Global Fund's HIV programmes in Thailand have focused heavily on prevention, with over 50% of the overall grant going towards this. The Global Fund has also focused on projects for key populations and migrants, funding 100% of the HIV prevention services for people who use drugs (PWUD). CSOs have been the main implementing agent for the Global Fund because of their comparative advantage in reaching Thai key populations (PWUD, FSW, MSM, transgender, and migrant workers). In contrast, during the period of Global Fund support, the Thai government has spent 84% of the HIV budget on treatment and care for people living with HIV (PLHIV)¹⁹. In 2011 following the Global Fund's new 'Eligibility, Counterpart Financing and Prioritization Policy' Thailand received a significantly smaller GF grant and was not eligible to apply for the general or targeted funding pool.

Transition

Under the new funding model (NFM), Thailand has received roughly \$700 000, a 90% cut in funding compared to previous years²⁰, making Thailand one of the hardest hit countries in terms of reduced Global Fund support. The Thai Government chose to transition away from Global Fund support ahead of schedule in part because of this massive reduction in funding. The government judged that the time and effort to access the funds was not worth it at this lower level of funding. As a result, the transition will take place over two years. The Global Fund originally suggested a transition period of three years, but did not discuss with Thailand the risks and challenges of a shorter transition.

The Global Fund conducted an evaluation in 2013 to look at the programmatic and financing differences between the Global Fund and domestic HIV programmes to assess the impact of the departure of the Global Fund. This evaluation found that because of the different focuses of the Global Fund and Thai government programmes, the key challenges during and after the transition would be ensuring that key populations had access to prevention, care and treatment services²¹. A multi-stakeholder consultation was convened to present this research, but few consensus were reached on how to address these challenges.

Thailand is often cited by the Global Fund as a good example of successful transition, despite the fact that its transition will not be complete until early 2017. The TRP for example, applauded Thailand for having "a well- thought out, well-defined exit strategy" and the Chair of the Thai CCM publicly claimed success for the transition as reported by the GF's own News Flash²². However, it's unclear where this strategy is or what is in it and other informants argue that Thailand has not even begun

¹⁷ <http://www.unaids.org/en/regionscountries/countries/thailand>

¹⁸ http://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand#footnote4_mtd7w0b

¹⁹ <http://www.biomedcentral.com/content/pdf/1471-2458-13-1008.pdf>

²⁰ Interview with Ozone (local harm reduction NGO in Thailand)

²¹ <http://www.biomedcentral.com/content/pdf/1471-2458-13-1008.pdf>

²² http://www.theglobalfund.org/en/blog/2015-08-06_Global_Fund_News_Flash/

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developing a transition plan²³. A sub recipient of the Global Fund, responsible for delivering 70% of harm reduction services in the country, reports that although an initial funding plan is being developed, there have been extremely limited opportunities to input and nothing has been finalised²⁴. Within Thailand's most recent concept note submitted to the Global Fund, there are signs of limited plans for transition. For example, the government pledges to increase the share of harm reduction commodities it funds from 50% to 60% in the first year of the transition. How the government plans to fund the other 40% in future years is not discussed. In other areas the concept note acknowledges that transition planning *should* occur and that domestic funding is *expected* to replace the Global Fund but there is little convincing evidence of any real strategy or commitment. It is worth highlighting that stock-outs of harm reduction commodities have undermined service delivery since initiation of the NFM despite many appeals by implementing agencies from civil society to procure these since 2014.²⁵

There are also concerns around Thailand's technical capacity to take over services for key populations. For example, in Round 8 of the Global Fund grant, the principal recipient of MSM programme funding was the Thai Government. However, the government performed significantly under targets and was given a 'C' rating from the Local Fund Agent. The end of programme evaluation showed that HIV prevalence among MSM actually increased by 10%-20% in the areas where the government worked²⁶. This has been interpreted as evidence of the government's lack of technical capacity to implement MSM programming. The government were removed as the PR for the MSM programme and replaced with a Thai civil society organisation, but it unclear whether this CSO will continue to be funded to implement the programme post GF.

