Eastern Mediterranean Region Constituency

Status Report for 36th Board Meeting

Nov 2016

Middle income countries (MICs) are home to most people living in poverty and the majority of all people living with HIV and TB. Additionally, MICs face higher medicine prices due to intellectual property barriers and exclusion from agreements allowing low income countries cheap prices.
At the same time, MICs are targeted with funding cuts from international donors like the Global Fund. Donor government funding to support HIV responses in low and middle income countries decreased from $8.6 billion in 2014 to $7.5 billion in 2015. Currently, many MICs are at risk of no longer being eligible for Global Fund funding and transitioning in the coming years.

World Bank classification and EMRO countries:
The Global Fund uses to determine allocation funding a World Bank classification based on GDP. This classification does not grasp the reality of countries in question, leaving aside the amount of national budget dedicated to health, the respect of people living with HIV and key population's rights, or the political context. It is therefore inappropriate for assessing health needs.
Under this classification, most countries in the EMRO delegation are MICs and therefore at risk of losing funding, especially of their levels of epidemic are lower. Upper middle income countries (UMIs) are at most risk of losing funding in the coming cycles; in the EMRO delegation, this concerns Algeria, Iran, Jordan, Lebanon and Tunisia. Other countries in the EMRO delegations that are MICs and therefore at risk are: Egypt, Morocco, Palestine, Djibouti, Mauritania, Pakistan, Syrian Arab Republic and Yemen. It has already been announced Algeria was transitioning for 2017-2019 and would no longer be eligible for HIV after that date. Egypt has also been projected to no longer be eligible for TB within a few years.

Risk incurred for EMRO countries:
Cutting funding for EMRO MICs entails the risk of undermining all efforts made in the fight against the three diseases this past decade which have been extremely important. For instance, the Global Fund has enabled our countries to structure our governance on the three diseases while including all major actors of the fight through CCMs or to implement activities dedicated to HIV prevention for key populations. Several EMRO countries face complicated geopolitical contexts, low State funding allocated to the three diseases and lack of key populations recognition. In fragile contexts, many advances permitted and legitimated by the Global Fund could collapse in case of departure.
It is now recognized the HIV epidemic can be ended in 2030. This could be more easily achievable in EMRO countries where there is low prevalence (0,2%) but instead we're observing a rising number of infections and AIDS-related deaths in the region which puts it among the top two regions with the fastest HIV epidemics[1]. This shows the risk of decreasing funding: efforts in the EMRO region should rather be strengthened and funding scaled up to envision eradication of the diseases.

[1] WHO, EMRO regional profile page (HIV in the WHO Eastern Mediterranean Region)

Official recommendations to increase funding in Middle-Income Countries:
The UNAIDS fast track means a doubling of the number of people living with HIV/AIDS on treatment compared to the current 15 million figure. Lower-middle-income countries will require US$8.7 billion by 2020 and upper-middle-income countries will require funding of US$ 17.2 billion, after which their needs will decline to US$ 14.2 billion[2]. This will require a lot more money, including from donors.

Failures of past Global Fund transitions:
Past Global Fund's transitions have shown to be failures. In Romania for instance, infection rates among people who use drugs rose significantly after the Global Fund's withdrawal in 2010. At that time, 4.2% of new HIV infections were related to intravenous drug use. That percentage rose to 49.2% by 2013 after harm reduction programs were defunded. In Jordan HIV grant transitioned in 2014, but met eligibility criteria only in 2016 after becoming a high burden considered country by the GF. According to current policy it will be eligible again if it can meet the criteria for two consecutive years, this may delay effective interventions however. The Global Fund leaving middle income EMRO countries could have similarly disastrous effects on our successes and annihilate our achievements. Instead of putting an end to the epidemics in EMRO countries where the epidemic is smallest and where it is most feasible, the Global Fund would send the signal that it is penalizing those rather of enabling them to drive change upwards for their neighbours.

