Transitions from donor funding to domestic reliance for HIV responses

Recommendations for transitioning countries

Dave Burrows, Gemma Oberth, Danielle Parsons, and Lou McCallum

March 2016

Independent observer of the Global Fund

Suite 8, 56 Church Avenue Mascot NSW 2020 Australia
Tel (+612) 8338 8811
admin@apmglobalhealth.com
www.apmglobalhealth.com

APMGlobal Health is a social enterprise that works to improve the reach, quality and impact of HIV sexual and reproductive health and harm reduction programmes among marginalized populations. Our work is driven by a set of values that we use to guide decisions about what we do and where and how we work. APMG's work is focused across four domains: key populations and PLHIV, health access, organizational stability, and critical enablers.

We work alongside policy-makers and program implementers to assist them to put in place the systems they need to plan, implement, evaluate and report on the work that they do.

APMGlobal Health has worked extensively with the Global Fund to Fight AIDS, Tuberculosis and Malaria in areas of global policy and guidance development, toolkit development for proposal writing, proposal and concept note development, evaluation of implementation progress and results, indicator development and strengthening of internal systems within Principal Recipients.

P.O. Box 66869-00800, Nairobi, Kenya
Tel (+254) 744 135984
Info@aidspan.org
www.aidspan.org

Aidspan is an international NGO based in Nairobi, Kenya, whose mission is to be an effective watchdog of The Global Fund at global and country levels by providing information, critical analysis and commentary on developments at the Fund.

Aidspan publishes news, analysis and commentary articles about The Global Fund in its Global Fund Observer (GFO) newsletter and on GFO Live. To receive the GFO newsletter, go to www.aidspan.org and click on the “Subscribe to the GFO Newsletter” link.

Aidspan finances its work primarily through grants from governments and foundations. Aidspan does not accept funding of any kind from The Global Fund.

Table of contents

A word on terminology

There are many terms used to describe the process of moving away from donor funding towards a more domestically-funded health response. USAID's move away from funding large family planning programs in Latin America and the Caribbean is typically referred to as "graduation." When countries are no longer eligible for Global Fund allocations, this is commonly referred to as "transition." Thailand is referring to their Global Fund exit as a "transition to self-reliance." PEPFAR's move out of Southern Africa is often described as a "handover." Some suggest there has been a steady movement in the dialogue towards other terms, like "country ownership," "country-owned responses," and "sustainability" – all intended to mean the same thing (Vogus & Graff, 2014). Having such a range of ways of describing the same thing is not particularly helpful in clarifying an already cloudy process. This paper prefers to consistently use the term "transition" to identify the process through which a country relies less or not at all on donor funding and relies more or solely on domestic resources to fund its HIV strategy.

All dollar amounts in this paper are expressed in US dollars.

Executive summary

There is consensus that we need greater sustainability in the response to HIV. Countries need more stable and predictable sources of funding for HIV prevention, treatment and care. In light of this, many donors and affected countries are in the process of transitioning away from reliance on external funding in favour of greater domestic investment for HIV. This process, in itself, carries grave risks to the funding for, and implementation of, HIV programming, especially for key populations. Recent experiences in Central and Eastern Europe provide examples of this.

The rationale for transition is understandable. Donor spending on health is not allocated as strategically as it could be. Some countries receive more than five times the level of development assistance for health (DAH) they would be expected to receive given their income levels and disease burdens. Increased domestic spending and donor transitions in countries like these can support the channelling of limited resources to countries less able to pay. At the same time, however, there is also a need to continue increasing donor investments. While some countries receive more than five times the expected level of DAH, many other countries receive less than one-fifth of expected DAH. These countries would benefit significantly from additional donor investment.

But planning and implementing transitions are not straightforward. There are many questions about when countries should transition, how they should do so, and whether or not donor exits will leave critical gaps in the response, especially for key populations. This policy paper suggests that transitions need to be based on the following sets of principles: (1) transparency and predictability, (2) good practice and (3) human rights. This paper is structured in three parts, based on these sets of principles.

Key messages

To aid in the *transparency and predictability* of transition processes, we need:

- **Systematic transition criteria:** A clear set of criteria needs to be developed for assessment of a country's transition preparedness.
- **Publicly available transition schedules:** Transition should be discussed between donors and representatives of the country to determine start and end dates and duration of transition.
- **Coordinated donor decisions**: Donors need a clearer mechanism to communicate their transition plans about a particular country with each other.

"Good practice" transitions require:

- **Time:** Not only is a period of several (5-10) years required, but also a phased roadmap to achieve various specified financial and operational targets is needed.
- **High-level political commitment:** Without commitment at the highest political levels, transitions can be easily derailed by changes in staffing, in political parties, in economic circumstances, etc.
- **Country ownership:** Aligning donor-funded projects with national policy as well as with the national context is important if projects are to be absorbed by domestic bill-payers.
- **Built-in monitoring and evaluation:** M&E is needed to assess progress against the roadmap targets, as well as to track changes to the epidemic, issues affecting the testing and treatment cascade, access by key populations to essential services, and other important considerations.

Transitions that *promote and protect human rights* are most likely to maintain and expand access to essential HIV services by key populations through:

- **Funding mechanisms for NGOs**, which must be in place and working effectively to enable access to sufficient funds for key population service delivery programs.
- **High-level political engagement**, specifically related to the costs and benefits of excluding or including specific key populations in national HIV responses.
- **Improved in-country capacity** for advocacy based on data collection and analysis by NGOs or community-based networks representing each relevant key population.
- **Increased capacity of NGOs** to demonstrate specifically the level and types of activities they will undertake in the HIV prevention and treatment cascade to justify the sustained allocation.
- Ensured funding for **police, security, and criminal justice reform** programs because these structural elements have the strongest influence in most countries over access of key populations to needed services.

Background

Introduction

As we move from Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), accelerating progress towards ending HIV is critical. Although there was due cause for celebration after the HIV targets for MDG 6 were exceeded (UNAIDS, 2015), there was and is also necessary concern over the fragile nature of gains made to date. There is a consensus about the need for greater sustainability (Piot et al., 2015; Oberth & Whiteside, 2016; The Lancet HIV, 2016). This includes ensuring the financial sustainability of the response. The estimated price tag for ending HIV by 2030 is $36 billion per year, almost double the current annual funding level of $19 billion. If funding for the HIV response remains at its current level, HIV deaths and new infections can be expected to rise in concentrated, generalized and hyper-endemic settings (Piot et al., 2015).

Following a dip in donor HIV spending from $7.7 billion in 2009 to $6.9 billion in 2010, it became clear that many countries' heavy reliance on donor funding could not continue (Kates, Wexler and Lief, 2014). Donor spending on health has not been allocated as strategically as it could be. Some countries receive more than five times the expected level of development assistance for health (DAH), given their income levels and disease burdens (Dieleman et al., 2014). Increased domestic spending and donor transitions in countries like these can support the channelling of limited resources to those less able to pay. At the same time, however, there is also a need to continue increasing donor investments. For example, Iran, Chile, Venezuela, Algeria, Malaysia, and the Central African Republic all receive less than one fifth of expected DAH. Many countries would benefit significantly from additional donor investment.

