EURASIAN HARM REDUCTION NETWORK
ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

SUSTAINABILITY AND TRANSITION PLANNING
FOR GLOBAL FUND HARM REDUCTION PROJECTS

A CASE STUDY FROM BELARUS
EURASIAN HARM REDUCTION NETWORK

OCTOBER 2015

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This case study is a publication of the Eurasian Harm Reduction Network (EHRN). EHRN is a regional network of harm reduction programs, groups of people who use drugs and their allies from across 29 countries of Central and Eastern Europe and Central Asia who advocate the universal human rights of people who use drugs. EHRN's mission is to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and well-being, whilst protecting human rights at the individual, community, and societal levels.

The case study was prepared by David Otiashvili, M.D., Ph.D., for EHRN between June and August 2015. The author collected and reviewed a range of background materials and developed a detailed questionnaire to gather input from key informants familiar with the Global fund projects in Belarus. Desk review included country reports, program evaluation reports and data from international organizations. In-depth interviews with country respondents covered topics related to the progress of Global Fund funded programs and the process of preparation for transition to domestic funding.

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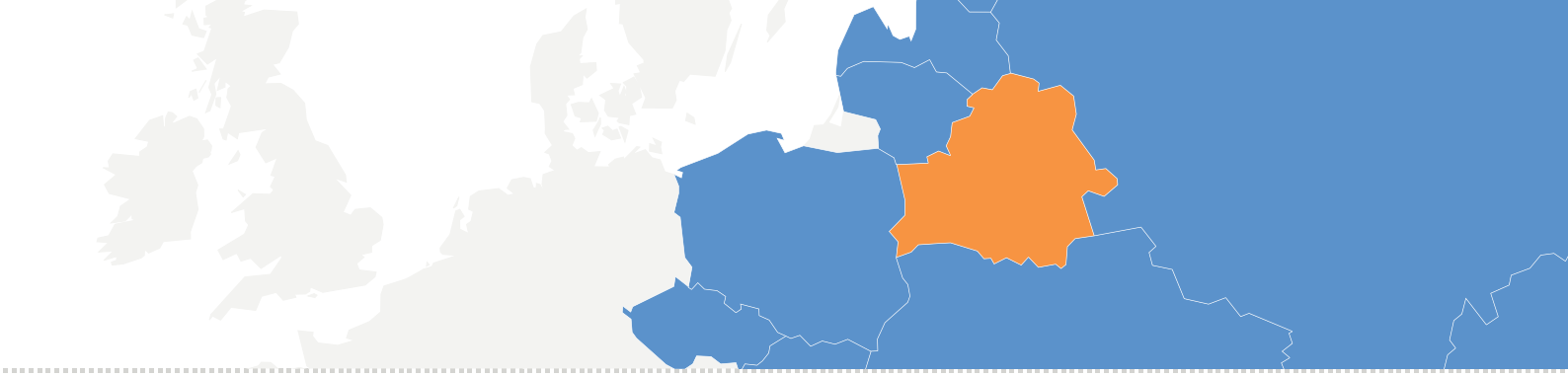
Contact: Ivan Varentsov, Global Fund Advocacy Advisor, EHRN: ivan@harm-reduction.org



Introduction

The single major donor in the field of HIV/AIDS – the Global Fund to Fight AIDS, Tuberculosis and Malaria – has been revising its eligibility criteria and allocation models. According to the Eligibility and Counterpart Financing Policy, eligibility is determined by a country's income level and official disease burden data, as provided to the Global Fund by WHO and UNAIDS [1]. Many countries in the Eastern Europe and Central Asia (EECA) region have been moving up in the World Bank's income classification. Given the moderate HIV/AIDS epidemics in a number of these countries, some are losing eligibility for Global Fund's HIV financing and are expected to prepare for transitioning to national funding of respective programs.

This report explores the transition-related situation in Belarus, describes challenges associated with ensuring sustainability of HIV programs in this country and provides recommendations that can be taken into consideration by stakeholders engaged with and/or affected by the transition.

