UK Sustainability and Transitions Working Group Roundtable:

9.00- 12.00- May 9 2019
Venue: MSF

Attendees:

· James Cole -STOPAIDS
· Neil Raw – RESULTS UK
· Anete Cook – TBEC
· Kerstin Akerfeldt – MSF
· Diane Kingston OBE – Frontline AIDS
· Cassandra Nemzoff – Centre for Global Development
· Susie Pelly – APPG HIV/AIDS
· Sunit Bagree – ACTSA
· Jenny Vaughn - STOPAIDS
· Ian Miller – DFID
· Mike Podmore – STOPAIDS
· Serian Carlyle – TBEC
· Amy Jackson – OPTIONS
· Karrar Karrar – Save the Children
· Michael Mapstone – CAF Global Alliance
· Catherine Cameron – ICAI
· Yasmin Mahboubi – RESULTS UK
· Grainne Matthews – CAF
· Mit Philips – MSF

Remote:

· Meg Davis – Graduate institute Geneva
· Raminta Stuikyte - Consultant on Public Health, Civil Society, Drug Policy
· Rachael Hore – RESULTS UK
· Libby Smith – Centre for Global Prosperity

What is Transition

Neil Raw (RESULTS UK)

- Transition is the process whereby aid relationship change between recipients and donors. This constitutes instances in which external donor funding has been reduced, ended or changed to a different programmatic aim.

Why is transition a pertinent issue in the aid sector?

- Changes in aid relationships between donors and recipients are inevitable.

- However, transition is a process that if not managed carefully present a risk to development gains and undermine the ability to accelerate progress towards development targets such as Universal Health Coverage and the SDGs.
- Transitions before a national governments and other key stakeholders is willing and ready present a major challenge to ability to support vital services

Rising inequalities:

- MDG period saw a decrease in inequalities between countries but a rise in inequalities within
- The majority of the world's poorest people are concentrated in middle income countries – to accelerate progress towards SDGs it is essential we do not overlook inequality – particularly with regard to disparities to access to essential services
- Some of the world's poorest health indices are found in middle income countries

The vision:

- We believe the goal is any transition should be not only to maintain the degree of coverage provided by development assistance but also creating an environment that allows development gains and coverage of essential services to continue to grow.
- UK government through all relevant departments should ensure coherent policies are in place that serve mitigate the risks transition possess to development gains and essential services.
- It is important for donors to work with key stakeholders to ensure impact in lasting and sustainable Strong civil society- where government lacks capacity and political will

Who we are:

- The UK Sustainability and Transitions Working Group are a group made up of UK based NGO's, think tanks and academic institutions working fully or partially on issues relating to sustainability and transitions, or with an interest in sustainability and transitions, primarily in the global health arena.
- The working group is Co-Chaired by STOPAIDS and RESULTS UK and welcomes members from across the UK who bring knowledge, experience, evidence and insight to the sustainability and transitions debate and who have an interest in advancing the groups policy positions through collaborative working.

What we do

- The group shares information, builds relationships and influences the UK government's policies and approaches to bilateral and multilateral

sustainability and transitions, our work is primarily targeting the Department for International Development.
- We believe the UK should implement effective, efficient transitions that are able to both retain gains but also continue to accelerate progress towards to the delivery of the SDGs and strategic objectives of helping the world's most vulnerable and poorest

Context:
- 2016 ICAI review – 'significant shortcomings'
    - DFID – lack of systematic approach to managing sustainability and transitions
    - 2018 – lack of progress but two key findings: Central point of responsibility and the development of working principles

Laying the foundations briefing

Jenny Vaughan (STOPAIDS) and Neil Raw (RESULTS UK)

The briefing encapsulates the working groups approach to transition and policy positions that we believe are fundamental to securing sustainable and effective transitions.