Although this funding dip was short-lived, it revealed the instability of national governments' propensity to provide donor funding for HIV. By 2011, donor disbursements were back up to US$7.6 billion and have continued to grow since, but with changes in geographic focus: External funding for some regions – such as Eastern Europe and Central Asia and Latin America and the Caribbean – has fallen, whilst it has increase in a smaller sub-set of countries in other parts of the world. The need for greater domestic investment for HIV has become a central component of global discussions around sustainability.

Since 2010, many donors have adjusted their allocation methodologies to encourage transition away from reliance on external resources, especially in countries where the national economy could potentially support a greater share of HIV funding. Indeed, as part of its new funding model, the Global Fund stated that it "is changing its funding model to focus on countries that are most affected by the three diseases" (Global Fund, 2014, p. 3) and "amounts allocated to each country have been based on a combination of disease burden and the country's ability to pay (income level)" (Global Fund, 2016). This change and others like it show the need for a

critical examination of how transitions are managed, and what the implications may be for global targets to end HIV by 2030.

Context

Some examples of significant donor transitions include handovers from the U.K. Department for International Development (DFID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the Bill and Melinda Gates Foundation (Gates Foundation), and Australia's Department of Foreign Affairs and Trade (DFAT: formerly AusAID). DFID is cutting nearly all of its bilateral HIV funding to middle income countries (Murphy & Podmore, 2014). From 2010 to 2014, PEPFAR began a transition process in 12 countries in the Eastern Caribbean[1] (Vogus & Graff, 2015; PEPFAR, 2010) as well as South Africa, Botswana and Namibia (Brundage, 2011). The Global Fund has deemed 11 countries[2] ineligible for further HIV funding based on their income status and disease burden (Garmaise, 2015). Several other countries (including Costa Rica and Thailand) are transitioning from Global Fund support. During 2009-2012, the Gates Foundation transitioned its Avahan Project in India over to government and other domestic partners (Bennett et al., 2015). DFAT significantly reduced its HIV funding to Asian and Pacific countries such as Indonesia, Papua New Guinea and countries in the Mekong region, asking national governments to increase their funding of HIV efforts.

The timing and process of this transition of countries from donor funding varies considerably. The transitions mentioned above were brought about for different reasons and were based on different criteria. While there may be a rationale for external donors to consider transitioning out of some countries as domestic economies improve, there are significant problems with using income and disease burden as the only measures of transition readiness. First, the poorest people do not live in the poorest countries. According to the Open Society Foundations (OSF) (2014), the proportion of people living with HIV who reside in low-income countries has been dramatically decreasing as countries with high numbers of PLHIV (for example, Nigeria, South Africa, China and Swaziland) transit from low-income to middle-income status. The proportion in LI countries fell from 70% in 2000 to 37% in 2010, and is projected to dip as low as 13% by 2020, when 72% of the world's poorest people will likely be living in MI countries (Lauer, 2014). "The proportion of PLHIV who reside in upper-middle-income countries has steadily grown since 2000 and is projected to continue rising, topping 50% by 2020 (OSF, 2014). Second, many countries with low HIV prevalence rates among the general population have an exceedingly high burden of HIV among certain key populations. For example, in Mali, HIV prevalence among the general population is 1.4%, but studies have shown prevalence among female sex workers to be more than 17 times greater (Trout et al., 2015); in St. Petersburg, in the Russian Federation, men who have sex with men experience HIV prevalence of 14%, which is

[1] Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

[2] Argentina, Bosnia and Herzegovina, China, Equatorial Guinea, Jordan, Kazakhstan, Macedonia, Mexico, Montenegro, Serbia, and Uruguay.

over nine times the prevalence in the general population (Vinogradova, 2014). Similar situations are found in many countries throughout Africa, Central, South and South-East Asia, Latin America and Eastern Europe.

Further, using a country's income level as a measure of its ability to sustain a public health response does not factor in that country's willingness and ability to absorb programs into its domestic funding and operational structures. For example, in many single party and post-Communist countries, there is no clear mechanism by which government departments can provide funding for NGOs. If no such mechanism exists, NGOs are likely to be defunded in the process of transition to domestic government funding, putting an end to vital outreach and prevention mechanisms. Also, while governments of many countries have shown a strong willingness to fund HIV treatment, very few governments have stated their commitment to continuing and expanding community-based prevention programs aimed at key populations.

A transition road map

Overview

This paper identifies three main inconsistencies and shortcomings in the way transitions are currently being managed:

1. **Transitions are hard to anticipate.** There is no timeline for current and anticipated transitions, which hampers effective sustainability planning early in the process.
2. **Transitions are implemented *ad hoc*.** There is no consensus on the best model for guiding countries and donors through a successful transition. A variety of frameworks and criteria has been put forward by several different sources.
3. **Transitions may threaten key populations.** There is uncertainty about how to ensure key populations are not cut off from services through a transition. Key populations programming is often heavily donor-funded and not eagerly absorbed by governments.

Transitions need to be based on the following sets of principles: (1) transparency and predictability, (2) good practice and (3) human rights. This paper is structured in three parts based on these principles.

- **Part I – Transparency and predictability** – discusses how we might better anticipate which countries will move to self-reliance and when.
- **Part II** – **Good practice** – looks at the available literature on good practice for transitions, sharing models and frameworks which others have developed to guide countries and donors in this process.
- **Part III** – **Human rights** – asks important questions about how transition impacts vital key populations and human rights interventions.

Part I: Transparent and predictable transition – *Who and when?*

Transitions do not generally occur in a predictable or uniform manner. Sometimes transition is based on a formula (as with the Global Fund) and other times it is a reflection of shifting donor preferences and priorities. As a result, donors may end up transitioning out of countries in dire need and remain present in others where they arguably could leave.

There are some available methods to help predict when countries will be able to transition away from donor support and fully fund their own HIV programs with domestic resources. Vogus and Graff (2015) suggest that there are nine specific areas to assess in a country's readiness for transition, including: (1) leadership and management capacity; (2) political and economic factors; (3) the policy environment; (4) identification of alternative funding sources; (5)

integration of HIV programs into the wider health system; (6) the institutionalization of processes; (7) the strength of procurement and supply chain management; (8) identification of staffing and training needs; and (9) engagement of civil society and the private sector.

Another approach predicts transition readiness based on domestic spending patterns. Resch, Ryckman and Hecht (2015) use available information in national AIDS spending assessments; HIV sub-accounts of national health accounts; public expenditure reviews, United Nations General Assembly Special Session (UNGASS) country progress reports; and other reports – to examine countries' levels of domestic effort, taking into consideration epidemic size, resource needs, fiscal capacity, and amount of external assistance for HIV. They produce several spending scenarios and apply the model to 12 African countries. Their analysis finds that Botswana, Namibia, and South Africa should all be able to fully fund their AIDS programs with domestic resources by 2018 in a maximum effort scenario. However, even with maximum effort, by 2018 Nigeria will only be able to pay for about 40% of its AIDS program with domestic resources, Rwanda 29%, and Mozambique just 19%.

Despite these ways of predicting readiness, it remains very difficult to anticipate when an individual country might be pushed by its various donors to transition. This makes it difficult for affected countries to effectively plan for program absorption, leaving beneficiaries on the ground vulnerable to disruptions. One of the difficulties with understanding and predicting transitions is that they are not even or consistent across donors or within countries. Different donors are transitioning out of countries at different times and in different program areas.