Background

Country context

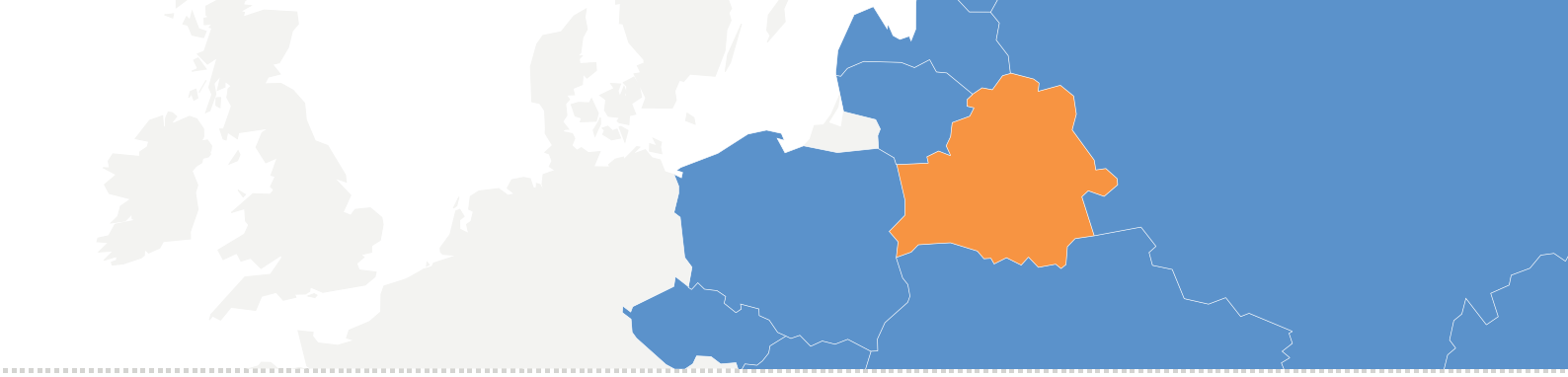
Following the fall of Soviet Union in 1991, Belarus went through moderate economic transformation and managed to avoid the dramatic rise in unemployment and poverty observed in many other post-Soviet states. The rapid economic growth from 2001-2008 (on average 8.3% annually) slowed down in 2008-2009 and slightly recovered in the following years [2]. The country is home to 9.47 million inhabitants. Belarus has had a negative population growth for the last few years. With per capita gross national income (GNI) of $7,340, Belarus is classified as an upper-middle income country by the World Bank [3].

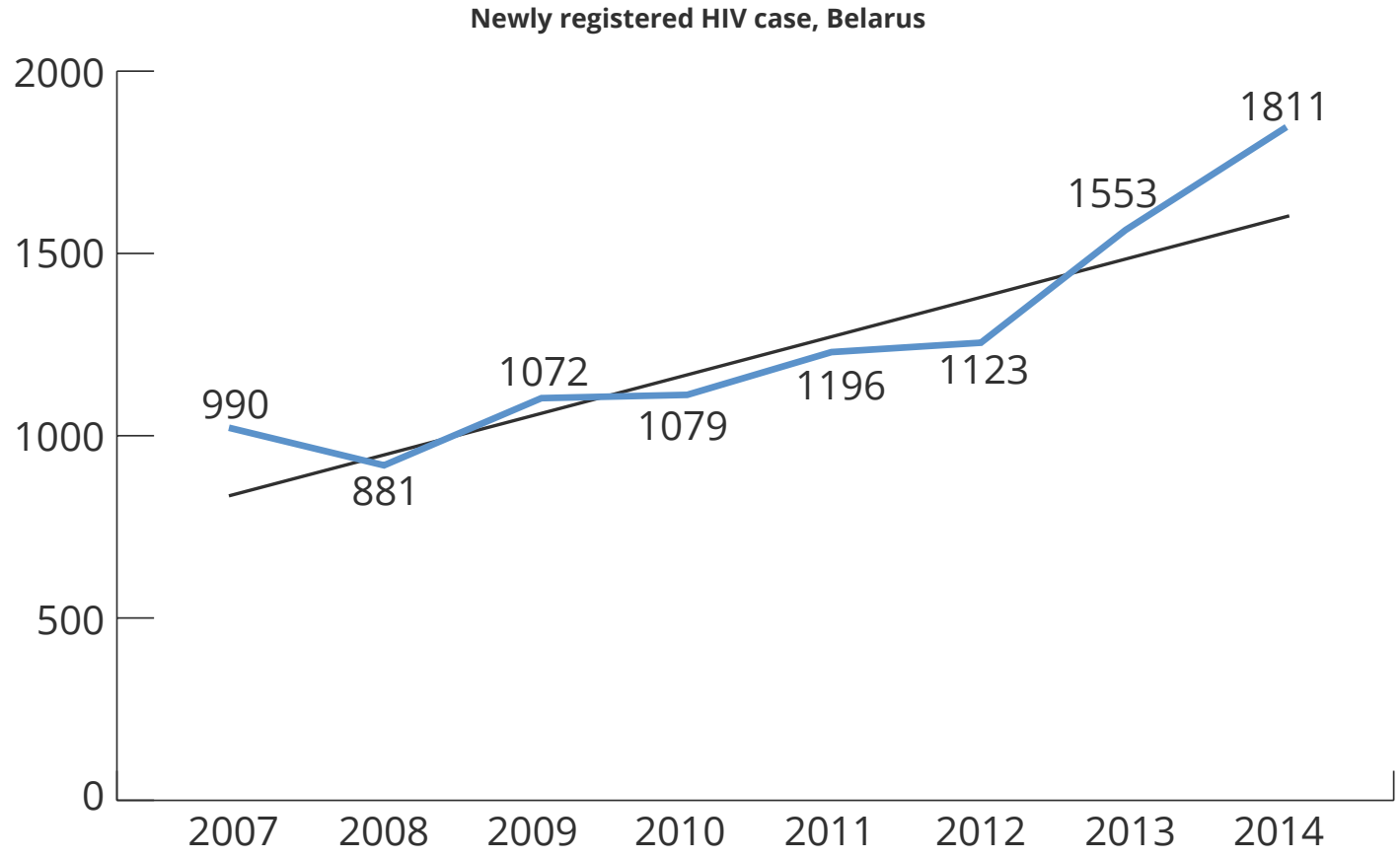
Overall health financing

According to the World Bank, per capita expenditure on health in Belarus is $463 (2013) [4]. The share of health expenditure in overall government expenditure is comparatively high – 13.7% [5]. About 80% of overall health expenditure comes from government sources (central and/or local (regional) budgets), and the rest is covered from out-of pocket private spending [6]. With overall universal access to health services, these co-payments are mostly related to costs of pharmaceuticals, dental and optical care [7].

