



## **Joint EECA Constituency and WHO Euro statement ahead of the 44th Global Fund Board Meeting**

Countries in Eastern Europe and Central Asia (EECA) and KAPs expect the next GF Strategy to deliver against challenges and priorities of the region. Countries in the EECA region have been severely affected by COVID-19 pandemic with highest incidence of cases observed during spring-summer 2020. This year had brought a great challenge for local governments, stakeholders and partners to sustain and ensure continuation of essential health services for population, including vulnerable population groups, affected by TB and HIV.

A sharp decline in access to HIV and TB prevention, early diagnosis, treatment and care programs in EECA, accompanied by a rapid increase in new cases of the COVID-19, became the main concern and challenge to national governments, as it often times indicates failure in leadership role to ensure provision of health services during the pandemic. Number of COVID-19 case are rapidly growing in the WHO European Region, causing many countries to introduce physical distancing and quarantine measures. At the same time physical distancing and quarantine are creating environment where person-to-person TB service delivery, as well as delivering critical supplies are affected by inability to travel to healthcare facilities and meeting up with services provider(s). TB & other health programmes have been reshuffled for COVID-19 response. These changes include but are not limited to repurposing healthcare staff, restructuring inpatient (and outpatient) service and the use of TB diagnostics for COVID-19. This includes the use of GeneXpert platforms that are used as an initial diagnostic test for tuberculosis and rifampicin resistance (as recommended by WHO) in many countries, especially in the Eastern part of the Region for the COVID-19 diagnostics.

It turned out to be a severe test for the entire health system of all countries of entire region. Peculiarities of post-soviet health systems, health reforms in progress, political instability, limited human capacity and financial resources coupled with transition from donor funding, turned into a very difficult process that is associated with democratic development and respect of human rights. It had triggered the limited capacities of public health to respond to unprecedented burst of COVID-19 and led to high death tolls, temporary intermitting TB/HIV services, which in whole often led to unfavorable consequences.

Building up on that, the EECA Constituency calls on the 44th GF BM to address the urgent need for support countries of EECA to respond to an unprecedented collusion of four blended/interspersed epidemics, including COVID-19, HIV, tuberculosis and viral hepatitis. Starting from March, 2020 COVID-19 led to more than 5 million diagnosed cases in the region and over 288 thousand deaths. Stringent lockdown measures definitely slowed down the progression of infection, but they also directly affected functioning of health systems and provision of HIV, TB and viral hepatitis care. Recent modelling that was done by the WHO suggests that if the COVID-19 pandemic led to a global reduction of 25% in expected TB detection for 3 months – a realistic possibility given the levels of disruption in TB services being observed in multiple countries – then we could expect a 13% increase in TB deaths, bringing us back to the levels of TB mortality that we had 5 years ago. This may even be a conservative estimate as it does not factor in other possible impacts of the pandemic on TB transmission, treatment interruptions and poorer outcomes in people with TB and COVID-19 infection. Between 2020 and 2025 an additional 1.4 million TB deaths could be registered as direct consequence of the COVID-19 pandemic worldwide. European region demonstrated a significant reduction in TB, HIV and hepatitis testing in the last 6 months, which obviously negatively impacts on the progress towards controlling HIV and eliminating viral hepatitis. The severity of these affects calls also for a long-term and holistic approach of all these regional and global challenges in the context of GF Strategy development.



## **Strategy development**

The EECA countries appreciate ongoing efforts of the GF and partners to ensure an inclusive and broad forum for the development of the Strategy 2023. Our constituency members understand the limitations imposed by the COVID-19 restrictions, including effectiveness of virtual discussions.

However, we want to make sure that the GF is considering all opportunities to ensure an inclusion and participation of every relevant stakeholder in the process of the Strategy development.

Moreover, the COVID-19 pandemic is widely proving that RSSH and implementation of integrated people-centred care are key to efficient containing of communicable diseases. The pandemic represents a significant threat to planned “graduation” of countries from the GF support, put at risk the sustainability of national response to communicable diseases.

We call on the GF to ensure that the next strategy makes RSSH and implementation of integrated people-centred care and all related issues as key priority.