South Africa is a good case example. Although PEPFAR is handing over its programs to the government in South Africa, other analyses suggest that the country will retain its eligibility for Global Fund grants even beyond 2030. Similarly, USAID funding in South Africa's correctional facilities is transitioning its services provision to government and only providing technical assistance, while Global Fund investment for the Department of Correctional Services remains steady. Further, while South Africa's HIV program will remain eligible, there are certain components of the program which the Fund is categorically no longer supporting (or not providing the same level of support). These include the orphans and vulnerable children's program and the country's HIV treatment program, which are being transitioned over to government budgets.

It is useful to begin thinking about transition schedules. While there are many factors which affect the timing of transitions, including global economic trends and donor priorities, assessing certain country characteristics can help to make transitions more predictable. Below is a suggested categorization of countries, together with examples, based on four country characteristics (type of epidemic, domestic funding levels, enabling environment, and NGO sustainability). The categories – we refer to them as "waves" – are based on a review of relevant literature and the authors' own experiences of working with countries in transition.

The characteristics in each wave described below depict a country's current (2016) situation, helping to predict when transition is most likely to occur. This categorisation is designed to help prompt countries towards early planning for transition. Countries with all characteristics listed should expect to undergo transition in these waves unless other factors (such as ongoing war) are likely to prevent transition.

Table 1 – First wave transitions: 2016-2018

Characteristics	Countries
• Countries with concentrated epidemics • Countries where domestic spending makes up 80-90% of total HIV spending • Countries with enabling legal and policy environments for key populations • Countries with funding mechanisms established, or being established, to finance NGOs	Examples of likely first wave countries: • Thailand • Gabon • Costa Rica • Albania • Armenia • Moldova • Bosnia and Herzegovina

Table 2 – Second wave transitions: 2019-2023

Characteristics	Countries
• Countries with concentrated epidemics or low-level generalized epidemics • Countries with increasing domestic spending on HIV, topping 50%. • Countries where significant investments are being made to create enabling environments • Countries with some diversified sources of funding for NGOs, including from the public and/or private sector	Examples of likely second wave countries: • Bhutan • Sri Lanka • Malaysia • Jamaica • Mauritius • Panama • Namibia • Surinam • Vietnam

Third wave transitions: 2024-2029

Characteristics	Countries
• Countries with generalized epidemics or large concentrated epidemics • Countries where domestic spending is rising, but not yet making up the majority of HIV funding in the country • Countries where laws and policies still create significant human rights barriers to access for key populations • Countries where NGOs still largely depend on external funding to do their work	Examples of likely Third wave countries: • Botswana • Egypt • South Africa • Ukraine • Nigeria

However, each of these lists contain countries about which there remains considerable controversy as to their ability not only to fund but also to implement effectively the full range of programs required to reach an "ending AIDS" scenario. The desire on the part of donors to transition is not necessarily matched by governmental willingness and ability to fund the services, to ensure all necessary structures and mechanisms are in place, and to carry out all required activities. This mismatch between the expectations and hopes of donors and the readiness of recipient country governments has led to significant concerns, particularly among civil society, about the potential effects of transition on people living with HIV and key populations (Civil Society Open Letter, 2015).

Confusion about who is transitioning and when is already emerging. One example is Jamaica. OSF reported that Jamaica is experiencing a rapid Global Fund exit process, where the country is expected to fully transition from all Global Fund support in just three years' time – by the end of 2018 (OSF, 2015). This was based on interviews with partners in country. However, in a key interview with the Fund in November 2015, the Fund Portfolio Manager said: "They are aware of the [transition] issue but in terms of the country having the highest burden in the region, it's clear they are going to stay eligible."

Another example is South Africa. Members of the concept note writing team urged the Country Coordinating Mechanism to develop a sustainability or transition plan, given the country's income level and shrinking Global Fund allocation. There was considerable debate about how long South Africa would remain eligible, with some suggesting transition planning should begin now, and others feeling it was not needed for a long while. In the end, the Global Fund Country Team did require the CCM to submit a sustainability plan along with their concept note, though there was no guidance on how this should be done.

In Mauritius, there is also evident confusion about transition. Aidspan reported that during NFM concept note development, there were debates about transition timing for the country, "with some saying, 'this is almost certainly your last' and people in country saying, 'we've heard that before, and we always get more money'" (Aidspan, 2016). The same sentiments were echoed in Bosnia and Herzegovina.

Among the major international donors, Gavi is one of the few to provide clear and predictable timelines for country transitions. Gavi has stated that in 2016, 16 countries[3] will be in the process of transitioning away from Gavi support, while five[4] will have reached the end of Gavi support and will be fully self-financing vaccines. The Gavi model for transitions has been praised for having a clear process. However, the context for Gavi is much simpler: It uses economic indicators only with a cut-off of $1,580 GNI per capita. The Global Fund and other donors work across a broader range of economic contexts and a range of diseases. It is also true that governments are far more willing to take up child immunization than they are certain types of HIV programs such as promoting human rights for drug users and men who have sex with men.

In the absence of formal announcements of plans about which countries are expected to undergo transition and when, a discussion paper has been developed projecting transitions from Global Fund support (Unpublished, 2014). This paper predicted that 16 countries would be ineligible for Global Fund HIV support at various points between 2014 and 2029.[5] More recently, an OIG report indicated that as many as 30 countries would soon face transition.

Recently, several observers have called on organisations such as PEPFAR, DFID, and The Global Fund to clarify their plans for transition. The Global Health Access Project (Health GAP) says that talk of transitions from PEPFAR support in countries other than South Africa, Botswana, and Namibia is premature. Health GAP therefore called on PEPFAR to "immediately clarify, publicly and specifically to U.S. government staff, that PEPFAR will remain focused on service delivery in all low-income and lower-middle-income countries and is not transitioning" (Health GAP, 2014, p. v). Health GAP also suggests a re-evaluation of any further transitions from PEPFAR support in upper-middle-income countries in light of evidence from South Africa. According to Health GAP, as many as 203,300 people have been lost from care in South Africa during the PEPFAR transition (Kavanagh, 2014).

The International HIV/AIDS Alliance has raised alarm over DFID's decision to cut almost all bilateral HIV funding to middle-income countries. In these countries, the Alliance presses DFID to develop robust transition plans in coordination with national stakeholders, in order to sustain

[3] Angola, Armenia, Azerbaijan, Bolivia, Congo Rep., Cuba, Georgia, Guyana, Indonesia, Kiribati, Moldova, Timor Leste, Uzbekistan, Vietnam.

[4] Bhutan, Honduras, Mongolia, Sri Lanka and Ukraine

[5] Russia, Tonga, Albania, Timor-Leste, Gabon, Bhutan, Sri Lanka, Malaysia, Mauritius, Panama, Suriname, Costa Rica, Romania, Botswana, Egypt, Peru. This unpublished paper disseminated the findings of work in progress by staff at the Bill and Melinda Gates Foundation, and was not peer reviewed or submitted for approval by Foundation leadership

services for key populations until national governments are able to fully support the national HIV response themselves (Murphy & Podmore, 2014). Further, the Alliance calls for DFID and affected MICs to develop a funding mechanism to support activities for key populations, especially in places where there is mounting state-sponsored homophobia.