HIV situation

There were 17,522 cases of HIV infection registered in Belarus by January 1st, 2015. Given the population of 9.47 mil people, the prevalence of HIV in general population is 0.14%. Annual incidence (new HIV cases registered in a given year) has been steadily raising – see Figure 1. In 2014 there were 1,811 new cases identified, which was a 19% increase compared to 1,533 cases registered in 2013 [8]. The Belarus GARP report 2015 suggests that the sharp increase in new infections identified in 2013-2014 should be attributed to the increase in the number of tests performed in a given

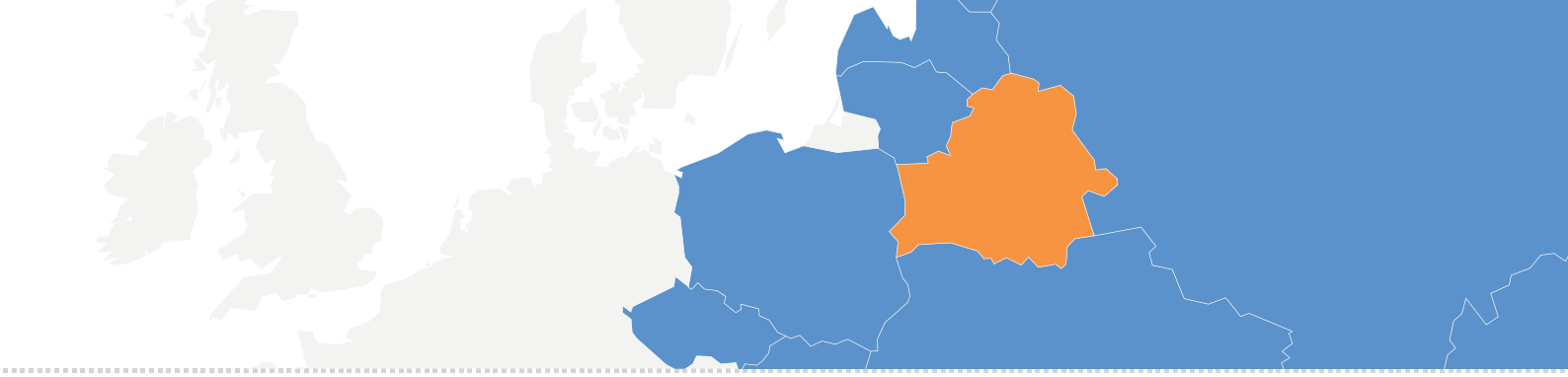




year, in particular, among key target groups. Starting from 2014 experts also notice the growth of new HIV cases among those people who use drugs in Minsk which mentioned injection use of new types of drugs – "spices and salts". HIV/AIDS is unevenly distributed in among the general population. With the prevalence of 14.2% people who inject drugs (PWID) are the most affected. Notably, the prevalence of HIV in this group ranges from 2.3% to 43.7%, depending on locality. Among sex workers (SW), prevalence is 6.2% and among men having sex with men (MSM), 5.8%. Injection-related transmission has long been a leading route of HIV transmission in the country. However, the share of heterosexual transmission has been steadily increasing. In 2014, 74.5% of new infections were attributed to the heterosexual route of transmission, and 20.8% to the injection route. Despite this remarkable increase in a share of heterosexual transmissions, it is estimated that about two thirds of new HIV infections are identified among key affected groups (PWID, CSW, MSM) and their sexual partners/clients. This underlines the critical importance of prevention interventions being targeted towards key risk populations [6]. Given the overall high rates of HIV testing in the country (about 1 mil tests/year), coverage of key affected groups is low. About 26% of the estimated number of PWID, 12% of the estimated number of CSW, and 11% of the estimated number of MSM have access to HIV testing annually [9].

Eligibility for GF HIV funding

With a GNI per capita of 7,340 USD (upper-middle income) and the HIV burden classified as "high", Belarus remains formally eligible for HIV funding from Global Fund. However, based on Global Fund Investment Guidance for Eastern Europe and Central Asia, by the end of the current GF allocation period (2017), UMI



countries are expected to cover 100% of costs of ARV treatment, related laboratory services and support for treatment adherence from domestic sources [10]. Current Global fund grants, both HIV and TB, will end in December 2015. A concept note submitted in April 2015 under the New Funding Model (NFM) was approved by Global Fund and will cover HIV/TB programs for 2016-2018. Over that period Global Fund will allocate $24.4 million for HIV and TB programs, out of which $12.5 million will go for HIV component. Minimum threshold government contribution to disease programs supported by the Global Fund for Belarus will be 60% with additional "willingness-to-pay" commitments from the side of government [1]. It is widely acknowledged that given the current eligibility and financing models and expected availability of resources for Global Fund, this could be the last funding opportunity for Belarus.