In a region marked by turbulent political processes and weak/unstable political will - viable and resilient health systems, strong multisectoral response and increased accountability had to be recognized in order to avoid disruption of essential health services for TB/HIV/Hep population affected by COVID-19 pandemic.

Further on, the GF and partners should strengthen/target the cooperation with countries to make RSSH a key priority for National Strategic Plans.

The COVID-19 pandemic also reveals the need for multisectoral engagement and accountability of decision-making/process influencing stakeholders at regional level. Lockdowns and isolation, remote and thus difficult forums of dialogue impose the need to improve communication and experience sharing between countries. The resource savings associated with COVID-19 need to be redirected to improve communication and engagement of key actors at the regional level.

In addition to accountability at regional level it is very important to strengthen multisectoral accountability and coordination at national/country levels to accelerate the implementation of political commitments to meet the targets towards the Sustainable Development agenda and progress to end the TB epidemic by 2030, especially in health emergencies and transition from donor funding. Currently, WHO Regional Office for Europe is supporting countries in adaptation and implementation of Multisectoral accountability framework on TB (MAF-TB) developed by WHO upon request of 1st WHO Global Ministerial Conference on “Ending TB” and UNGA HLM on TB. The GF and partners have been recognized as key players in providing support to countries to strengthen accountability and coordination with engagement of civil society and disease-affected communities.

## **Sustainability, Transition and Co-Financing.**

We call upon the GF Board and the Secretariat to return to the STC policy and its connection with the RSSH and people-centered approach to service delivery.

It should be recognized that GF support in a number of countries has contributed to the creation of “parallel systems” to support HIV, TB and malaria programming. This created a threat to future sustainability of disease response, diminishing national ownership and capacity, which we are now, unfortunately, receiving confirmation.



In context and reality of the COVID-19 pandemic, we invite the GF to learn from all past successful and unsuccessful transitions, make efficient use of the CCM roll-up program to sustain such coordinating mechanisms at the national and regional levels. Adaptation and use of the MAF-TB tool will strengthen and sustain the CCMs as a potential body for MAF-TB implementation and monitoring.

We want to see the GF's readiness for a rapid reallocation of funds, given the impact of the COVID-19 pandemic, including on the countries of the EECA region. We must not forget that in the conditions of the new reality, additional technical support is needed to ensure the effective work of the Government Constituencies on the Global Fund Board.

The EECA constituency is eager to provide all assistance and implication needed to make the learning and experience sharing process efficient and useful for other regions.

### **Emergency responsiveness to COVID-19**

COVID-19 has triggered old and painful problems in EECA region related to diagnostics, procurement and supply chains, uneven access to key services for affected populations, poor/inaccurate information and unwillingness of people to follow preventive measures. The GF and partners' support is needed to strengthen the lab and testing capacities, develop the treatment and prevention guidelines, foster collaboration with the private sector and the CSOs, enlarge the supply chain options for countries to access COVID/TB/HIV/Hep drugs and products needed to respond to these pandemics.

In addition, the COVID-19 pandemic provided an opportunity to develop and implement innovative approaches and practices to prevention, diagnosis, treatment and care delivery that need to be shared, sustained, and widely implemented.

The COVID-19 pandemic is posing additional pressure on EECA countries, which is environmental. This represents an enormous challenge at every level of society in our countries, and waste management is no exception. And there is never a simple trade-off between health care concerns and economic ones.

Unlike other disasters, the COVID-19 pandemic environmental side-effects will not be over in a matter of days. Most probably, it will be with us for several years. Waste management in developing countries is usually not operated in accordance with international standards, and so there have been additional difficulties with an increased amount of potentially infected waste which requires additional, careful handling and treatment processes.

In this respect, the EECA Constituency calls upon the GF to initiate and conduct evidence and needs based dialogue with countries on waste management – from policy and guidelines development to action plans to be supported and implemented in grant recipient countries.

Let us all make our continent and planet a bit cleaner for our children and next generations, so that they are able to act and defeat the communicable and non-communicable diseases in a favorable environment. This is our collective responsibility and within our reach if we act responsibly, and leave no one behind access to quality care during the pandemic and beyond.