More recently, Global Fund Observer editor David Garmaise (2015) noted from the November 2015 Global Fund Board meeting that transition was a key issue that was not on the Board's official agenda but was the subject of much discussion among the Board and others attending the meeting. Garmaise said questions raised included: "What is the Fund's role in transition planning? What is the role of the technical partners? How will country stakeholders, including civil society organizations, be involved? When should the planning start? Who should coordinate the process? How much time is required?" and called for a formal strategy by The Global Fund on transition. (A policy on sustainability and transition is being presented to the Global Fund Board for approval in April 2016, and operational guidance is in development.)

In addition to addressing inconsistencies within the operation of individual donors, greater donor harmony is required so that countries have a clearer sense of how their overall program is going to be affected by each transition. In summary, to aid in the transparency and predictability of transition processes, we need:

- **Systematic transition criteria:** A clear set of criteria needs to be developed for assessment of a country's transition preparedness. Importantly, the criteria should include indicators other than income level alone. In addition to objective information about the willingness and capacity of the country to transition, the criteria need to include information about where the country sits in donor priorities or policies for funding.
- **Publicly available transition schedules:** Donors need to define the likely timing of transition processes. Transition should be discussed between donors and representatives of the country's government and civil society to determine the likely start and end dates and duration of the transition process.
- **Coordinated donor decisions**: Donors need a clearer mechanism to communicate their transition plans about a particular country with each other, to ensure smoother, less disjointed transitions.

Part II: Good practice transitions – *Which model is best*

This section provides an overview of the existing transition models and frameworks, highlighting the need for consensus on good practice in this area.

Several older papers have put forward optimal models for successful transitions. Factors often identified are the need for high-level political leadership, close communication and coordination with local partners (especially government), early planning, building local capacity, and a phased approach (Bossert, 1990; Slob & Jerve, 2008). More recent studies highlight a lack of agreement on which model is best for facilitating sustainable transitions.

Based on a review of 48 publications, Vogus and Graff (2014) conclude that there are a series of six key steps in planning an effective transition to country ownership: (1) develop a roadmap; (2) invest in stakeholder participation; (3) communicate the plan through high-level diplomacy; (4) support mid-term evaluations; (5) provide technical assistance throughout the process; and (6) provide long-term M&E support. They apply this framework to the PEPFAR transitions in the Eastern Caribbean, concluding that transition readiness in the region will require stronger health systems, better private sector engagement, and capacity building of NGOs to take on essential programs.

In another analysis, Piot et al. (2015) assess 21 transition plans (or what they call "country compacts") from 13 countries. From this analysis, they conclude that the best plans for transition include the following elements: duration of about five years; key financing or high-level political signees; clear and measurable financial targets (for donors and governments); economic and epidemiological data; costed HIV strategies and trusting dialogue; reliable M&E systems; and binding incentives (penalties and rewards).

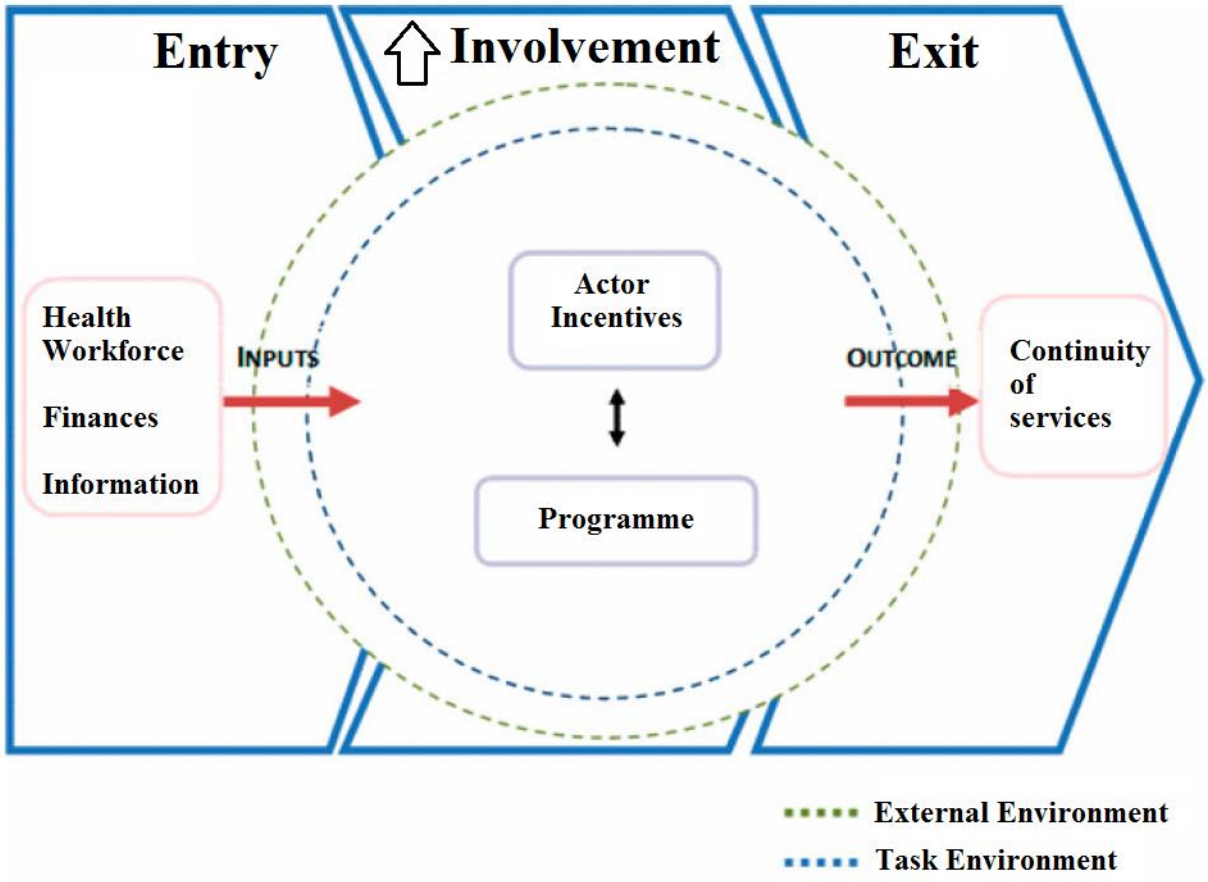
The analysis in Piot et al. (2015) is one of the few to specify a desired timespan – five years. This is the timeframe used in PEPFAR's partnership frameworks which guided its transition out of the Eastern Caribbean (2010-2014) and is currently steering its South African transition (2012-2013 to 2016-2017). In an unpublished discussion paper (ICASO, 2015), it is suggested that transitions be given between five and seven years of effort. The framework from EHRN (Figure 2) suggests transitions take 3-6 years. On the shorter end of the spectrum, some Global Fund transitions are currently being implemented over one grant cycle – just three years, though new guidance may recommend a more lengthy process. At the other extreme, the Avahan transition in India (BMGF) was implemented over a period of nearly eight years.