Harm reduction status in Belarus

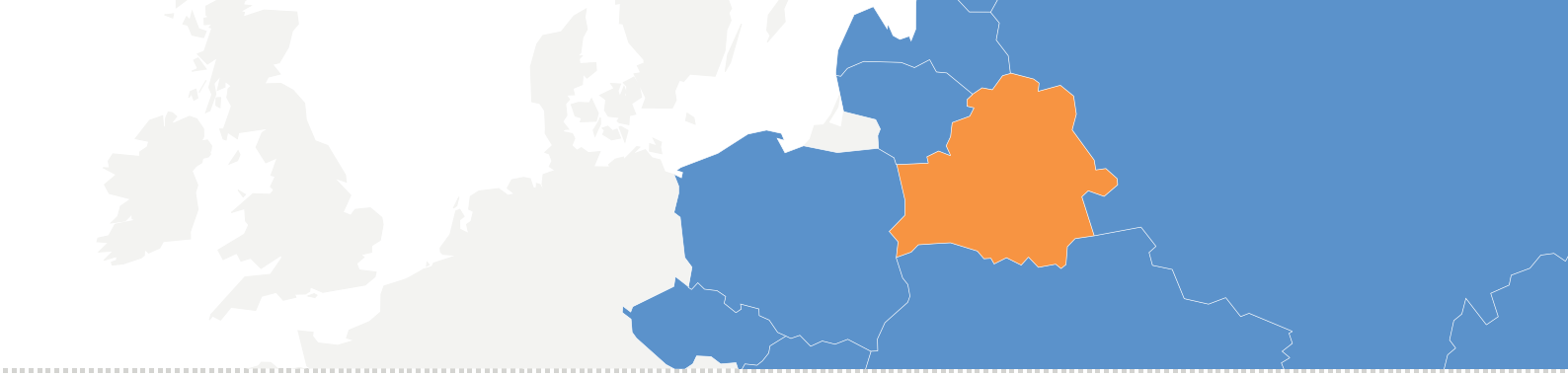
Governance, policy and legal environment

Opiate substitution treatment (OST) has been delivered by government facilities and has been integrated into the general health care system. In 2010, the Ministry of Health approved clinical protocols for OST. There are indications of increased support for this treatment from the side of law enforcement, particularly from the Ministry of Internal Affairs and its regional departments as they endorsed the opening of 19 OST centers countrywide. Probably one of the most important contributions to the establishment of an overall supportive environment in Belarus was an Evaluation of the Socio-Economic Effectiveness of OST done in 2013. The study suggested that this treatment was inexpensive ($1.3 USD per patient per day), reduced crime and mortality, prevented new HIV and HCV infections, and improved adherence to antiretroviral treatment. The cost-benefit analysis suggested that 1 USD invested in OST in Belarus saved public costs of 10-11 USD [11]. However, there are a number of factors that can affect the desirability and accessibility of substitution treatment. For example, current regulations do not allow take-home doses and even patients with long-term positive records (compliance with treatment regime, no use of illegal substances) are deprived the option to utilize this convenient and otherwise routine procedure.

Legal status of needle and syringe programs is not defined in any way in legislation. There are no established guidelines, quality standards or standardized approved tools for service delivery and/or monitoring and evaluation. Since the beginning of Global Fund funding, these programs have been implemented by non-governmental organizations and the involvement of government health facilities has been minimal [11]. Civil society organizations, specifically community based ones, have been key for access to hidden high-risk populations. Regarding the planned transition of harm reduction programs to the government public health system, there are concerns in relation to the ability of public health institutions to effectively attract representatives of key affected groups. The high level of social stigma, confidentiality concerns and an (un)willingness to disclose HIV status or affiliation to risk group might limit access of key groups to HIV prevention and treatment services provided by government facilities [9].

Efforts to assure assess of key affected groups to HIV prevention and treatment can be further jeopardized due to recent changes in drug related legislation. In 2014, in response to the evident rise in stimulant injection, the government amended drug legislation and introduced measures criminalizing drug use. According to this new legislation, "being in a public place under the influence of unprescribed narcotic drugs in the condition offensive to human dignity and public morals" (per se consumption) is subject to administrative liability if detected the first time and is

1 To encourage countries to increase national funding beyond the minimum counterpart financing requirements, 15 percent of the total allocation is contingent upon country meeting 'willingness-to-pay' commitments. These commitments represent government's willingness to increase spending on health and the three diseases and are a point of discussion with Fund Portfolio Manager (FPM) and Country Team.



a subject to criminal liability if established for two or more times a year. Consequences of these changes are yet to be observed and evaluated and civil society organizations should play an indispensable role in this process. These consequences, to a large extent, will also depend on the manner in which law enforcement agencies will be implementing new legislation. However, the move towards criminalization of drug consumption is of high concern. Global and regional experience/ evidence suggests a high probability that it will lead to further marginalization and stigmatization of PWID, hinder access to HIV prevention and treatment, and will contribute to a rise in HIV transmission in the country.

