



KEY POPULATIONS AND HIV PROGRAMMING IN THE CONTEXT OF PEPFAR FUNDING TRANSITIONS

LESSONS LEARNED FROM THE HEALTH POLICY PROJECT

Brief

The Health Policy Project

INTRODUCTION

As donor budgets for HIV have flat-lined, funding for HIV services and programming has decreased, particularly in countries with higher income status and concentrated HIV epidemics. This trend has left key populations (KPs)—including men who have sex with men (MSM), sex workers (SWs), people who inject drugs (PWID), and transgender people—especially vulnerable. To support PEPFAR and other donors in ensuring sustained HIV programming for key populations, the USAID- and PEPFAR-funded Health Policy Project (HPP) completed a review of existing transition literature, hosted an expert consultation with civil society and development leaders, and completed case studies on PEPFAR's transitions in four countries: Bangladesh, Botswana, China, and Guyana. This brief summarizes findings and recommendations from these efforts.

CONTEXT

Around the world, key populations are disproportionately affected by HIV and face considerable barriers to accessing services. Criminalization of these populations is widespread, as is intense stigma and discrimination. International donors fund more than 90 percent of KP programs in low- and middle-income countries (UNAIDS, 2012), and evidence suggests many governments will not adequately fund KP programming as international support declines (Open Society Foundations, 2015). In many cases, governments cite laws criminalizing same-sex relations, sex work, or drug use as impediments to funding. Transitions away from donor funding can therefore leave key populations and the civil society organizations (CSOs) that serve them especially vulnerable if KP programming is not locally owned and sustainable. As donors prepare to transition HIV programming from international donor to in-country support, protecting key populations' human rights and access to HIV services will require special attention.

BACKGROUND

Transitioning Countries from Donor Assistance

As major HIV donors prepare for transitions in many countries, the international community has begun to grapple with how to responsibly transition to a country-led and -financed response. There have been some efforts to document country experiences, develop frameworks, and recommend steps for transitioning to greater country-led and -financed HIV responses (Vogus and Graff, 2015; Gotsadze et al., 2015; Eurasian Harm Reduction Network, 2015a and 2015b; World Bank, Unpublished; Obert and Whiteside, 2016; Open Society Foundations 2015).

Currently, different donors use different definitions of sustainability and transitions (see Box 1). There are also various readiness assessments in existence, and several transition frameworks are under development. A review of existing literature and tools, summarized in Box 2, reveals a number of key components essential to a successful transition.

- A comprehensive **readiness assessment** that considers sufficiency and sustainability of the HIV response
- Engaged **stakeholders** (donors, government, civil society, private sector) to ensure mutually agreed-upon roles, responsibilities, and expectations for the transition
- A clear **roadmap or transition plan** that identifies transition goals and processes
- A **national body** with the mandate, competence, and authority to manage transition processes
- Sufficient **resources** to support transition activities
- **Capacity development** support to ensure that HIV programs are managed effectively and integrated into national health plans
- Effective **communication**, including between high-level diplomats from donor and recipient governments

- A mid-transition **assessment**, and flexibility to adapt to emerging challenges
- Ongoing **monitoring and evaluation** to assess transition progress and impact

However, some specific concerns related to key populations have not been adequately addressed by the existing literature, although there is acknowledgement that transitioning KP programming presents a significant challenge. Some stakeholders have suggested that, in some countries, it may not be possible to transition KP programming to domestic funding due to restrictive environments (Oberth and Whiteside, 2016). It is unlikely, however, that donors will be able to fund KP programming indefinitely. Identifying ways of transitioning responsibly is, therefore, imperative.

COUNTRY CASE STUDIES

Following an expert consultation with civil society and development partners, convened in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS) (see Box 3, page 4) HPP developed case studies that examine the impact of decreased donor funding on KP programming in four countries: Bangladesh, Botswana, China, and Guyana. The case studies are based on key informant interviews conducted by HPP staff in late 2015. Interviewees represented a variety of HIV stakeholders, including PEPFAR staff, implementing partners, host country government officials, KP community members,

Box 1. Defining Donor Transitions

The international donor community employs various definitions of sustainability and donor transitions. In this brief, we define a donor transition to greater domestic financing and leadership as a process that includes planning, implementation, monitoring, and evaluation. Transitions usually take place over a period of several years, but vary by country context.

