

# Turning the Tide Against HIV and Tuberculosis

## Global Fund Investment Guidance for Eastern Europe and Central Asia

### Vision, goals and targets

The Global Fund's vision for the Eastern Europe and Central Asia region is to **stabilize HIV incidence and contain the spread of drug-resistant TB**.

To this end, the Global Fund will aim to contribute to the following goals within the current allocation period:

- To reduce HIV transmission among people who inject drugs by 50%.
- To increase to and sustain coverage of 80% of those in need of antiretroviral (ARV) therapy.
- To diagnose at least 85% of TB patients, especially multidrug/extensively drug-resistant-TB patients.
- To successfully treat at least 90% of patients with drug-sensitive TB and at least 75% of patients notified as having multidrug-resistant TB.

### Global Fund resources

US\$679.5 million is available for the allocation period 2014-2016. Implementation is expected to cover the period 2014-2017.

### Principles

Alignment with existing Global Fund and partner strategies and action plans.

Differentiation for and ownership of country-specific approaches.

### Objectives

	1. Enhance access to comprehensive harm reduction services for people who inject drugs, including in prisons.	2. Promote universal access to ARV therapy with special focus on key populations.	3. Promote universal access to timely and quality diagnosis of all forms of TB, including multi/extensively drug-resistant TB.	4. Promote universal access to quality treatment of all forms of TB, specifically multi/extensively drug-resistant TB.
Actions	Scale up access to the comprehensive package of harm reduction interventions. Support quality community-based services. Share and roll out best practice service models.	Scale up access to ARV therapy and support treatment retention and adherence. Ensure uninterrupted supply of quality-assured medicines. Ensure early HIV diagnosis, linkage to treatment and continuum of care for key populations.	Expand the use of new diagnostic technologies. Ensure proper internal and external quality assurance systems in TB laboratories. Improve tracing and management of TB and multi/extensively drug-resistant TB contacts and infection control.	Ensure uninterrupted supply of quality-assured medicines. Implement patient-centered approaches for improving treatment outcomes. Address TB/HIV co-infection through integrated care and joint strategies.
Enablers	<ul style="list-style-type: none"> <li>• Develop national investment frameworks for impact, sustainability and transition processes.</li> <li>• Strengthen TB and HIV information systems, surveillance and monitoring and evaluation program.</li> <li>• Strengthen TB and HIV procurement and supply chain management systems.</li> <li>• Strengthen advocacy efforts for HIV and TB control, including revision of regulatory frameworks for harm reduction.</li> <li>• Reform health and financing systems to apply sustainable patient-centered TB services, based on outpatient case management and appropriate patient support.</li> </ul>			

### Differentiated approach, sustainability and co-financing targets

Counterpart financing	Low-Income (LI)	Lower Low-Middle Income (Lower LMI)	Upper Low-Middle Income (Upper LMI)	Upper Middle-Income (UMI) + High Disease Burden	No Longer Eligible for New Global Fund Financing
	Minimum threshold: 5%	Minimum threshold: 20%	Minimum threshold: 40%	Minimum threshold: 60%	N/A
Harm reduction	<ul style="list-style-type: none"> <li>• Not less than 50% of Global Fund HIV programming is dedicated to the provision of and advocacy for harm reduction and linkage of key populations to care.</li> <li>• All countries develop and implement SMART plans for gradual transfer of harm reduction services to domestic sources of funding.</li> </ul>				
HIV prevention, treatment, diagnosis and adherence support	<ul style="list-style-type: none"> <li>• Global Fund programs maximize prevention coverage, linkage and retention in care of key populations.</li> <li>• Prevention among key populations to be included in national AIDS programs and gradually transferred to domestic or alternative sources of funding.</li> <li>• All countries develop and implement SMART plans for the transfer of ARV therapy provision and adherence support services to domestic sources of funding.</li> </ul>				
TB treatment, diagnosis and adherence support	<ul style="list-style-type: none"> <li>• Minimum 30% funding for ARV therapy, lab services and adherence support to be covered by domestic or alternative sources, before end of current allocation.</li> <li>• Elimination of mother-to-child transmission to be transferred to domestic or alternative sources of funding before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 60% funding for ARV therapy, lab services and adherence support to be covered by domestic or alternative sources, before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• ARV therapy funding from Global Fund prioritizes treatment initiation and scale up among key populations.</li> <li>• Minimum 75% of funding for existing ARV therapy patients, lab services and adherence support to be covered by domestic or alternative sources, before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• ARV therapy funding from Global Fund only for treatment initiation and scale-up among key populations.</li> <li>• All funding for existing ARV therapy patients, lab services and adherence support to be covered by domestic or alternative sources, before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for ARV therapy, lab services and adherence support to be covered by domestic or alternative sources, before end of current grants.</li> </ul>
	<ul style="list-style-type: none"> <li>• Diagnostic and treatment for susceptible TB in all countries is covered by domestic or alternative sources of funding.</li> <li>• Not less than 10% of Global Fund funds should be programmed for TB/HIV collaborative activities and other co-morbidities.</li> <li>• National multidrug-resistant TB expansion plans, including transition to domestic financing, are developed or reviewed for appropriate targets and endorsed by Green Light Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 50% funding for second-line drugs, lab services and adherence support to be covered by domestic sources, before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 75% of funding for second-line drugs, lab services and adherence support to be covered by domestic sources, before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• All funding for second-line drugs, lab services and adherence support to be covered by domestic sources, before end of current allocation.</li> </ul>	<ul style="list-style-type: none"> <li>• All funding for second-line drugs, lab services and adherence support to be covered by domestic sources, before end of current grants.</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>• Limited incentives and pay for performance to governmental service providers to be gradually transferred to domestic or alternative sources of funding.</li> <li>• All countries to improve regulatory framework for nongovernmental organizations financing and develop social contracting mechanisms.</li> <li>• All countries to submit sustainability plans with concept note or within first year of new funding allocation.</li> </ul>				<ul style="list-style-type: none"> <li>• All countries required to implement transition plans.</li> </ul>