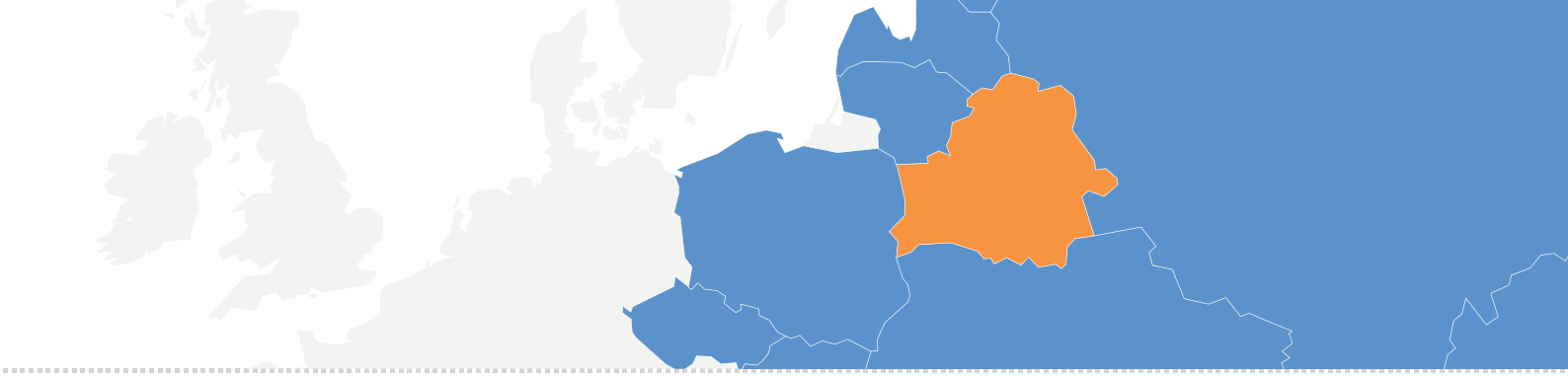
In addition to topic-specific legislative and regulatory issues (drug related legislation, legitimization of harm reduction), there are important regulatory barriers that limit options for receiving foreign financial support for non-governmental organizations in Belarus. Under the Belarusian law all projects receiving foreign funding fall under one of the following – either receiving "foreign donations", or "international technical assistance" (ITA). In case of ITA, recipient organization has to go the through complicated and lengthy process of registering the project and obtaining approvals from specific government agencies. Noncompliance with these requirements results in tax liability of the recipient organization. In the case of "foreign donations", NGOs should have all the contractual agreements with donors being executed, project funds received and deposited into the organization's bank account, and should obtain a letter of support from the relevant ministry in order to register the project. In the case of "international technical assistance", the project should be approved by the governmental commission on international technical assistance and registered with the Ministry of Economy. The process can take between three months to a year, which results in delays in implementation of planned activities and can ultimately jeopardize the overall success of the project. In addition, these regulations and requirements obviously discourage non-governmental organizations from seeking foreign funding for their activities. Given the departure of a single major donor to the field HIV/AIDS - the Global Fund - this creates additional risks to the sustainability of HIV prevention and treatment programs in Belarus.

Opiate substitution treatment and needle and syringe programs

Based on official sources, 95.1% of patients in need (those who were diagnosed with AIDS and have indications for treatment) received ARV treatment in 2014. However, results of SPECTRUM modeling suggest that only 50.5% of estimated patients in need receive ARV. HIV prevention among high risk groups is provided at large by non-governmental organizations, but also by state-run facilities (Centers for Hygiene and Epidemiology – "sanepidsluzhba") and includes distribution of safe injection tools, condoms, information materials, consultations by doctors and psychologists, and testing or referral for HIV and viral hepatitis testing. There were 26 sites for anonymous consultations (drop-in centers) for PWID functioning in 22 geographical locations in 2014. This included 3 mobile sites for anonymous consultations and 6 mobile sites for voluntary counseling and testing (VCT). There were 28,178 PWID served by harm reduction programs in 2013. Having the estimated number of 75 000 PWID in a country, in 2014 only 45 syringes per user were distributed (WHO recommended indicator for good coverage is 200 [12]). Opiate substitution (methadone) treatment (OST) was launched as a pilot in 2007. Since then it has been expanded and, by January 2015, has been delivered through 19 OST sites functioning at government drug treatment (narcological) dispensaries (one site at TB dispensary in the city of Gomel). In 2014, 1,066 patients received this treatment. Given the estimated 75,000 PWID in the country, coverage of this group with harm reduction programs (minimal service package defined as provision of needle/syringe and condom, and consultation) is about 37.5% and the coverage by OST is about 0.3%.

Harm reduction funding

Compared to overall health expenditure, a relatively large share of HIV/AIDS related spending comes from