Box 2. Summary of Current Transition Frameworks

PEPFAR created the **Sustainability Index and Dashboard**, a framework used to establish a baseline measurement of sustainability for PEPFAR countries' National HIV programs, and a tool for monitoring progress over time.

Vogus and Graff (2015) **developed guidance to PEPFAR on impending transitions in the Caribbean Region**, outlining key steps for effective transitions that are generalizable to other regions.

Following a stakeholder consultation, the Eurasian Harm Reduction Network (EHRN) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) published a draft **framework for sustainable HIV and tuberculosis transitions in Eastern Europe and Central Asia** that focuses on key populations (EHRN, 2015).

Curatio International Foundation (CIF) has also released a **Transition and Sustainability Assessment Framework** for the Global Fund, which CIF has piloted in four countries and submitted to the Global Fund Secretariat for scale-up (Gotsadze, 2015).

The World Bank created a **Checklist for Transition Planning of National HIV Responses**, a diagnostic framework to support transition planning.

Oberth and Whiteside (2016) proposed a six-tenet **conceptualization of sustainability**, holding that donor transitions should consider aspects of sustainability above and beyond funding stability (Oberth and Whiteside, 2016).

and CSOs working in HIV programming. HPP developed a semi-structured questionnaire to guide interviews that explored impressions of the overall transition experience, transition timeline, impact on health services, and any best practices or lessons learned. Interviews were supplemented by a literature review, which helped the authors to augment and triangulate findings, and to fill information gaps on epidemiology, funding, and programming.

The four countries studied represent diverse social, political, and financial climates; HIV epidemics; and levels of PEPFAR financing. They reveal both specific and generalizable lessons learned and recommendations for PEPFAR transitions. Taken together, they seek to provide recommendations on ensuring the resiliency of HIV programming for key populations. A brief description of each country analyzed is included below. The individual case studies provide further details on the country's transition, findings from HPP's interviews, and country-specific recommendations.

Box 3. Expert Consultation on Responsible Donor Transitions

In collaboration with UNAIDS, HPP hosted a 1.5-day consultation of civil society and development leaders focused on responsible donor transitions for KP programming. The expert consultation featured panels and discussion on how governments, civil society, donors, and other stakeholders can prepare to sustain HIV programming for key populations. The meeting also included working sessions to produce recommendations on planning for responsible transitions and assessing the "readiness" to transition. As one example, participants agreed that transition or sustainability planning should include concrete and "binding" milestones. If a country or program doesn't meet a set landmark, there should be a course correction, possibly extending the transition. One consultation participant stated, "If conditions are weak, international support should continue."

Country Summaries

Bangladesh

Bangladesh is a densely populated, lower-middle income country in Southeast Asia that has been praised for its impressive gains in key health and development indicators, including HIV epidemic control. HIV prevalence among the general population is less than 0.1 percent, yet prevalence among key populations (MSM, FSWs, transgender people, and particularly PWID) hovers just below 1 percent. PEPFAR provided a small but important source of funding for KP programming from 2001 to 2014, averaging US\$3 million per year and filling key programmatic gaps, such as technical assistance to CSOs for high-quality HIV testing and counseling. The withdrawal of PEPFAR funds coincided with a drastic reduction in other donor funds critical to Bangladesh's HIV response, including those from the Global Fund. Since PEPFAR funds were withdrawn in 2014, stakeholders have noted a decrease in HIV testing and counseling coverage and the quality of care. Government clinics absorbed some programming, but these are not always friendly to key populations, and government systems are unable to effectively contract CSOs for HIV services.

Botswana

Botswana is a small, upper-middle income country with 2.2 million people in sub-Saharan Africa. The country has a severe, generalized HIV epidemic and the second-highest HIV prevalence in the world. Prevalence among FSWs is a shocking 61.9 percent and prevalence among MSM is 13.1 percent. Over the past few years, PEPFAR has reduced annual funding to Botswana, and has instead prioritized technical assistance and capacity building while continuing to support modest direct services targeting key populations. Although the government of Botswana funds an estimated 70 percent of the country's HIV response, it funds only minimal FSW programming—arguing that laws criminalizing same-sex relations and sex work prevent it from funding further KP programming. MSM and FSWs remain highly stigmatized and there is no reliable HIV data on PWID or transgender people. As PEPFAR plans to transition programming to the Botswana government, the need to establish sustainable, KP-targeted services is a pressing concern.