Impact

The impact of the departure of the Global Fund can already be seen although the full impact will not be known until after 2017. The NGO responsible for providing the bulk of services for PWUD has already had its budget slashed by more than 50% from \$3m to less than \$1.5m per year. No national funding has been made available to fill this gap. The reduction in budget was accompanied by a tripling in the number of PWUD the NGO was expected to reach²⁷. This has created reputational and sustainability risks for the NGO and for the harm reduction response more widely. Local activists warn that a failure to meet Global Fund targets will be used by the Thai government to deprioritise harm reduction funding and argue its ineffectiveness. Needle and syringe services have also been cut, with reports indicating that services have been already been suspended in 5 provinces, directly impacting hundreds of vulnerable individuals, and is no longer allowed to provide services in prisons. A cost-effective pharmacy-based voucher scheme, established with Global Fund support, has also been terminated due to lack of funding and low prioritisation²⁸. A further consequence of this funding cut means that as NGOs are forced to do more with less money, and their capacity to carry out advocacy and other support activities has been eliminated. For example, prior to the transition a coalition of civil society organisations working on HIV and drug issues, 12D, was receiving funding to do advocacy to develop an enabling policy environment for domestic funding of harm reduction programmes. 12D no longer receives funding, reducing the capacity of CSOs to maintain pressure on the government. In addition, the lack of support for advocacy has prevented local groups from maintaining pressure on government agencies and so, the national harm reduction policy approved in 2013 has expired in October 2015 and currently no plans are in place to revive the policy. Cuts to funding have also reduced capacity to collect and analyse data²⁹. Lack of local data has been used by

²³ Interview with Ozone (local harm reduction NGO in Thailand)

²⁴ Interview with Ozone (local harm reduction NGO in Thailand)

²⁵ <http://www.theglobalfund.org/en/portfolio/country/?loc=THA>

²⁶ Interview with Ozone (local harm reduction NGO in Thailand)

²⁷ Open Society Foundation (2015): 'Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support'

²⁸ Open Society Foundation (2015): 'Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support'

²⁹ Interview with Ozone (local harm reduction NGO in Thailand)

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the Thai government as an excuse not to implement harm reduction funding while comprehensive data collected through GF approved systems between 2009 and 2014 has not been used by decision makers to align plans to evidence.

Reflection

X Thailand was given only months' notice of the 90% reduction in Global Fund support they would receive. They have however had several years to plan for the complete end of Global Fund support.

X The transition will take place over just two years.

X An evaluation was done to assess the impact of the Global Fund's departure, however, the challenges identified were not addressed or used to develop an action plan.

✓ Thailand is financially able to take over its HIV response and was already funding 90% of its HIV response when the transition began.

X Key populations have fallen through the cracks of the transition. The government lacks capacity to implement key population programme and has demonstrated unwillingness to takeover prevention programmes for Thai and migrant key populations. The result of a reduction in Global Fund support has been a gap in service coverage for key populations (especially PWUD) and, in some cases, a resurgent epidemic.

INDIA ORISSA LIVELIHOODS (DFID)

Context

India is made up of 28 states, of which Odisha is one (Orissa was renamed Odisha in 2011). Human development indicators for Odisha are significantly lower than for the rest of India. In 2001, when the Orissa Livelihoods Project began, 37% of the population of Orissa was living below the poverty line, compared to 28% of India as a whole. Maternal mortality and infant mortality were also higher than the national average. 80% of Odisha's population lives in rural areas and the population depends heavily on farming. Odisha also has the highest proportion of inhabitants from tribes and castes that have been historically discriminated against. These groups are often marginalised within society and experience higher levels of poverty than average. Before the project, yields from the main crop, rice, were low because of the challenges of farming rice in a climate that alternates between monsoons and droughts.³⁰

Overview of the Project

The Western Orissa Rural Livelihoods Project (WORLP) sought to reduce poverty by improving communities' water resources, agriculture and incomes. It has an explicit objective of reaching the poorest people. The project had an infrastructure component and built embankments, water storage ponds and irrigation channels. It also had an economic support component and provided loans and grants to community run businesses. The project ran for 10 years, from 2001- 2011 with a budget of £33 million³¹.

The project was implemented by the Government of Odisha's Watershed Development Mission (OWDM). This body was established specifically for WORLP³².