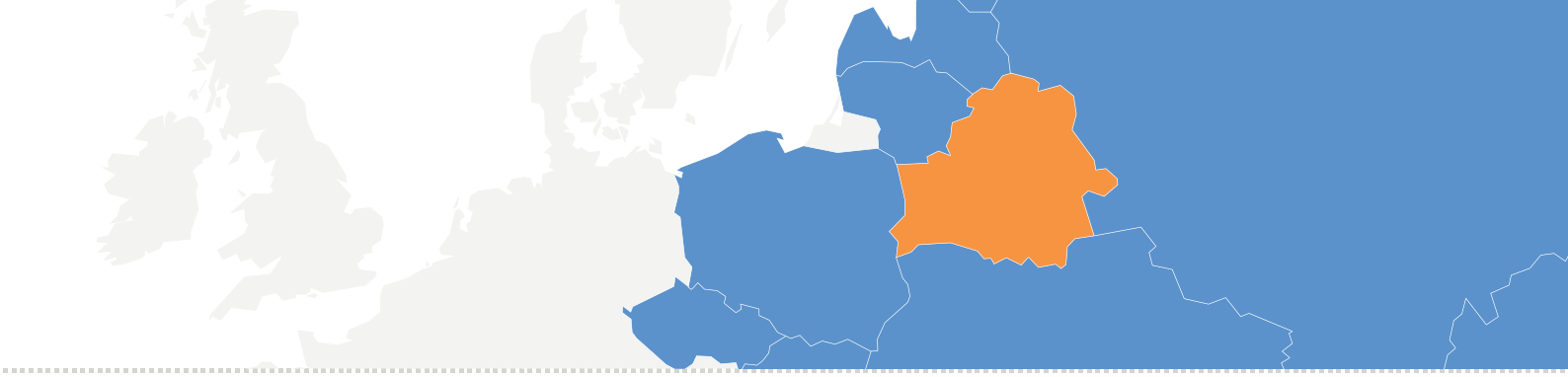


international sources. The Share of national funding in HIV/AIDS response was 71% in 2014 ($16 mil USD out of $22.6 mil USD), with Global Fund covering the vast majority of remaining share [8, 13]. In sharp contrast, it has been estimated that the share of harm reduction spending from domestic sources was about 14% in 2013. The share of harm reduction spending in overall HIV prevention from domestic sources was just 2.8% [14]. Not surprisingly, virtually all funding for needle and syringe programs comes from Global Fund. In 2014, the government covered part of OST cost via provision of salaries for staff, while medication was procured through a Global Fund grant [11].

Results

Government's approach to transitioning and sustainability of harm reduction in Belarus and involvement of civil society organizations

As in other countries of the region, Belarus does not have a stand-alone sustainability and transition plan to prepare for Global Fund exit. Instead, gradual transition of programs has been discussed among a wide range of stakeholders (government, Global Fund, civil society) and has been reflected in the National HIV Prevention Plan 2016-2020 and funding proposal to Global Fund. In April 2015, Belarus submitted a concept note and requested funding for HIV and TB programs for 2016-2018. The concept was approved under the New Funding Model. Within a new grant Belarus will receive $12.5 million on HIV programs for two year period, a 17% reduction compared to $15 million received in 2013-2015 [15]. Implementation of a new grant is planned to start from January 2016. There are a number of important elements in relation to both the process of development of Concept Note (and proposal) and its content. It has been developed within a fairly open and inclusive process and participation of key stakeholders was assured. Priorities of the proposal have been aligned with the National HIV Prevention Program and have included a gradual increase in government funding for the proposed interventions. Importantly, a new principal recipient – Center of Medical Technology under the Ministry of Health - will implement a new grant. This transition to a national entity seems to be reasonably well planned with a "Capacity Development Plan" in place and the intention to have adequate staff and management mechanisms prior to the full transition. The role and commitment of current PR – UNDP in this process will be critical.