Oberth and Whiteside (2016) put forward a conceptual framework for sustainability after donor transition that includes six tenets: financial, economic, political, programmatic, structural, and human rights. Importantly, this framework includes considerations for sustaining programs among criminalized key populations such as sex workers, men who have sex with men, and people who inject drugs, as well as considerations for ensuring that structural factors such as gender-based violence and poverty be addressed to create enabling environments for declining disease trajectories.

Based on the Gates Foundation's Avahan transition in India, Bennet et al. (2015a) suggest that a successful transition model should have the following components: an extended and sequenced time frame for transition; co-ownership and planning of transition by both donor and government; detailed transition planning and close attention to program alignment, capacity development and communication; engagement of staff in the transition process; engagement of multiple stakeholders post transition to promote program accountability and provide financial support; and signalling by actors in charge of transition that they are committed to specified time frames.

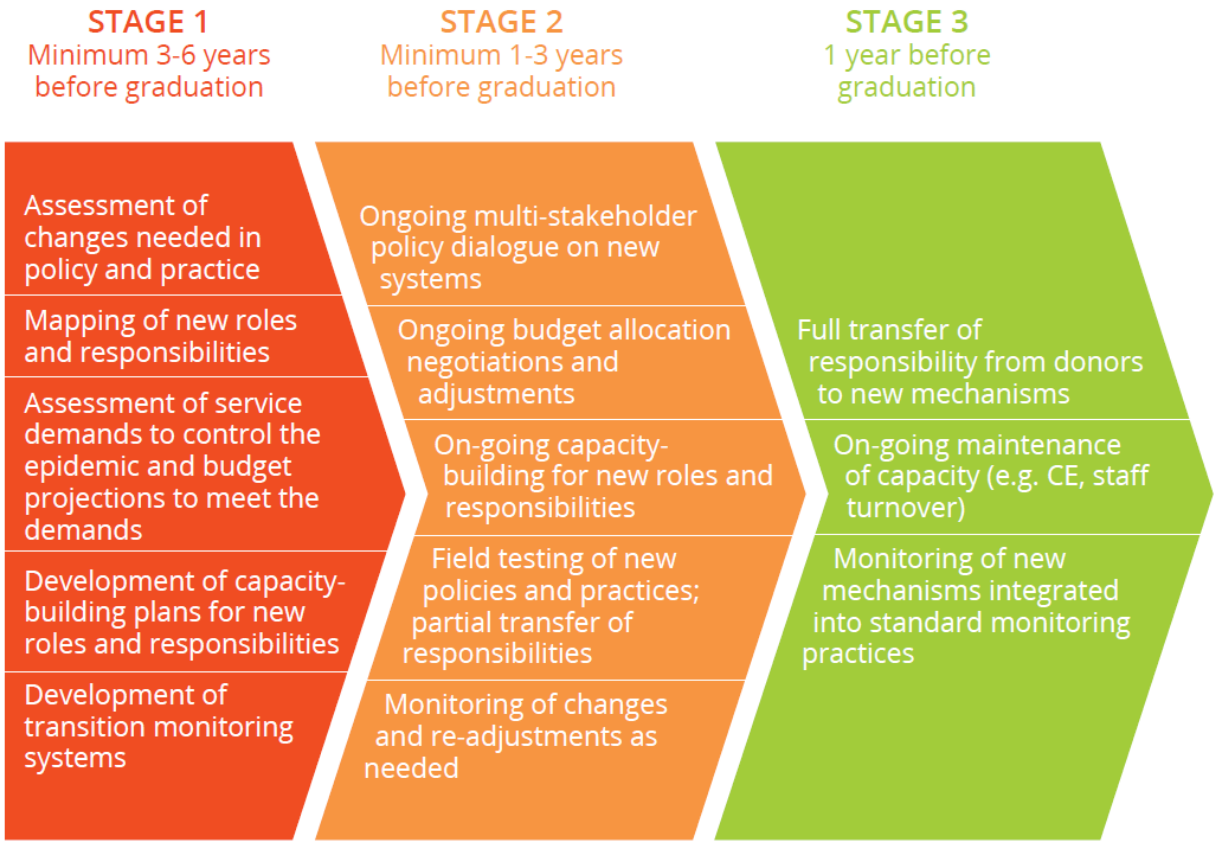
Amaya et al. (2014) suggest that early alignment of donor activities with national policies is one of the most important enabling factors for sustainable transitions. The framework put forward in Amaya et al. (2014) is based on the Global Fund transition in Peru. This model (Figure 1) is in agreement with the earlier models of Bossert (1990) and Slob & Jerve (2008), insofar as it promotes alignment of donor funding with national policies and an alignment plan between different actors to ensure institution building and strategies required to support the phasing-out of donor funding.

Figure 1: Transition Framework from Amaya et al. (2014, p. 180)



The model put forward by the Eurasian Harm Reduction Network (Figure 2) is useful insofar as it prescribes stages of transition preparedness, with steps for countries to follow 3-6 years, 1-3 years and one year before graduation. "Testing" new policy and practice ahead of transition allows for assessments and adjustments to be made before it is too late to prevent avoidable disruptions. This has been a successful strategy in practice, too. The evolution of the transition approach in the Gates' Foundation's Avahan transition in India has been noted as one of the factors in its success (Bennet et al., 2015a). In most other cases, measuring the success of a transition is often a retrospective exercise. One systematic review found that the majority of sustainability studies happen between one and five years after the completion of a transition process (Scheirer, 2005).

Figure 2: Transition Framework from the Eurasian Harm Reduction Network (EHRN) (2015a, p. 10)



In summary, the key findings from the literature indicate that successful transitions require:

- **Time:** Not only is a period of several (5-10) years required, but a phased roadmap to achieve various specified financial and operational targets is also needed. If key steps in transition – such as the mechanism though which government can fund NGOs, or the ability of key populations to register NGOs – are not achieved by set dates, the transition process will be delayed or will be unsuccessful. Donors must play a critical role in helping countries to develop this roadmap.
- **High-level political commitment:** Without commitment at the highest political levels, transitions can be easily derailed by changes in staffing, in political parties, or in economic circumstances. The increasing interest of many countries in "Ending AIDS by 2030" should be used to secure high-level political commitment to transition.
- **Country ownership:** Aligning donor-funded projects with national policy as well as with the national context (including budgeting reasonable travel and salaries) is important if projects are to be absorbed by domestic bill-payers.

- **Built-in monitoring and evaluation (M&E):** In addition to regular assessment of progress against the roadmap targets, each country needs an M&E system to track changes to the epidemic, issues affecting the testing and treatment cascade, access by key populations to essential services, and other important considerations.

- **Technical support:** Development of a roadmap, including specified achievements and dates, is a complex task for most countries. Assistance is needed both for the specific tasks in developing the roadmap and in securing high-level political support. Countries need specific development assistance with transitions processes to build the capacity of agencies that are likely to take over crucial elements of the HIV response. Division of responsibility between government entities and NGOs, funding mechanisms, budget procedures, and a range of other program management issues must be addressed in the roadmap. In almost all countries, technical issues remain to be resolved – such as ensuring key populations are participating in HIV programs to the same extent as the rest of the population, and addressing the substantial falls in each step of the HIV testing and treatment cascade. These problems require programmatic adjustments at the same time as changes are being made to funding processes. Ensuring that M&E results flow through to programmatic, legal and structural changes in the national HIV response will also require technical support.