Challenging Operating Environments:

As the conflict in the Syrian Arab Republic entered its sixth year, it continued to trigger massive levels of displacement, with 6.5 million internally displaced persons (IDPs), and over 4.8 million refugees in the neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey).

The conflict in Libya continued to have severe consequences for civilians, with approximately 350,000 IDPs, over 300,000 returnees and an estimated 100,000 refugees and asylum-seekers in need of protection and humanitarian assistance. (HCT) and launching community outreach projects. [3] In the post-conflict situation, several factors have emerged with the potential to fuel the epidemics. A nationwide stock-out of ARV drugs has led to long treatment interruptions among people living with HIV (PLHIV), which could increase transmission, drug resistance and mortality. Disruption of infection control and blood safety systems could lead to increased risk of nosocomial transmission, and a rise in sexual and gender-based violence could increase sexual transmission and create barriers to access services.[4]

As some National AIDS Programme (NAP) services and other local institutions adapt to the security situation the new major challenge becomes the lack of funding. In addition, recent years have also seen the country suffer a severe deterioration in basic services, particularly for people who inject drugs (PWID) and in the Prevention-of-mother-to-child-transmission (PMTCT) project. The recent turmoil of 2014, giving rise to two rival governments, has caused

[2] Gemma Oberth, « A la recherche du juste équilibre entre le financement national et celui du Fonds Mondial », Aidspan numéro 12, 6 mars 2015
[3] UN High Commissioner for Refugees (UNHCR), Overview on UNHCR's operations in the Middle East and North Africa (MENA) , 23 September 2016, available at: http://www.refworld.org/docid/57f25a284.html [accessed 8 November 2016]
[4] Libya (Tripoli) MoH request sent to EMRC, 2015

further outbreaks of violence across the country, which eventually severely impacted disease control programmes in all its aspects.

The complex humanitarian situation in Yemen continues to be alarming, some 180,000 people have fled the country mostly to Djibouti, Ethiopia, Somalia and Sudan, and further afield. An estimated 82 per cent of the 27 million people residing in Yemen is in need of humanitarian assistance, including 2.2 million IDPs and almost 950,000 IDP returnees.

As a country in transition, the sectarian violence that dramatically increased in much of Iraq since 2014 has displaced more than 2.5 million people. This, combined with the quarter of a million refugees fleeing to northern Iraq from the conflict in Syria, have put a great strain on a health system that had been making modest progress in its recovery from the prolonged crisis of the past decade. The frequent mobility and the cramped living conditions of those displaced are a particular challenge for the country's tuberculosis (TB) programme. [5]

Iraq is home to one of the highest TB rates in the region, with about 15,000 new cases annually. The Iraqi health system has been badly affected due to the long years of war and sanctions. The current TB crisis threatens to wipe out the progress made since 2008. Patients who fled their homes have stopped their treatment, case detection is disrupted, and the deteriorating conditions in which displaced communities survive have fueled the rapid spread of the disease. Interruption of TB treatments, which normally require over six months of close monitoring, is now likely to lead to an increase in multi-drug resistant (MDR) strains of TB. It is much more difficult and longer to treat MDR patients and it implies a higher burden for the government. The cost of treating MDR-TB is about ten times the cost of regular TB. It is a regional issue as countries receiving refugees from Iraq are now exposed to the spread of TB. Domestic spending on the health sector has decreased dramatically as funds are re-directed to deal with the conflict in large parts of the country. According to the Ministry of Health, currently 75-85 percent of the health budget pays for salaries and recurring costs.

Tunisia has also been struggling with refugee crisis from Libya and other North African countries while it is in process of transition out of Global Fund.

Conclusive remarks:

The Global Fund must remain global and keep accompanying countries where it has brought so much. No past transition has been successful, therefore a change of approach is needed to ensure even MICs with moderate epidemics keep being funded and supported, to ensure continuity of successes. Leaving those countries behind would represent a failure from the Global Fund. One of the priorities in our region must be to ensure that progress is sustained to address the specific and distinct needs of people living with HIV and TB and communities of key and vulnerable populations.