The aim of the briefing is manifold:
- to explain the dangers of transition before a country is ready, willing and able to manage a change in aid relationship,
- to highlight the consequences of failed transition and the reality of countries ability to self-sustain themselves;
- to outline the role of vital role of a supported civil society throughout transition;
- to provide clear principles that DFID should apply throughout its investments to guide the process of successful transitions.

Launch briefing:
- To convene a space for wider discussion regarding the importance of transition in the aid sector.
- UK aid is set to change – vital how we sensitise key stakeholders and wider civil society about the importance and implications of changing aid relationships

Deep Dive: Impact on Vulnerable and Marginalised Populations

Susie Pelly – APPG HIV and AIDS:

- Responses to transition need to be framed International human rights law

- How to operationalise going forward?

Developed set off global development diagnostics

- DFID and Global Fund have not coordinated well in the past
- GNI threshold – particularly inappropriate for key populations
- Pressure from UK at board level to fund priority areas - tension between donors and funders for HIV response
- Government unwilling to fund services because of discrimination and criminalisation of those groups
- Key populations have been politically put to one side
- DFID need to come up with strong transitions framework – marginalised populations key to that process
- Approach to transition Commitment to championing the rights of marginalised populations

Mike Podmore, Director of STOPAIDS:

Bilateral and multilateral donors:

- Dramatic decreases in particular regions – impact of vulnerable and marginalised populations –
- Government unwilling politically to providing funding for those groups
- Global Fund Key Performance Indicator – not making progress on human rights and key populations
- Most HIV services provided to key populations provided through CSOs – key coverage of services to key populations is very low
- Reduction of funding leads to a crisis

Example: Romania

· Global Fund grant ended 2010
· Ended without proper transition process
· HIV prevalence grew dramatically
· Also highlights importance of immediate monitoring post transition

Operationalising principles from WG document:

Eligibility

· Bilateral and multiple eligibility policies – based typically on GNI per capita
· Need to develop a broader set of criteria
· GNI should not be only economic indicator used

- Global fund relooked at eligibility policy
- Key concern from civil society – the balance isn't right

Development of transition policy
- UK leading the way in terms of bilateral donors – owing to latest developments
- STOPAIDS to undertake research to map what bilateral donors are doing in this space

- Allocation methodology – what types of interventions are most appropriate in the run up to interventions
- What are the types of interventions – at the frontline in our discussion around transition
- In all principles progress is making made – greater emphasis on sustainability
- Progress is making transition plans and transition readiness assessments
- Country coordinating mechanism a cricula – how do CSOs remain a part of mechanisms –

- Bilateral governments need to look at own programs to continue support for civil society
- Need for coordination of donor responses and strong M&E frameworks

Deep Dive: Impact on health systems

Kerstin, MSF

- Procurement as an example of a component in the health system
- Replenishments have been successful but the increases have been stagnating
- 40% of GF funding is for procurement of health commodities
- How to allocate funds is a huge conversation
- GF is reducing its funding for TB in EECA - a region where multi-drug resistant TB is increasing

- GF allocation based model drives an increased proportion of funds to higher burden / lower income countries, leading to reductions in many low burden countries
- GF funding to EECA, decreased by 15% in funds disbursed 2010 - 20013 compared to collocation 2014 - 2017

GF policy shift - co financing requirements now to all countries:
- progressive and general increase in government expenditure on health
- Increased co-financing uptake of Global fund support programmes
- Global Fund definition of sustainability - highlights how it works
- Global fund define successful transition as when maintain and upscale in services
- Co financing is a new feature where countries should absorb cost

- Global Fund has played a massive role in pooling demand and getting better prices for drugs. Helped sustain a better market for these drugs and we can trust they drugs are WHO qualified etc
- Through pooling with Global Fund, there are registration requirements that will be waived. We won't have to wait for a certain manufacturor to produce a drug
- Number of new drugs on the market, Global Fund is there to be a purchaser on bulk. We are now getting effective TB drugs and it needs to get up to scale
- Countries are moving away from pooled procurement and Global fund grantees.
- Countries that are transitioning are asked to buy the drugs - they are experience stock-outs (15 countries), failed tenders (don't have big enough market) and the diagnostic of quality medicines not known.