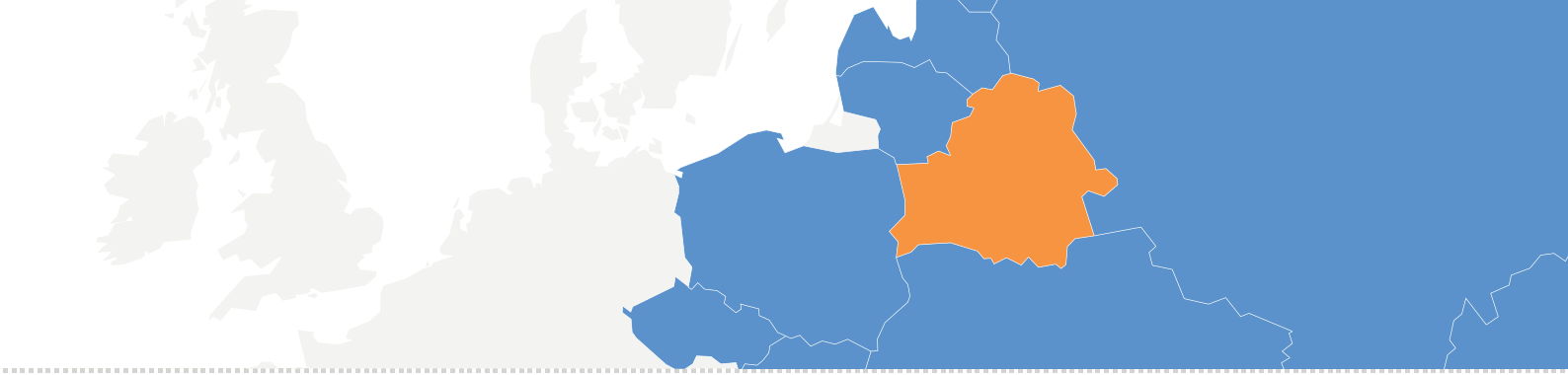


It is noteworthy that under this proposal, government has obligation to develop social contracting mechanisms and directly contract non-governmental organizations for provision of prevention services funded from the local budgets. There has been set of activities implemented by the Ministry of Labor and Social Protection in order to allow for functional social contracting mechanisms to be introduced. The "Law on Social Services" was adopted in 2013 and introduced a mechanism for provision of state funding for social services implemented by civil society organizations. However, HIV prevention was not included in the list of services covered by the law. Also PLH and other key affected populations such as PWID are not among those categories of citizen the social contracting mechanisms could be applicable to. At the same time, the "Law on health care" does not consider utilization of social contracting mechanisms for provision of health services. In order to overcome these inconsistencies, the Ministry of Health together with a group of CSOs initiated amendments to the "Law on health care" and the "Law on Prevention of the Spread of Diseases Posing Threat to Public Health, Human Immunodeficiency Virus" aiming toward the introduction of social contracting for health services. The proposal was discussed with members of Parliament and representatives of the Ministry of Health. MoH submitted amendments to the Cabinet of Ministers and expects to receive full approval of a new legislation in March 2016.

NGO "Positive Movement" has been active in advocating for inclusion of funding for HIV related services (to be delivered by NGOs via social contracts) in local budgets. In 2014, they came forward with the initiative of application of social contracting mechanism in HIV sphere and were supported by Minsk Regional Executive Board and Soligorsk District Executive Committee – as a result 96.6 mil Belarusian Ruble (about $9,600 USD) were allocated for social escorting of PWID and PLWA [8]. This funding was approved and the organization implemented part of the program. However, the program was terminated following the refusal of a local government to reimburse expenses that "Positive Movement" had incurred. This refusal was a result of absence of PWID and PLWA in the list of beneficiary groups targeted by the "Law on social services" and the assignment of subsidies to compensate the work of social workers within this social contract could be considered as inappropriate use of funds.

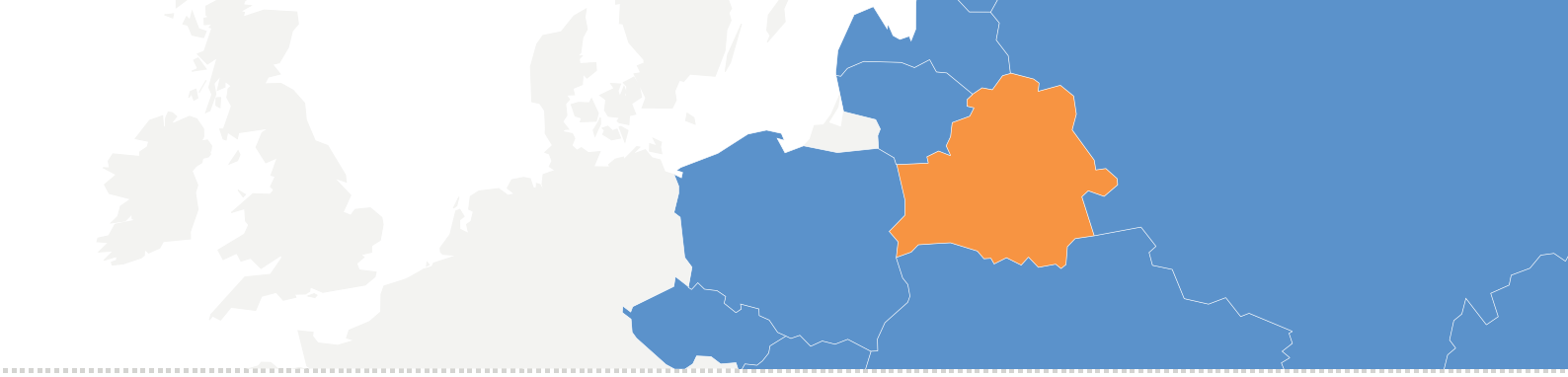
There were number of other efforts undertaken by civil society organizations together with MoH aiming at improving existing policies and regulations. For example, the inclusion of the profession of social worker into the national register of professions was initiated. This has been seen as an important step towards the integration of outreach models of HIV prevention among key risk groups with public health system. Another issue was related to regulations restricting procurement of needles/syringes and condoms from local budgets. CSOs in collaboration with MoH and other government institutions developed an initiative to amend relevant articles in a "Budget code of the Republic of Belarus". Unfortunately this initiative was not supported.

As noted earlier, needle and syringe programs are currently funded exclusively by a Global Fund grant. NFM proposal considers both the gradual increase in the share of government funding for NSP and the partial transfer of program implementation to government facilities - there will be 11 low threshold sites launched at Hygienic and Epidemiological Centers ("sanepidsluzhba") running 11 stationary and 3 mobile needle and syringe programs. It is expected that NGOs that are currently providing harm reduction services will remain operational and engaged. An alternative approach that is also considered in the Global Fund proposal and National HIV Prevention Plan implies operationalization of functional units within public health institutions and engagement of social (outreach) workers who have access to marginalized affected groups. These facilities will deliver comprehensive



service package to groups most at risk (needles/ syringes, condoms, medical and psychological consultations, voluntary counseling and testing) and will utilize outreach and peer support interventions as an essential approach. During the planned takeover of harm reduction programs, it is expected that these facilities will increasingly employ social workers that are currently working for NGOs. The continuation of the implementation of harm reduction programs by NGOs is also planned upon condition of availability of mechanisms allowing to receive funding from local budgets.

