

Summary report on the
**Intercountry consultation
on sustainability and
transitioning towards
domestic financing for
HIV, TB and malaria
programmes in the Eastern
Mediterranean Region**

Cairo, Egypt
1–2 June 2022



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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1. Introduction

Fifteen of the 22 countries in the Region benefit from funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The funding aims to be catalytic, with the objective of supplementing domestic public funding for services and interventions to end the epidemics of HIV, tuberculosis (TB) and malaria. Global Fund support is intended to ensure that the services and interventions are sustainable, both financially and programmatically. Eligibility for the funding depends on economic level (per capita income) and the burden of disease. When per capita incomes rise and disease burdens fall, countries are no longer eligible for Global Fund funding and must transition to reliance on domestic funding and programmatic capabilities.

The Global Fund addresses the issues of sustainability and transition through its policy and guidance on sustainability, transition and co-financing (STC). The STC policy calls for countries to increase the funding from domestic public sources for: (1) health overall; and (2) HIV, TB and malaria services and interventions, in particular. In addition, in 2021, the Global Fund released its strategy for 2023–2028. The strategy renews the Global Fund’s recognition of the importance of sustainability and transition.

However, countries in the Eastern Mediterranean Region face many challenges to achieving sustainability and transition. These include natural disasters, political instability, post-conflict situations, significant international migrant and internally-displaced populations, the economic and health impacts of COVID-19, and HIV epidemics concentrated in key and vulnerable populations who face discrimination, stigma and criminalization of behaviours.

On 17–19 October 2018, WHO and the Global Fund held a global interregional workshop in Tbilisi, Georgia, on the transition of HIV, TB and malaria programmes. Two countries of the Eastern Mediterranean Region, the Islamic Republic of Iran and Morocco, participated in the workshop. The workshop identified challenges to sustainability and transition in many areas, including early planning, adopting system-wide approaches, using integrated, people-centred models of care, efficiency, stakeholder engagement, the role of civil society, procurement, legal issues and the efficient use of human resources for health.

As a follow-up to the Tbilisi workshop, the WHO Regional Office for the Eastern Mediterranean commissioned three pieces of work to assist countries of the Region in progress towards sustainability and transition. This included country case studies in Sudan (focusing on sustainability) and Tunisia (focusing on preparation for transition). The case studies were “deep dives” into sustainability and transition in each country, identifying needs, proposing solutions and vetting these with stakeholders, and setting out road maps for action.

In addition, a document was commissioned entitled “Key considerations for strengthening sustainability and preparedness for transition from Global Fund to domestic resources”. The intended audience of the document is Global Fund-eligible countries of the Eastern Mediterranean Region and its objective is to strengthen the sustainability of HIV, TB and malaria services and better prepare for transition from Global Fund support. The document describes specific regional challenges and provides menus of actions for countries to choose from, while presenting the examples of the case studies.

WHO prepared the case studies and key considerations document in coordination, using similar methods to gather information through key informant interviews and review of documents.

On 1–2 June 2022, as a follow-up to the case studies and the document, the WHO Regional Office convened a meeting in Cairo, Egypt, of the countries of the Region most concerned with ensuring sustainability and transitioning towards domestic financing for HIV, TB and malaria services and interventions.

The objectives of the meeting were to:

- update countries of the Region on the Global Fund’s strategies and policies for sustainability and transition;
- identify challenges and opportunities to sustain HIV, TB and malaria services;
- identify challenges and opportunities in preparing for transition in eligible countries;
- review the draft regional “Key considerations” document on strengthening sustainability and preparedness for transition; and
- agree on key actions for countries to strengthen sustainability and prepare for transition.

The meeting was attended by participants from Djibouti, Egypt, Iran (the Islamic Republic of), Iraq, Lebanon, Morocco, Pakistan, Sudan and Tunisia, as well as representatives from the Global Fund, IOM, UNAIDS and WHO.