MSF examples
- Armenia - failed tender for first line TB drugs
- India awarded a national tender for pediatric ARVs to a national company that wasn't WHO prequalified which led to stock-outs

- Highlighted the actions that Governments can do but they need a lot of assistance to strengthen their systems. Hsome countries may want to prioritise their own national drug producers.
- Donors need to support procurement before it switches to national procurement
- Global Fund needs to do a proper risk assessment and have risk mitigation methods in place

What is at stake
- Unambiguous pledge - flatlining, decrease
- GFATM overall funding shortfall vs needs
- Further reductions in lower burden / higher income coutrnies

Closing gaps and avoiding cliffs
- Additional resources from all sources needed
- We need to go beyond GNI, we need realistic targets for donor sand realistic targets for others
- Promote transparency and multi stakeholder collaboration

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- Number of new drugs on the market, Global Fund is there to be a purchaser on bulk. We are now getting effective TB drugs and it needs to get up to scale
- Through procurement, countries are moving away from pooled procurement and Global fund grantees.
- Countries that are shifting away from being asked to buy the drugs - they are experience stock-outs (15 countries), failed tenders (don't have big enough market) and the diagnostic of quality medicines not known.

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Goes through actions that Govs can do but they need a lot of assistance to strengthen their systems but some countries may want to prioritise their own national drug producers.
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Yasmin, **RESULTS UK**

- Highlighted examples from polio transition

- Investments in polio response has been critical in getting world to near to polio eradication.
- We are in a critical point where we need to leverage greater funding to polio response. There is a need to strengthen immunisation systems.
- Highlighted that without further funding, health systems will be at risk

- 99.9% cases of polio have been decreased following the work of the Global Polio Eradication Initiative (GPEI)
- Progress in polio particularly fragile and we are at high risk of going backwards
- GPEI have released new strategy, come back in 2023.
- There are 16 priority GPI countries which need polio transition plans to help guide process
- Funds of GPEI are fundamentally directed at eradication efforts but no attention to transition
- GAVI financing has also been changing, very little allocation of funds into immunisation systems
- Weak and marginalised communities will feel the burden hardest
- There has been an analysis of available transition plans, 109 million dollar shortfall in polio transition plans to be implemented
- 77% of surveillance programmes are donor funded. Labourites are integral part of this system but there is lack of donor interest and surveillance.
- It is unlikely these funding gaps will be filled without external donor funding. Laboratory staff will be depleted
- 100 staff positions funded through GPI which could be affected by polio transitions.

- Highlighted case study of Ethiopia where 86% of polio funding is through the GPEI. The polio systems were used for the ebola response. Ensured ebola outbreak in Nigeria for wasn't as bad compared to other countries because polio funding strengthened their health system.
- South Sudan - lowest rates for immunisation, due to lose 83% of polio funding.

- Argued that we can turn risks into opportunity by leveraging funding to strengthen sustainability. There are lessons to be learnt from the experiences of GPEI.

Deep Dive: Importance of resilient civil society

Michael Mapstone, CAF Global Alliance:

CAF:

- civil society infrastructure organisation
- Aim to strengthen civic participation
- Civil society in middle income face particular set of challenges – need more robust support going forward

Impact on CSOs in MICs

- MIC CSOs still particularly dependent of foreign funding
- Regulations make funding for difficult for civil society groups – groups shut out from funding system
- Global decline in trust in civil society – closing civic space globally

- Successful transition needs resilient healthy sustainable civil society
- Need to encourage global middle classes to donate spending power – greater engagement in politics when these groups are giving –

Importance of local CSOs

- Local CSOs are more reflective of the public
- Local CSOs are therefore more accountable to supporters

How do DFID work to build infrastructure in civil society
Global Middle classes to support domestic civil society