Transition

³⁰ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

³¹ <https://devtracker.dfid.gov.uk/projects/GB-1-107874/documents>

³² <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

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The transition was made easier because communities had been involved from the start. The project was designed in close consultation with communities. Communities held meetings to decide whether to participate in the project. Communities were also part of the implementation of the project and were able to set out what their priorities for funding were. Each community had a 'micro plan' to prioritise project interventions. The plans were negotiated and debated within communities³³. This process built the capacity of communities to take control of the project later on. Communities were also part of project monitoring. Building this community participation took time and this project was unusual for DFID in that it was 10 years long. DFID's project completion report evaluated the sustainability of this approach and noted that 'good progress' had been made on the sustainability of the project and identified the process of 'handing over of assets and resources of the watersheds to the communities following training on post project management' as key to this.³⁴

The project was designed to pilot an approach that the Government of India and Odisha could scale up and support with their own funds. This was made explicit in the project documentation of objectives. Buy-in and ownership from the Government of India was there from the start. The Government of India suggested Odisha as the site for the project and a senior official from the Government of Odisha actually travelled to London to present the project to DFID Senior Management Team³⁵.

The plan to transition responsibility for the project from donor to domestic ownership was central to the project from the start. The project was carried out as a partnership between DFID and OWDM. There was an element of capacity building of OWDM and community systems from the start- approximately 6% of the project budget was allocated to strengthening OWDM's systems. This money was used to hire national and international consultants which put in place technical and organisational capacity in OWDM that has endured. 11% of the project budget was allocated to fund the local expertise that supported communities. Similar levels of funding are still in place for capacity building and are now funded by the Government of Odisha and India. This transition was facilitated by how closely WORLP was aligned with government systems³⁶. DFID's PCR report noted, 'the phased approach to inputs from the Management Consultants, with early scaling down by the middle of the project cycle and gradual handover of responsibilities to government counterparts has proved beneficial. It has created strong Government of Odisha ownership and is an important element of the sustainability strategy of the project'.³⁷

DFID also provided technical assistance to the Government of India beyond the life of the project by helping the Government of India design the £2 billion Indian-funded National Watershed Management Programme³⁸.

Impact

2 years after the project 70% of the watersheds showed improvements in agricultural productivity that beneficiaries attribute to WORLP. All project funded water management structures were continuing to deliver benefits two years after the project has ended. The dams and rainwater harvesting ponds were formally transferred to community ownership at the end of the project.

The state government took full ownership of the project and scaled up to 6 other districts³⁹. This was funded by the Government of Odisha.

³³ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

³⁴ <https://devtracker.dfid.gov.uk/projects/GB-1-107874/documents>

³⁵ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

³⁶ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

³⁷ <https://devtracker.dfid.gov.uk/projects/GB-1-107874/documents>

³⁸ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

³⁹ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

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The project influenced the Government of India in developing its national guidelines. DFID provided Technical assistance from WORLP to support the design of the £2 billion national Watershed Management Programme, implemented in 27 Indian states. The National Policy and guidelines benefited from lessons learnt through WORLP and demonstrated how to integrate various watershed programmes under the Government of India's Centrally Sponsored Scheme⁴⁰.

Reflection

- ✓ OWDM was established as the clear leader of the transition.
- ✓ Technical assistance to build the capacity of national institutions to take on the project and scale up was present throughout the project and beyond the project.
- ✓ A post project management manual was developed which functioned as a transition plan. It set out responsibilities for different stakeholders and included an Memorandum of Understanding that had to be signed by the community and OWDM.
- ✓ The post project management manual set out that all processes must be socially inclusive of marginalised groups and the poor. It included a dedicated section on Gender Mainstreaming and Equity. Regrettably this section was only three sentences long.
- ✗ Explicit transition planning was done only in the last 2 years of the project.

SERBIA (GLOBAL FUND)

Overview of the epidemic

According to Serbia's Institute of Public Health, between 1985 and 2012, 2,850 people tested positive for HIV in Serbia. Serbia has a concentrated epidemic where more than half of those that have tested positive have developed AIDS-related illnesses, and 39 percent of those with AIDS were people who inject drugs⁴¹.

Global Fund Support

Between 2003 and 2014 Serbia received \$30 million from the Global Fund for HIV prevention and care. Global Fund support was used to scale up harm reduction programming, including needle exchange programmes and Opioid Substitute Treatment from 2006 onwards. Funding ended in 2014 when Serbia became classified as an upper middle income country and its disease burden was assessed as only 'moderate'. Serbia's disease burden was reclassified as high in 2015, but GF eligibility policies mean that Serbia will not be receiving more GF support anytime soon.⁴²