Dr Hoda Atta, Coordinator for HIV, TB and malaria, and NTDs, at the WHO Regional Office, welcomed participants, noting the consultation had been postponed twice, in 2019 due to the security situation in Beirut and in 2021 due to the COVID-19 pandemic. Opening remarks were also made by Dr Yvan Hutin (WHO Regional Office), Dr Mubashar

Sheikh (WHO headquarters), Dr Cynthia Mwase (Global Fund) and Dr Shereen El Feki (UNAIDS), highlighting the importance of addressing sustainability and transition and renewing their commitment to collaborate together in assisting countries of the Region to sustain quality HIV, TB and malaria services to end the epidemic of the three diseases, thus contributing to achieving SDG-3 target 3.3.

2. Summary of discussions

Epidemiology of HIV, TB and malaria in the in the Eastern Mediterranean Region

Regional epidemiological updates were given for HIV, TB and malaria. Although the prevalence of HIV in the Region is lower than in other WHO regions, there is a growing number of people living with HIV and low rates of testing among high-risk groups. This meant that there were large gaps in achievement of the 90-90-90 targets for 2020. This was compounded by the impact of the COVID-19 pandemic on HIV services and interventions. The TB situation in the Region is characterized by small declines in incidence rates and deaths during 2015–2020, a failure to meet targets for these indicators, wide variation in performance across countries, a 15% drop in case notification in 2020, gaps in testing and care for multidrug-resistant TB (MDR-TB), the impact of COVID-19 on case notification, and large shortfalls in case notification in some countries.

The malaria situation across the Region is varied, with countries ranging from being in the burden reduction stage to being certified malaria-free. Although overall malaria incidence increased in the Region during 2015–2020, testing and the at-risk population covered by long-lasting impregnated bed nets also increased. Malaria priorities for 2022–2023 include: adoption of the “high burden to high impact” approach in Sudan; support for countries experiencing complex

emergencies; support for integrated surveillance (using DHIS2 as a platform); capacity-building, particularly on integrated vector surveillance and control; surveillance of antimalarial drug resistance, insecticide resistance and HRP2 gene deletion in priority countries; and support for preparation for the final stages of malaria elimination and certification of malaria-free status in Egypt, the Islamic Republic of Iran, Oman and Saudi Arabia.

The Global Fund's strategy 2023–2028 and STC policy.

The Global Fund's Strategy 2023–2028 and STC policy were presented. The strategy has the vision of a world free from HIV, TB and malaria, and includes a focus on sustainability, while the STC policy raises the following three questions: (1) do countries prioritize health? (2) how reliant are countries on external sources of funding? and (3) how reliant is funding on out-of-pocket spending?

Lessons learned from case studies in the Eastern Mediterranean Region and beyond

The two case studies presented, Sudan and Tunisia, represented extremes concerning sustainability. The cases brought to life the challenges and strategies for sustainability and transition.

Sudan is a country classified as a complex operating environment. It faces challenges in all the areas of concern identified in the Eastern Mediterranean Region, notably acute political and economic instability. The case study and accompanying road map identify actions to be taken to improve sustainability chosen from the menus of action in the regional document. The study indicates that two decades of dependency of HIV, TB and malaria programmes on Global Fund support and weak investment in building a resilient and sustainable system for health

(RSSH), together with economic and health system collapse and weak governance, has prevented Sudan from adopting sustainable strategies for the three diseases. However, despite the many gaps and challenges, opportunities exist to strengthen the sustainability of the HIV, TB and malaria programmes. The study highlights the opportunity to improve efficiencies in cross-cutting areas of the three programmes and recommends: developing a “sustainability strategy”, with clear mechanisms and supported by legislation, to mobilize domestic resources (from the public and private sectors) in support of the HIV, TB and malaria response; strengthening the governance and leadership capacity of the Federal Ministry of Health; developing a robust monitoring and evaluation system for the strategy; and investing more in improving efficiency. The time horizon to achieve sustainability and become ready for transition in Sudan is identified as being 15–20 years.