Part III: Transitions that promote and protect human rights – *Is anyone left behind?*

Donor funding has been a useful mechanism for ensuring that funds get channelled towards what some countries may see as the "less palatable" interventions, including outreach to criminalized key populations, particularly in concentrated epidemics. While great improvements have been made globally in providing treatment to people living with HIV, with many developing countries reaching similar rates of treatment access to those seen in the developed world, very few nations have fully scaled up access to HIV prevention and treatment among key populations. As the UNAIDS GAP report (2014) notes:

- HIV prevalence among sex workers is 12 times greater than among the general population; and among gay men and other MSM, it is 19 times greater.

- On average only 90 needles are available per year per person who injects drugs, while the need is about 200 per year.

- Same-sex sexual acts are criminalized in 78 countries and are punishable by death in seven countries. Sex work is illegal and criminalized in 116 countries. People who inject drugs are almost universally criminalized for their drug use or through the lifestyle adopted to maintain their drug use.

These statements are echoed in the USAID (2014) article on "Key populations: Targeted approaches towards an AIDS-free generation."

Analyses of donor programs have consistently pointed to difficulties in scaling up programs for key populations (amfAR, 2013; Bridge et al., 2012), with the Global Fund's 2014 independent evaluation (assessing progress of its current strategy) noting that "[t]o date the Global Fund and recipient countries have veered away from tackling the specific obstacles preventing key affected populations from accessing services" (Summers & Streifel, 2015). Closely connected to these key population issues are the twin gaps in domestic investment in strengthening community capacity and systems to allow community engagement, as well as domestic government understanding of, and investment in, community sector advocacy to improve HIV prevention, treatment, and care services.

There is some evidence that transition can leverage additional government resources for key populations. In this sense, transition might be good for key populations programming, if it encourages governments to dedicate resources towards these previously donor-funded areas. In one analysis of 13 upper-middle income countries, Global Fund counterpart financing requirements (domestic contributions to disease programs) were more likely to be dedicated to key populations interventions in countries that were currently going through transition (Aidspan, 2016). Countries not (yet) facing transitions were more likely to meet counterpart financing requirements with commitments to fund aspects like ART and human resources for health.

One good example of sustainable funding for key populations during a transition can be seen in Costa Rica. Knowing that the current funding from the Global Fund may be the country's last, investments are being made to strengthen the Social Projection Board (JPS), a government funding mechanism which ensures local HIV NGOs are able to access public money. Further, money is being spent during the transition to ensure specific provisions for prevention of HIV among MSM and transgender women in the Costa Rican Social Security Fund (CCSS) (which funds the JPS) operational plan and budget. The intention is to ensure that more NGOs working with MSM and transwomen are able to access government HIV funding (Aidspan, 2016).

However, in other examples there is evidence that transitions can gravely threaten programs for key populations. Dr Michel Kazatchkine (2013), Special Envoy to the UN Secretary-General on HIV in Eastern Europe and Central Asia, used the example of Romania to state that: "Eastern Europe nations and other economies in transition are facing dramatic HIV/AIDS emergencies amongst PWID (people who inject drugs). Decision makers within those countries remain blind to this reality." He found in a visit to Romania that year a 20-fold increase in HIV infections among drug users since the end of Global Fund support, and an estimated national HIV prevalence rate of 53% among people who inject drugs (from below 2% in 2006: Mathers et al 2008). In Romania in 2013, about 30% of new HIV cases were linked to injection drug use as compared to just 3% in 2010 (OSF, 2014). This specific HIV outbreak among drug users (around 2011) has been directly linked to the significant decline in harm reduction services following the Global Fund transition out of the country (Bridge et al., 2015). Similarly, multiple NGOs in

northern Mexico, where injecting drug use is a common risk factor for HIV, report that distribution of needles and syringes (per injecting drug user) fell by 60-90% after the Global Fund transition in Round 10 (OSF, 2015).

Case studies by the Eurasian Harm Reduction Network found significant risk of similar problems related to HIV prevalence among people who inject drugs in Romania, Serbia, and Belarus (EHRN 2015b; 2015c; 2015d;). In Bulgaria, EHRN concluded "the Global Fund's sudden withdrawal of funding for HIV activities in-country threatens the sustainability of Bulgaria's HIV response.... Since the National Program for Prevention and Control of HIV/AIDS and STI 2016-2020 still remains to be drafted, there is no transition plan in place or adequate resource needs estimate for harm reduction activities."

In Papua New Guinea, in just six months, DFAT transitioned from a five-year, $4 million per year key populations–focussed information, outreach and HIV/STI service connection project to a dramatically reduced allocation that involved incorporating key population outreach into the existing work of a range of community and faith-based NGOs, with limited resources for transition or capacity development within these NGOs.

In South Africa's transition from PEPFAR support, where direct service provision is no longer being provided (only technical assistance), the Global Fund has moved in to fill some of these service gaps for key populations. Indeed, South Africa's NFM grant ($304 million) makes the Global Fund the largest investor in key populations programming in the country (Oberth, 2015). However, despite the PEPFAR transition and the decreasing total Global Fund allocation for the country (by about 1/3 in the NFM), domestic funds for key populations are not growing to fill the gap left by donors.

In some cases, increasing overall domestic funding can hide absent or decreasing key populations' budget lines. Expenditure tracking for the South Africa government's High Transmission Area (HTA) programme, which targets sex workers and those made vulnerable to HIV along transport routes, shows a declining trend from R166.2m in 2012 to R141.7m in 2013. The budgeted amount for 2015/2016 is R113.5m. The increase in overall domestic contributions in South Africa is heavily driven by growing spending on ART.

In Thailand, funding for key populations had significantly declined from 2008-2009 to 2011-2012 until the Global Fund support from Round 10 kicked in. As part of the transition, there have been new commitments from the government, allocating about US$9.5 million specifically for key populations (Aidspan, 2016). But the Global Fund has been funding virtually 100% of the HIV prevention services targeting people who use drugs, and it is unclear if and how the Thai government will continue and expand funding for this population.

But indeed this has been the pitch from many countries courting donor support: "We'll take over treatment, so your money is freed up for key populations." The strategy of transition components of an HIV program in stages is sensible in a lot of ways, though there is a worrying trend that key populations interventions are often the last to be absorbed.

An expert discussion hosted by the US Center on Strategic and International Studies in November 2015 made a series of recommendations (Summers & Streifel, 2015) to safeguard and improve HIV programming among key populations during transition. Some of these mirror the main points in the previous section:

- Increase political engagement: The barriers faced by key populations in accessing and retaining services are primarily political and not technical.
- Improve in-country capacity for advocacy based on data collection and analysis by NGOs.
- Ensure funding is provided for police, security, and criminal justice reform programs as these structural elements have the strongest influence in most countries over the access of key populations to needed services.
- Deliver better and targeted technical support.

The authors also made a specific recommendation related to the changes that occur in counterpart financing requirements as countries transition through the "bands" of Global Fund eligibility. They recommended that the Global Fund change its policies for countries with concentrated epidemics to require that co-investments are measured by disease-specific funding rather than for broad health spending. "While expecting countries with large, generalized epidemics to "match" Global Fund grants with increased investments in their health system, this same policy is counterproductive in countries with concentrated epidemics where there is often an unhealthy reliance on Global Fund grants to cover services for key populations. It also makes it difficult for advocates to hold governments to account for increasing domestic funding for key populations."