Transition

The Global Fund notified Serbia that support would be ending 2 years before the end of the grant.⁴³ Stakeholders met in September 2014 to plan for the continuation of HIV services after the end of the Global Fund support; however, there was no mechanism for agreeing or implementing actions coming out of that meeting. The CCM coordinated Serbia's HIV response during the Global Fund grant but stopped meeting when the Global Fund withdrew⁴⁴. Prior to the CMM, the National Commission for HIV/AIDS had played a similar coordinating role but when the Global Fund withdrew it had not functioned for five years. In the absence of an institutional framework or leader, there was

⁴⁰ <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Report-DFIDs-Livelihoods-Work-in-Western-Odisha.pdf>

⁴¹ http://www.harm-reduction.org/sites/default/files/pdf/r-serbia-global-fund-210x297_0.pdf

⁴² http://www.harm-reduction.org/sites/default/files/pdf/r-serbia-global-fund-210x297_0.pdf

⁴³ http://www.harm-reduction.org/sites/default/files/pdf/r-serbia-global-fund-210x297_0.pdf

⁴⁴ http://globalfund-developedngo.org/wp-content/uploads/2015/09/Ready-Willing-Able_Jul-30.pdf

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no platform for planning, or coordination and no institution to hold to account. There was also no space for civil society to participate in decision making around the response or to voice concerns about the way in which the transition was taking place. At the same time as the Global Fund's departure, Serbia experienced an economic crisis which created increased demands on the national government's budget. The Government initially acknowledged the importance of harm reduction services and committed to maintaining them but did not create any kind of financing plan as to how to use domestic funds to fill the gap created by the Global Fund. The Government did not explore other funding mechanisms available to it such as EU funding⁴⁵.

Impact

The 2015 national HIV budget did not include any funding for prevention for key populations and only 3% of the HIV budget was allocated to prevention at all. This reduction in funding has seriously affected NGOs who deliver HIV services to key populations. An NGO previously reaching 3000 PWUD has estimated they will reach only 500 PWUD this year due to funding cuts⁴⁶. While the government has maintained funding for the majority of OST centres they have drastically cut back needle exchange programmes.

Reflection

- X Only 2 years notice was given of the end of funding.
- X There was no transition plan in place. The stakeholder meeting held in September 2014 did not result in an action plan and there was no financing plan.
- X No institution was identified to lead the transition.
- X Support for key populations has not been considered. The government has shown an unwillingness to support harm reduction policies and funding for the NGOs who were reaching key populations has been cut.

ESTONIA (GLOBAL FUND)

Overview of the Epidemic

Estonia's AIDS epidemic peaked in 2001 when 1474 new infections were registered. UNAIDS estimated in 2008 that there are about 10 000 PLHIV in Estonia but the Estonia Health Board says that 8,992 people in Estonia have been infected with HIV. Although this a low absolute number of PLHIV, in a country with a population of just over 1 million this works out to an adult prevalence rate close to 1%. The AIDS epidemic is largely concentrated in IDU and more than half of people diagnosed to date acquired HIV through contaminated needles. One survey in 2005 estimated that a staggering 60% of IDU in Estonia were HIV positive.⁴⁷

Global Fund Support

Estonia differs from most of the Global Fund's recipients in terms of its relatively favourable economic and financial stability. It has been a member of the EU since 2004. The Global Fund launched its first call for proposals around the same time as the peak of the HIV epidemic in Estonia. The Government chose to apply for a Global Fund grant because they wanted help in setting up prevention and treatment programmes and were concerned about skyrocketing HIV related costs.

⁴⁵ http://www.harm-reduction.org/sites/default/files/pdf/r-serbia-global-fund-210x297_0.pdf

⁴⁶ http://globalfund-developedngo.org/wp-content/uploads/2015/09/Ready-Willing-Able_Jul-30.pdf

⁴⁷ http://www.euro.who.int/_data/assets/pdf_file/0008/255671/HIVAIDS-treatment-and-care-in-Estonia.pdf?ua=1

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The Global Fund grant in Estonia began in October 2003 and lasted 4 years. Over this period Estonia received just over \$10 million. The grant included a focus on targeted interventions for key populations include PWUD, F SW, MSM and prisoners. The Global Fund Principal Recipient was a government department.⁴⁸

Transition

The transition away from Global Fund support was led by the Government of Estonia. While there was no formal transition plan, the government's policy was based on their National HIV/AIDS Prevention Strategy 2006–2015⁴⁹. The long term nature of this strategy gave predictability to the financial and political support that service providers could expect. The government set up a Governmental Commission on HIV/AIDS to replace the CCM 2 years before the end of the Global Fund Grant. The Governmental Commission on HIV/AIDS included civil society representatives. The government also prepared flowcharts outlining the responsibilities each government department would take on which enabled civil society to hold policy makers accountable for their specific responsibilities⁵⁰.