Tunisia also faces political instability but has achieved noteworthy progress in sustainability. Nonetheless, there remain challenges concerning the sustainability of governance, health product management and working with the civil society organizations that are essential for the care and support of key and vulnerable populations, among others. The priority areas for action and road map developed for Tunisia also draw from the action menus in the regional document. The recommended priority actions mainly focus on: addressing governance issues through integrating the mission of the national committee to fight against HIV into national health policy; good cooperation with the Country Coordinating Mechanism (CCM); operationalizing social contracting with nongovernmental organizations; and joining the Wambo pooled procurement mechanism for antiretroviral medicines procurement. Tunisia’s likely time horizon for transition is about 10 years.

Lessons were presented from cross-programmatic efficiency analyses from several countries globally, including Benin and Nigeria. The presentation highlighted the existing opportunities for strengthening sustainability through improving cross-programmatic efficiency, noting that HIV, TB and malaria service delivery, laboratory, information, procurement and supply chains, and overall management are parallel to similar elements within the overall health system. The integration of these could result in savings of financial and programmatic resources that would make sustainability and transition less challenging.

Key considerations for sustainability and transition in the Eastern Mediterranean Region

The WHO “Key considerations” document was presented to participants to frame discussion of the document’s menus of actions. The document provides financial analysis of the domestic financing of HIV, TB and malaria services and their level of dependency on Global Fund support and describes the Region’s specific challenges. Based on this analysis, it offers menus of actions that can be taken on key sustainability and transition issues, grouped under six areas: governance, health financing, service delivery, health workforce, health product management, and key and vulnerable populations and human rights. In the discussion following the presentation, questions were raised regarding the sanctions faced by some countries that impeded their HIV, TB and malaria services and interventions.

Groups of country representatives discussed the menu action items under each area in terms of the relevance of each, their feasibility, the challenges and opportunities, and the requirements for implementation. Representatives of the external agencies acted as facilitators or observers of the group work.

The country representatives provided essential feedback on the document, including endorsement of the relevance of items in the menu of action, and discussed challenges to implementation and examples of success. WHO will include this feedback and examples in the final version of the document, and will publish and disseminate the final version later in 2022, which will assist countries in the Region to accelerate their path towards sustainability.

The feedback is summarized below for the different areas.

Governance

Concerning governance, the groups concluded that assigning responsibility to a high-level body for sustainability was important. The groups endorsed the representation of the Ministry of Finance, national legislature and other related sectors in governance bodies. Participants offered specific examples of this kind of representation. The groups also felt that functional systems within national institutions should not have parallel systems within CCMs. CCMs should align with national health structures and processes to ensure long-term, sustainable ownership. Countries without CCMs should establish national structures with well-defined terms of reference to ensure that “no one is left behind”.

Health financing

In the area of health financing, the groups found all the menu items to be relevant, although feasibility varied by country. Countries may choose from the action items on the menu depending on the country-context and situation, so that not all items on the menu are expected to be relevant and feasible in all countries, as the Sudan and Tunisia case studies highlighted.

Service delivery

In the area of service delivery, the groups found all the menu items for service delivery to be relevant and feasible. Most of the countries reported that they were working on defining essential service packages, which provided opportunities for HIV, TB and malaria service integration. All countries endorsed the action of engaging the private service delivery sector. It was suggested that the regional document reflect the importance of the issues of quality, community engagement and addressing the needs of key and vulnerable populations and migrants. The group discussion also noted that some specific HIV, TB and malaria services might need to be offered separately in the interest of beneficiaries. It was also felt that the integration of HIV, TB and malaria services will require leadership commitment in countries.

Health workforce

Concerning the health workforce, the groups found all the menu items for service delivery to be relevant, although, again, feasibility varied by country.