Involvement of NGOs and private sector in addressing the needs and assisting the civil society in countries where the government is not eligible anymore to ensure sustainability of results are highly recommended.

Advocating for involving new donors from within the region to invest in health and wellbeing of the people through regional initiatives as part or parallel to GF grants could also be followed up.

[5] UNDP website

Expectations

1. There is a need for realistic time for country policy change and development of domestically-funded disease responses that are evidence-based, focused on key populations and are gender and age responsive.
2. The Global Fund and partners should provide technical support for countries to develop realistic national programs and mechanisms for sustainable transition over the next 15 years to ensure achievement of Sustainable Development Goals by 2030.
3. A support mechanism should be available to countries which have become ineligible for Global Fund support but fail to transition successfully.
4. Advocacy and investment is needed to provide enabling environment for NGOs and communities to be more engaged in sustainability.
5. Global Fund should examine countries' levels of transition readiness and sustainability provisions.
6. Together with the catalytic funding, the Global Fund should increase its support through regional initiatives. Establishing regional networks of technical groups and enhancing multicountry or inter-regional cooperation are highly recommended.
7. Emergency fund should be increased as there are emerging countries in Middle East and North Africa suffering from conflict and refugee crisis's where TB and HIV prevalence is increasing: Syria, Iraq, Jordan, Lebanon, Libya etc.
8. Enhancing KPI's to reflect successful transition and ensuring achievement of SDGs by 2030 are recommended.
9. We need to slow-down the current rapid transition in middle income countries and instead of non-zero allocation we opt for some very focused/targeted grants (like up to 100K) and NGOs rule.

Annex 1, EMR Eligibility / Transition list*:

Country	Income level (WB)	HIV	TB	Malaria	Comments
Afghanistan	LIC	YES	YES	YES	
Disease Burden		Moderate	Severe	Moderate	
Algeria	UMIC	YES →	YES	Not Eligible	→Newly ineligible since 2014-16 allocation and may receive transition funding in 2017-2019
		Moderate	High	Low	
Djibouti	LMIC	YES	YES	YES	
		High	Severe	High	
Egypt	LMIC	YES	YES →	Not Eligible	→Projected to become ineligible based on country move to UMI status in 20202022 and may receive transition funding in 2023-2025
		High	Low	Low	
Iran	UMIC	Yes, current till end 2017	Not Eligible	Not Eligible	TB transitioned in 2015, Malaria 2016
		High	Low	Moderate	
Iraq	UMIC	Not Eligible	Current Until end 2018	Not Eligible	COE
		Low	Moderate	Moderate	
Jordan	UMIC	Not Eligible	Not Eligible	Not Eligible	HIV transitioned in 2014, but met eligibility criteria only in 2016
		High	Low	Low	
Lebanon	UMIC	Yes	Not Eligible	Not Eligible	No allocation so far
		High	Low	Low	
Libya	UMIC	Not Eligible	Not Eligible	Not Eligible	HIV & TB transitioned in 2014
Morocco	LMIC	YES	YES	Not Eligible	
		High	High	Low	
Pakistan	LMIC	YES	YES	YES	
		High	Severe	High	
Palestine	LMIC	YES	YES	Not Eligible	
		Low	Low	low	
Sudan	LMIC	YES	YES	YES	
		Low	Moderate	High	
Syrian Arab Republic	LMIC	Yes (Transition)	Yes (transition)	Yes (transition)	COE??
		Low	Low	Low	
Tunisia	LMIC	YES	Not Eligible	Not Eligible	
		High	Moderate	Low	
Yemen	LMIC	YES	YES	YES	COE??
		High	Moderate	High	

*Sources: -Eligibility List 2017

- Projected Transitions from Global Fund support by 2025 – projections by component