NFM proposal sets a goal to rapidly scale up needle and syringe programs and reach coverage of 45,000 by the end of 2018. This is an ambitious plan and its implementation will require enormous efforts and commitment by all involved parties. The proposal sets another ambitious target to expand opiate substitution treatment up to 4,900 slots for patients by the end of 2018. It is expected that by that time the government will be procuring methadone from the central budget and additional costs will be covered from local budgets. These plans have been supported by written financial commitments from the government. However, the major concern relates to the ability of government to fulfill these obligations.



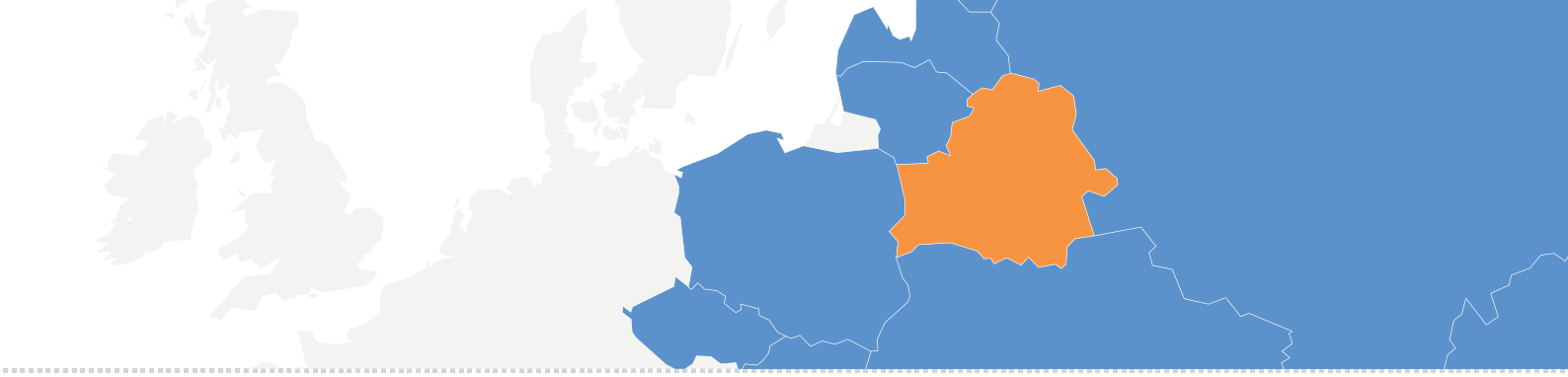
Conclusions

There will be three critical elements of sustainability that might challenge the process of successful transition to domestic funding in Belarus. Availability of national funding in post-Global Fund period will be a crucial factor. Number of reports indicate that the government has consistently confirmed its commitment to provide full funding for programs after the end of Global Fund grants in 2018[11]. However, despite the gradual increase in a share of government funding (and corresponding reduction in a share of the Global Fund funding), by the end of 2018, about 40% of harm reduction programs in Belarus still will be financed from Global Fund. In an environment of sagging global economy, accompanied by dramatic devaluation of national currency it is rather a big question as to whether the government will be in a position to comply with these obligations.

Another challenge is how realistic it would be to expect that government facilities will succeed in attracting and recruiting marginalized affected groups as effectively as NGOs do with the support of PWID community representatives. Will non-governmental organizations that currently provide harm reduction services be left out? Obviously the optimal solution would be the integration of NGO services into the overall health system and adaptation (and standardization) of service delivery models and procedures, program implementation tools and instruments including the involvement of community representative as outreach workers and peer counselors, that would be common for all facilities, regardless of legal status and/or funding source.

Similarly to the vast majority of countries in EECA region, coverage of PWID by HIV prevention in Belarus is unacceptably low. The planned scale of OST by the time global fund leaves the country - 4,900 patients - will remain far below the level that would have a potential to influence the HIV epidemic in this population (4,900 patients represents coverage of 26.6% of estimated number of opioid drug users (18 500) against 40% recommended as acceptable level of coverage). From a point of view of aiming for sustainable impact, this situation cannot be considered a "successful transition". There is no "success" in transitioning to the stage that will knowingly fail to achieve the major goal of the program – control HIV epidemic in the country.

On a positive side, Belarus can be seen as an interesting example of multi-stakeholder collaboration and partnership that moved preparation for Global Fund departure forward. Civil society organizations provided leadership and played a vital role in overall advocacy, and in improving policy and governance related environment. The very active and reasonably persistent position of the Global Fund secretariat has been critical in raising awareness of decision makers and assuring government's support. Leadership of the Ministry of Health, members of Parliament, representatives of local authorities and many other stakeholders have done their share to contribute to this process. However less structured and fragmented the transition process might look, it seems to be perceived by all actors involved as part of a common agenda and as a shared responsibility. This perception, or understanding, is probably the single major precondition for the success of efforts that one would like to label as "responsible transition".



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Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network unites over 600 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

BECOME AN EHRN MEMBER:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:

www.harm-reduction.org/become-a-member