Even given Estonia's relatively stable financial and political status, the transition away from Global Fund support was not simple. In June 2007, the government announced, despite earlier statements, it would not be able to maintain funding for Global Fund programmes and that ART provision would be cut. Civil society responded swiftly and loudly and eventually succeeded in forcing the government to reverse its position in October 2007. Though the government eventually took over funding for Global Fund programmes, a bureaucratic rule meant that the government could not issue new contracts to service providers until December 2007. This would have created a gap in services and so the government made an exception and agreed to allocate special funds to cover that three month gap.⁵¹

Later, the Ministry of Social Affairs delivered written commitments to all of its service delivery partners, many of which were NGOs. These commitments were 5 years long, although the funding specifics were worked out a yearly basis⁵²; the guaranteed continuity was welcomed by CSOs.

Funding for key populations and harm reduction services was maintained through the transition. Estonia preserved harm reduction as a core element of their HIV prevention strategy. Although health officials were initially reluctant, they were persuaded after reviewing scientific evidence on needle exchange and substitution treatment. Harm reduction is now an integral part of the country's HIV prevention effort⁵³.

Impact

The government now fully funds their HIV/AIDS response. The majority of Global Fund programmes were continued although activities and methods may have been altered to some degree.

7 years later, Estonia's national HIV/AIDS strategy 2006-2015 is comprehensive. Over the years substantial progress has been made to fulfil its strategic objectives. Although treatment coverage rates are up, there is still work to be done around case detection, retaining patients to care and access to services for key populations.

Reflection

⁴⁸ <https://www.opensocietyfoundations.org/reports/sustaining-and-expanding-art-access-post-global-fund-context-lessons-estonia>

⁴⁹ <https://www.opensocietyfoundations.org/reports/sustaining-and-expanding-art-access-post-global-fund-context-lessons-estonia>

⁵⁰ <https://www.opensocietyfoundations.org/reports/sustaining-and-expanding-art-access-post-global-fund-context-lessons-estonia>

⁵¹ <https://www.opensocietyfoundations.org/reports/sustaining-and-expanding-art-access-post-global-fund-context-lessons-estonia>

⁵² <https://www.opensocietyfoundations.org/reports/sustaining-and-expanding-art-access-post-global-fund-context-lessons-estonia>

⁵³ <https://www.opensocietyfoundations.org/reports/sustaining-and-expanding-art-access-post-global-fund-context-lessons-estonia>

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- ✓ Estonia was financially able to take over funding its HIV response
- ✓ while there was no specific transition plan, the government was guided by its National HIV strategy.
- ✓ A specific institution was designated to lead the transition. This institution included civil society representatives in decision making processes.
- ✓ Funding was secured for civil society organisations.
- ✓ Key populations remain an integral part of the HIV response

VIETNAM HIV PREVENTION (DFID)

Overview of the Epidemic

The Vietnamese Ministry of health estimates that as of 2014 there were 256 000 PLHIV in Vietnam. The epidemic is concentrated amongst key populations including PWUD, FSW and MSM. In 2013 the greatest number of new infections came from male PWUD. In 2013, average HIV prevalence among PWUD was 10.3%; among FSW it was 2.6%; and among MSM it was 3.7%. These populations are concentrated in urban and mountainous settings⁵⁴.

Overview of support

DFID provided funding for HIV/AIDS Prevention in Vietnam from 2003-2013. The funding was used to support the Government of Vietnam in the implementation of their national HIV plan and to scale up harm reduction services. The goal of the project was to reduce transmission from key populations including IDU, FSW, and MSM to the general population. Over 10 years, DFID contributed £40m to this objective through two separate projects⁵⁵.