China

China is an upper-middle income country, the world's largest economy, and home to more than 1.3 billion people. Its HIV epidemic is concentrated both geographically—primarily in three southwestern provinces—and among key populations (MSM, PWID, and FSWs). USAID withdrew HIV funding from China in 2013, around the same time as most other donors, including the Global Fund. PEPFAR still provides minimal funding through the U.S. Centers for Disease Control and Prevention, but no longer for the KP-specific programming previously implemented through USAID. China now funds 99 percent of its own HIV response, with new domestic contracting mechanisms through which some CSOs continue to provide KP-targeted services. Although the government maintains that service levels were sustained after donors withdrew, some stakeholders are critical of the quality and coverage of services, noting that the mechanisms only cover basic testing and treatment services without allowing CSOs the flexibility or autonomy to innovate or respond to communities' changing needs. Both government and civil society express concern about increasing prevalence among young MSM and about how to reach this population.

Guyana

Guyana is a small, lower-middle income country with low HIV prevalence among its general population and significantly higher prevalence among key populations, including FSWs, MSM, and transgender people. Guyana's HIV response is heavily reliant on international donors, which provided 90 percent of the country's HIV budget in 2012. PEPFAR has been the country's largest donor since 2004, supporting programming for general and key populations throughout the country. In 2015, in response to its data-driven approach to epidemic control, PEPFAR cut programming from nine administrative regions, focusing on MSM, FSWs, and transgender people in a single region with the highest HIV burden. Starting in 2016, the Guyana PEPFAR program will be subsumed within the Caribbean Regional program. Transition planning for key populations is nascent, and stakeholders expressed concerns over poor coordination of the national response, leadership gaps within government, and uneven capacity among CSOs serving key populations. One key informant commented, "We were hearing all the time that [PEPFAR] funding is going to dry up one day, but we didn't expect it so fast."

RECOMMENDATIONS

Based on these case studies, lessons from the existing literature, and an expert consultation with civil society and development leaders, HPP has formulated specific recommendations for donors preparing to transition KP programming. Recommendations are grouped into three categories: transition assessment and monitoring, transition planning, and transition implementation.

Transition Assessment and Monitoring

Sustainability is dependent on multiple variables, and there is wide consensus that a readiness assessment should be conducted in countries well in advance of any upcoming transitions. These readiness assessments should utilize a framework that establishes benchmarks and defines pathways for progress along multiple domains. Ongoing monitoring is essential for measuring progress toward sustainability and should be used to inform mid-term course corrections. Specific to KP transitions, HPP offers the following recommendations:

1. Develop a KP transition framework that identifies pathways to program sustainability, establishes transition readiness benchmarks, and defines sustainability milestones.

Recognizing that 100 percent readiness may be unrealistic, the framework should incorporate a decision-making model that

- 1) sets minimum thresholds that must be reached across multiple domains before a transition commences;
- 2) identifies alternative scenarios, approaches, or corrective steps to address gaps and barriers, or when unanticipated challenges emerge; and
- 3) articulates post-transition expectations. Such a scenario should incorporate the standards outlined in the following recommendations and should be developed in consultation with stakeholders.

Ongoing monitoring is essential for measuring progress toward sustainability and should be used to inform mid-term course corrections.

2. Establish KP-appropriate criteria for readiness assessments and transition monitoring.

Existing transition readiness indicators—for example, those focused on gross domestic product or country-level prevalence—may obscure a lack of readiness among KP programs. There are legal, social, and political variables that influence KP programming (e.g., the quality of relationships between government and CSOs) that are difficult to measure quantitatively. A KP readiness assessment should, therefore, include qualitative data collected from diverse stakeholders. For key populations and KP programs, it is especially important to consider the extent to which:

- KP programs are prioritized, planned, budgeted, and coordinated
- KP services are financed by the government
- Laws and policies mitigate stigma and discrimination against key populations and ensure equal rights
- Reliable KP surveillance, spending, and program data are available
- HIV prevention and treatment services are available and accessible to key populations, both in public and KP-specific facilities
- CSOs, including KP-focused organizations, are supported by the government to deliver KP services
- KP representatives are meaningfully engaged in assessing transition readiness