Health product management

The groups found the action items for health product management relevant and feasible in some, but not all countries. They noted that some products are not accessible in countries under sanctions. Capacity development in procurement and supply chain management, including at subnational levels, is needed. Some participants thought that use of the UNICEF supply management tool and the Global Fund Wambo pooled procurement system were feasible in their contexts, while others cited obstacles, including the time needed to procure through Wambo, the need to obtain national regulatory permission to pre-pay for Wambo

procurement and the desire to procure from local manufacturers rather than internationally. Sustaining the quality of health products was cited as an issue for attention.

Key and vulnerable populations and human rights

The groups found all the menu action items concerning key and vulnerable populations and human rights to be relevant. Participants agreed that countries need to: (1) address stigma and discrimination; (2) ensure that the voices and opinions of key and vulnerable populations are heard; and (3) build the capacity of nongovernmental organisations that work with key and vulnerable populations, particularly concerning HIV.

WHO Regional Committee paper

A draft paper for the 69th session of the WHO Regional Committee for the Eastern Mediterranean entitled “Accelerating prevention, control and elimination of communicable diseases through integration: Optimizing support from Gavi and the Global Fund” was presented. Participants agreed that the paper was very timely. Some suggested to expand the scope of the paper to cover other global health initiatives, not only those of the Global Fund and Gavi, the Vaccine Alliance, as contributions to health system strengthening may overlap.

Some participants raised concerns about the recommendation of increasing domestic resources given the current economic challenges and suggested that the draft paper include information on how to increase domestic resources and by how much. Participants also highlighted the need to focus on a pooled procurement mechanism to improve efficiency and for human resources interventions to be more outcome oriented.

The participants emphasized that indicators related to integrated diseases surveillance must be in line with globally-agreed indicators and noted the importance of the digitalization of data systems. It was felt that the draft paper should address the area of research and building the capacity for regional research to support the elimination of communicable diseases in the Region.

The way forward

A panel of participants from the countries present at the workshop discussed the challenges and opportunities for fostering sustainable HIV, TB and malaria responses. The panellists agreed that sustainability and transition were issues that must take on greater importance and that the “Key considerations” document would be a valuable resource, although each country faced its own set of issues and challenges. They highlighted the value of sharing lessons learnt across countries, particularly regarding governance and key and vulnerable populations. In this regard, the interventions by the Moroccan delegation on the country’s systematic approach to sustainability were noteworthy. The panellist from the Islamic Republic of Iran raised the issue of international sanctions inhibiting sustainability efforts and asked for the support of global and regional agencies in helping with this issue.

Conclusion of the meeting


At the end of the meeting, the commitment of WHO and the Global Fund to supporting countries as they pursue sustainability and eventually transition from Global Fund support was reaffirmed. WHO and the Global Fund also pledged to cooperate and coordinate their assistance.

In closing remarks by Dr Hutin, it was noted that within the lifecycle of a project, efforts to ensure sustainability and a smooth transition should start from the planning of the grant and continue through work to reduce inefficiencies during project implementation.

Participants were thanked for their work and contributions throughout the consultation.

3. Next steps

1. Countries should analyse the menus of action items in the draft “Key considerations” document to identify the actions relevant and feasible for their specific country context and implement those that will contribute most to addressing current and future sustainability challenges.
2. Countries should focus on achieving the sustainability of Global Fund-supported services and interventions by specifically planning for it, assigning leadership, establishing indicators of performance and monitoring progress towards sustainability.
3. Countries can use the opportunity of Global Fund funding requests to ask for resources to fund sustainability activities.
4. WHO will refine the regional “Key considerations” document based on the feedback collected from the counties participating in the consultation for finalization and dissemination.
5. WHO will continue and deepen technical support to countries to achieve sustainability and progress towards transition, including, but not limited to, assisting with Global Fund funding requests.
6. WHO will coordinate with relevant partners and the Global Fund to shape the support of the latter to best serve the ability of the Eastern Mediterranean Region countries to progress on sustainability and successfully achieve transition.



World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhoury Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int