Transition

In June 2010, DFID launched a bilateral aid review to assess how well country programmes were performing with the end goal of narrowing DFID's geographical focus to increase the impact and efficiency of British aid. In March 2011, The BAR assessed Vietnam to have sufficient economic resources to mean that aid was no longer required and committed the UK to ending aid in Vietnam by 2016. The BAR stated, 'DFID will exit Vietnam in 2016 as it is now a non-aid dependent middle income country and a vibrant emerging economy. Until then we will continue to help Vietnam achieve the MDGs in primary education, HIV/AIDS prevention and sanitation and ensure Vietnam's impressive record on poverty reduction is sustainable.'⁵⁶

DFID's project post completion report states that DFID made 'early' communications with the government in 2011 about their planned exit in 2012, and the eventual exit in 2013- however a year's notice can hardly be considered early. A decision was made to extend the project for one additional year, to 2013, because of the project manager's concerns about sustainability. DFID claimed in its project completion report that this allowed adequate time for the Government to prepare for a transition towards self-financing the harm reduction programme. A paragraph earlier, however, the report acknowledges that 'there was general consensus among service providers that

⁵⁴ http://www.unaids.org/sites/default/files/country/documents/VNM_narrative_report_2015.pdf

⁵⁵ <https://devtracker.dfid.gov.uk/projects/GB-1-113926>

⁵⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214110/FINAL_BAR_20TECHNICAL_20REPORT.pdf

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the breadth of activities funded by the project would be impossible to sustain without on-going donor funding⁵⁷.

DFID considered it the responsibility of the Government of Vietnam to prepare for the transition, and did not consider the absence of any transition plan reason enough to maintain support. Though the post project completion report says that DFID maintained dialogue with the Government and other partners in HIV/AIDS to push for a feasible and sustainable HIV/AIDS prevention plan during the last year of the programme, it acknowledged that an adequately visible and feasible plan was not in place⁵⁸.

DFID's ideas on transition seemed very confused. On one hand- the project documentation suggests that the domestic government should pick up the bill. In the cost extension business case- the story is very different. The one year cost extension is very much pitched as giving time for the Global Fund to take over⁵⁹. The Vietnamese government has publically committed to financing 50% of its AIDS response by 2015 and 75% of its AIDS response by 2020- indicating that it is on a very different page to donors who were exiting in 2012 or 2013⁶⁰.

Whether DFID made any formal agreement with the Global Fund about taking over the Vietnam harm reduction programming is unclear from publically available documentation. In the Global Fund 2014-2016 funding round, Vietnam was not allocated an increase in funding to cover the loss of funding. The final DFID business case for the project extension acknowledges the possibility that Global Fund money would not necessarily increase and suggests that the mitigating action is for the UK and other key Global Fund donors to 'advocate at the Global Fund Board and senior management level to ensure that the Global Fund provides adequate resources for Middle Income Countries (especially lower MICs like Vietnam) which are struggling to mobilize adequate domestic resources while simultaneously losing bilateral donor funding.'⁶¹ DFID has done the exact opposite and has been one of the loudest voices at the table supporting the shift towards low income high burden countries. In DFID's 2015 annual review of the Global Fund, in fact, DFID criticises the Global Fund for allowing concerns about 'smooth[ing]the transitions' and 'reaching marginalised groups' to reduce the impact of its funding model and channel more money to middle income countries.⁶²

Impact

Nearly 2 years after DFID support has ended Global Fund support has not increased and the domestic budget for HIV prevention has decreased.

Vietnam estimates a funding gap of 7 million in 2014, 15 million in 2015 and 27 million by 2016 as PEPFAR funding is scheduled to decrease and Vietnam expects to soon be ineligible for Global Fund support.⁶³

Reflection

- X** the transition period was only 2 years long, and was intended to be just 1 year
- X** No agreement about a minimum level of service for key populations was made during or after the transition.
- ✓** The Vietnamese government has identified investment in key populations as a priority next step.

⁵⁷ <https://devtracker.dfid.gov.uk/projects/GB-1-113926/documents>

⁵⁸ <https://devtracker.dfid.gov.uk/projects/GB-1-113926/documents>

⁵⁹ <https://devtracker.dfid.gov.uk/projects/GB-1-113926/documents>

⁶⁰ http://www.unaids.org/sites/default/files/country/documents/VNM_narrative_report_2015.pdf

⁶¹ <https://devtracker.dfid.gov.uk/projects/GB-1-113926/documents>

⁶² <https://devtracker.dfid.gov.uk/projects/GB-1-204389/documents>

⁶³ http://www.unaids.org/sites/default/files/country/documents/VNM_narrative_report_2015.pdf

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X There was no transition plan in place- DFID considered this to be the Government of Vietnam's responsibility.

X No institution identified to lead the transition. There was a lack of clarity of whether the Global Fund or government of Vietnam should take over.

✓ DFID was flexible about the end date of the project. Although the project was scheduled to end in 2012 it was extended for an additional year because of concerns about sustainability.