In some places, where national environments are especially hostile towards key populations, regional programs have filled this gap. These vital regional programs for key populations will be particularly difficult to transition to alternative sources of funding; in fact, conflicts of interest may make it impossible to ever fully transition community watchdogs to reliance on government funding. This critical role for NGOs may necessitate ongoing support from neutral, external donors.

In summary, transitions that promote and protect human rights are most likely to maintain and expand access to essential HIV services by key populations through:

- **Funding mechanisms for NGOs** working effectively to enable access to sufficient funds for key populations service delivery programs.
- **High-level political engagement**, specifically related to the costs and benefits of excluding or including specific key populations in national strategic plans, Global Fund concept notes and plans towards Ending AIDS. This engagement needs to focus on the legal and structural barriers to access, using the tools of human rights and rights-based responses as appropriate.

- **Improved in-country capacity** for advocacy based on data collection and analysis by NGOs representing each key population, and support to involve NGOs in both the data collection and analysis functions of monitoring and evaluation, as well as the decision-making process based on these data.
- **Increased capacity of NGOs** to demonstrate specifically the level and types of activities they will undertake in the HIV prevention and treatment cascade to justify the sustained allocation.
- Ensured funding **for police, security, and criminal justice reform** programs as these structural elements have the strongest influence in most countries over the access of key populations to needed services.
- More relevant and better **targeted technical support**.

Discussion

Based on this analysis, which advocates for more predictable, replicable and equitable transitions, countries must begin to prepare for when (which year?), how (which model?) and what (which programs?) they transition. This section offers a number of specific, practical recommendations for countries in various "transition waves" (as provided in Part 1). Depending on which wave they are in, countries may have different needs and considerations for how they transition.

Recommendations for first wave transitions (2016-2018)

Countries in this group should already be well-prepared for transition. But, if the below tasks have not yet been completed, countries should, as a matter of urgency:

- develop and agree a transition roadmap, containing specified financial and operational targets;
- call for technical assistance and involvement from external donors and technical support partners to negotiate high-level political commitment, to ensure structures are available and operational for funding key populations NGOs through government funds, and to ensure the full involvement of key government and civil society actors in the development of an agreement to the roadmap;
- develop the mechanisms and systems through which monitoring and evaluation efforts will be reported, discussed, analysed and used to improve services during and beyond transition; and
- ensure equitability of the transition process, using the key points in Part III above.

Recommendations for second wave transitions (2019-2023)

Countries in this group should plan to have all elements of a transition plan in place by 2017. A modelling exercise will normally be needed to determine the extent of domestic funding required

to address HIV. Many countries use the UNAIDS Investment Case process while others use the Asia Epidemic Model or Optima (from the World Bank) to develop several scenarios from ongoing funding at the current level (replacing external funds with domestic funds) to comprehensive scale-up, determining the costs and benefits of each scenario. In 2015, Malaysia completed such an exercise, selecting the scenario which would most quickly end AIDS (as this would provide the highest long-term return on investment), and developed a 10-year National HIV Strategy to end AIDS, containing a transition plan away from external funding.

Countries should also begin planning the steps outlined for this group of transitioning countries. The transition roadmap should be approached in the same way that a National HIV Strategic Plan is carried out: multiple meetings of stakeholders to determine major issues and bottlenecks, followed by establishment of working groups to develop draft financial, operational and structural targets for agreement through a consultative multi-stakeholder process.

Recommendations for third wave transitions (2024-2029)

Countries in this wave have the advantage of time, as well as lesson-learning from country experiences in the first two waves. One of the top priorities for countries in this transition wave should be to get the technical problems fixed, especially for key populations. This could include a vision for long-term capacity building, especially for networks of key populations. Current investments made through organizations like the Robert Carr Network Fund and the Global Fund's Community, Rights and Gender Special Initiative should help key populations to begin planning for the existence of a post-transition environment.

Second, countries in the third wave have more time to review and revise laws and policies, in order to create a more enabling environment for transition later on. This might include removing legal barriers to access for key populations, such as laws which criminalize certain groups or laws which hinder procurement of affordable medicines (related to TRIPS flexibilities).

References

Aidspan (2016). The "fair share" of shared responsibility: A case study analysis by Aidspan of how The Global Fund's willingness-to-pay policy leveraged additional government resources in the new funding model. Aidspan. Online at http://www.aidspan.org/publication/%E2%80%9Cfair-share%E2%80%9D-shared-responsibility-aidspan-reportwillingness-pay

Amaya, A. B., Caceres, C. F., Spicer, N., & Balabanova, D. (2014). After the Global Fund: Who can sustain the HIV/AIDS response in Peru and how?. *Global Public Health, 9(1-2),* 176–197.

AmfAR (2013). *Achieving an AIDS-Free Generation for Gay Men and other MSM in Southern Africa* NY.

Bennett, S., Rodriguez, D., Ozawa, S., Singh, K., Bohren, M., Chhabra, V., & Singh, S. (2015a). Management practices to support donor transition: lessons from Avahan, the India AIDS Initiative. *BMC health services research*, *15*(1), 232.

Bennett, S., Singh, S., Rodriguez, D., Ozawa, S., Singh, K., Chhabra, V., & Dhingra, N. (2015b). Transitioning a Large Scale HIV/AIDS Prevention Program to Local Stakeholders: Findings from the Avahan Transition Evaluation. *PLOS ONE*, *10*(9), e0136177.

Bossert, T. J. (1990). Can they get along without us? Sustainability of donor-supported health projects in Central America and Africa. *Social Science & Medicine*, *30*(9), 1015-1023.

Bridge, J., Hunter, B. M., Albers, E., Cook, C., Guarinieri, M., Lazarus, J. V., & Wolfe, D. (2015). The Global Fund to Fight AIDS, Tuberculosis and Malaria's investments in harm reduction through the rounds-based funding model (2002–2014). International Journal of Drug Policy.

Bridge, J., Hunter, B.M., Atun, R., & Lazarus, J.V. (2012). Global Fund investments in harm reduction from 2002 to 2009. *International Journal of Drug Policy* 23 (4): 279-285.

Brundage, S. (2011). Terra Nova: How to Achieve a Successful PEPFAR Transition in South Africa. Center for Strategic and International Studies (CSIS). Online at http://csis.org/files/publication/111205_Brundage_TerraNova_WEB.pdf

Civil Society Open Letter to the Board of the Global Fund to fight AIDS, TB and Malaria. Re; Allocation Methodology and Sustainability and Transition. November. (Signed by 33 NGOs working with key populations on HIV, TB and Malaria)

Dieleman, J. L., Graves, C. M., Templin, T., Johnson, E., Baral, R., Leach-Kemon, K., & Murray, C. J. (2014). Global health development assistance remained steady in 2013 but did not align with recipients' disease burden. *Health Affairs*, *33*(5), 878-886.

Eurasian Harm Reduction Network (EHRN) (2015a). Transition and Sustainability of HIV and TB Responses in Easter Europe and Central Asia. Online at http://www.harm-reduction.org/library/transition-and-sustainability-hiv-and-tb-responses-eastern-europe-and-central-asia

Eurasian Harm Reduction Network (EHRN) (2015b). *The impact of the Global Fund's withdrawal on harm reduction programs. A case study from Bulgaria*. Vilnius. September

Eurasian Harm Reduction Network (EHRN) (2015c). *The impact of the Global Fund's withdrawal on harm reduction programs. A case study from Belarus*. Vilnius. October

Eurasian Harm Reduction Network (EHRN) (2015d). *The impact of the Global Fund's withdrawal on harm reduction programs. A case study from Serbia*. Vilnius. August

Garmaise, D. (2015). CSOs call for transition planning in countries facing declines in Global Fund support. Global Fund Observer, Issue 258. Aidspan. Online at http://www.aidspan.org/gfo_article/csos-call-transition-planning-countries-facing-declines-global-fund-support#

Global Fund (2014) Overview of the Allocation Methodology (2014-2016) The Global Fund's new funding model. Online at http://www.theglobalfund.org/documents/fundingmodel/FundingModel_OverviewAllocation_Methodology_en/.

Global Fund (2016). Allocations. Online at http://www.theglobalfund.org/en/fundingmodel/process/allocations/

Health GAP (2014). The Politics of Transition & the Economics of HIV: AIDS & PEPFAR in South Africa. Written by Matthew M. Kavanagh. Online at http://www.healthgap.org/_the_politics_of_transition_economics_of_hiv_aids_pepfar_in_south_africa

ICASO (2015). Handing Over Health: Experiences with Global Fund Transitions and Sustainability Planning in Serbia, Thailand and South Africa. *Unpublished Discussion Paper*.

Kates, J., Wexler, A. and Lief, E. (2014) "Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2010." Kaiser Family Foundation Report. Available at http://files.kff.org/attachment/report-financing-the-response-to-aids-in-low-and-middle-income-countries-international-assistance-from-donor-governments-in-2014

Kavanagh, M. M. (2014). The politics and epidemiology of transition: PEPFAR and AIDS in South Africa. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *65*(3), 247-250.

Lauer, K. (2014). Will a New Funding Strategy Leave Behind HIV's Most Vulnerable? Open Society Foundations. *Voices*. Online at https://www.opensocietyfoundations.org/voices/will-new-funding-strategy-leave-behind-hiv-s-most-vulnerable

Kazatchkine, M. 24 Hours in Bucharest. Huffington Post (UK). 15 October 2013. Online at http://www.huffingtonpost.co.uk/michel-kazatchkine/bucharest-hiv-aids_b_4095619.html

Mather, B.M., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S.A., Wodak, A., Panda, S., Tyndall, M., Toufik, A., & Mattick, R.P. for the 2007 Reference Group to the UN on HIV and Injecting Drug Use (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet* September 24, 2008. DOI:10.1016/S0140-6736(08)61311-2

Murphy, F. & Podmore, M. (2014). Fulfilling the promise to 'make AIDS history': Why the UK Government should continue to support the HIV response in middle-income countries. International HIV/AIDS Alliance Policy Brief. Online at

http://www.aidsalliance.org/assets/000/000/856/FINAL_Policy_brief_Fulfilling_the_promise_donor_support_to_MICs_original.pdf?1407340394

Resch, S., Ryckman, T., & Hecht, R. (2015). Funding AIDS programmes in the era of shared responsibility: an analysis of domestic spending in 12 low-income and middle-income countries. *The Lancet Global Health*, *3*(1), e52-e61.

Oberth, G. (2015). South Africa submits $380-million concept note for HIV/TB. *Global Fund Observer, Issue 268.* Aidspan. Online at http://www.aidspan.org/gfo_article/south-africa-submits-380-million-concept-note-hivtb

Oberth, G. & Whiteside, A. (2016). What does sustainability mean in the HIV and AIDS response? *African Journal of AIDS Research, 15, 1-9.*

Open Society Foundations (OSF) (2015). Ready, Willing, and Able? Challenges Faced by Countries Losing Global Fund Support. Draft Discussion Paper. Updated: July 30, 2015. Online at http://globalfund-developedngo.org/wp-content/uploads/2015/09/Ready-Willing-Able_Jul-30.pdf

Open Societies Foundations (OSF) (2014). Undermining the global fight. The disconnect between the Global Fund's strategy and the real-life implications of the New Funding Model. Online at https://www.opensocietyfoundations.org/sites/default/files/undermining-global-fight-20141201.pdf

PEPFAR (2010). Caribbean Regional HIV and AIDS Partnership Framework 2010-2014. Five-year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS. Online at http://www.pepfar.gov/documents/organization/143196.pdf

Piot, P., Karim, S. S. A., Hecht, R., Legido-Quigley, H., Buse, K., Stover, J., ... & Møgedal, S. (2015). A UNAIDS–Lancet Commission on Defeating AIDS—Advancing Global Health Defeating AIDS—advancing global health. *Lancet*, *386*, 171-218.

Scheirer, M. A. (2005). Is sustainability possible? A review and commentary on empirical studies of program sustainability. *American Journal of Evaluation*, *26*(3), 320-347.

Slob, A. & Jerve, A.M. (2008). Managing Aid Exit and Transformation: Lessons from Botswana, Eritrea, India, Malawi and South Africa: Synthesis Report, in Joint Donor Evaluation, Sida: Stockholm.

Summers, T. (2015). Provoking Dialogue: Three Big Ideas for the Global Fund. Centre for Strategic and International Studies (CSIS). Online at http://csis.org/files/publication/151008_Summers_BigIdeas_Web.pdf

Summers, T., & Streifel, C. (2015). Key Populations and the Next Global Fund Strategy: A Focus on Upper-Middle Income Countries. Centre for Strategic and International Studies (CSIS). Online at http://csis.org/files/publication/151117_Summers_KeyPopulations_Web.pdf

The Lancet HIV (2016). HIV on the fast-track to sustainability. *The Lancet HIV, 3(1),* e1.

Trout, C. H., Dembélé, O., Diakité, D., Bougoudogo, F., Doumbia, B., Mathieu, J., ... & Cabral, H. (2015). West African female sex workers in Mali: reduction in HIV prevalence and differences in risk profiles of sex workers of differing nationalities of origin. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *68*, S221-S231.

UNAIDS (2014). The GAP Report. Geneva, Switzerland. Online at http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf

UNAIDS (2015). How AIDS Changed Everything. MDG 6: 15 Lessons of Hope from the AIDS Response. United Nations General Assembly (2011). Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. New York, United Nations.

USAID (2014). "Key populations: Targeted approaches towards an AIDS-free generation". Online at https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/key-populations-targeted-approaches-toward

Vinogradova T. et al. About HIV Infection among Men Who Have Sex with Men in a Russian Metropolis. Three Approaches to the Study of the Problem (A generalization of our own researches). St. Petersburg, Russia: HIV Infection and Immunosuppressions, 2014, Volume 6, No. 3, p. 95-104

Vogus, A., & Graff, K. (2015). PEPFAR Transitions to Country Ownership: Review of Past Donor Transitions and Application of Lessons Learned to the Eastern Caribbean. *Global Health: Science and Practice*, *3*(2), 274-286.

Acknowledgements

Development of this paper was partially supported by UNAIDS.

Copy editing: David Garmaise, Aidspan

Layout: Aidspan.