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Transition Planning

Experiences in the four countries HPP observed—where transitions are complete, underway, or impending—demonstrate the need for a systematic, standardized approach to KP transitions. A responsible transition is contingent on a well-thought-out transition plan that articulates roles, responsibilities, planning priorities, and a timeline. Particularly for KP transition planning, HPP makes the following recommendations:

3. Engage stakeholders and foster collaboration and communication.

Host country institutions—including ministries of finance or planning, in addition to the Ministry of Health—donors, implementing partners, and civil society must have defined roles and responsibilities in the transition process. PEPFAR should use its convening power to engage the government, civil society, and other donors in KP transition planning to establish mutually understood expectations, define roles and responsibilities, and foster relationships between government and key populations. Clear, regular communication throughout transition planning and implementation is necessary to ensure progress and maintain relationships. This includes the meaningful engagement of key populations throughout transition planning and implementation. In addition to soliciting community input in the development of Country Operational Plans, PEPFAR country teams should engage KP communities throughout the year by creating opportunities for CSOs to be involved in program planning and dialogue. KP representatives should be able to serve effectively on national planning

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bodies, and there should be routine mechanisms to solicit and collect input from KP communities.

4. Develop a KP transition plan with a realistic timeline and sufficient resources to reach sustainability benchmarks.

A KP transition must be long enough to ensure that sustainable systems are left in place. Furthermore, transition deadlines may require flexibility; if a country doesn't meet readiness indicators, the transition period may need to be extended. Because KP programming in many countries currently depends on donors, additional resources may be required to develop local capacity for the transition. Bridge funding may be essential to ensure continuity of services if decreases in funding do not align with national planning or budgeting cycles. Due to financial determinants, donors often decide to transition from a recipient country around the same time. Transition planning, therefore, must be coordinated with other donors. Given that PEPFAR and the Global Fund support the majority of KP services in many countries, it is imperative that such major donors coordinate to avoid service disruptions or coverage gaps.

Transition Implementation

Since transitioning KP programming can be particularly challenging, donors should be prepared to continue support until readiness thresholds are reached. Premature donor withdrawal risks reversing epidemiologic gains and a loss on investment. HPP offers the following recommendations for transition implementation:

5. Encourage government leadership for KP programming.

Although health officials may support public health approaches, it may be difficult to initiate KP programming without the support of political officials. In Botswana, for example, Ministry of Health officials are reluctant to take on KP programming in light of a legal environment that criminalizes drug use, same-sex relations, and sex work. Visible, high-level U.S. government support may reduce political risks and embolden local champions to support KP programs. Good

data are essential as evidence of intervention effectiveness may help make the political case for domestic support of KP programming. If governments value the results being produced, they are more likely to sustain them. Donors can also elicit public commitments from governments to sustain KP programming investments.

6. Develop the capacity of government officials and service providers to effectively serve key populations.

In countries that have not traditionally supported KP programs, policymakers and service providers may be unaware of key populations' special needs and appropriate interventions. Technical assistance, including sensitizing officials and service providers, can help host countries appreciate the value and necessity of targeted interventions and KP-friendly services. Key to this effort is ensuring that KP groups have an opportunity to directly communicate with government officials and express their needs. Importantly, the agency or ministry responsible for the KP response must have sufficient capacity and authority within the government to develop, scale up, monitor, and sustain effective KP programming.

7. Develop the capacity of CSOs to sustainably deliver high-quality HIV services.

In many countries, CSOs that provide life-saving HIV services are organizationally weak and may need technical assistance with registration, resource diversification, development of policies and procedures, fiscal management, or other areas. In particular, KP-led organizations may be especially marginalized and depend heavily on PEPFAR or the Global Fund for technical assistance. CSOs must be left with the capacity to sustain programming within the national response, without donor support.

8. Support the development of partnership mechanisms between government and CSOs.

In many countries, collaboration between government and civil society has been historically weak, with the two sectors working in parallel rather than cooperatively. With the decline of donor funding,

CSOs and governments will need to work together to reach key populations. This includes development of domestic mechanisms to fund CSOs. To prevent service disruptions or organizational instability, it is essential that domestic funding, contract management, and oversight mechanisms are in place. PEPFAR can support the development of new funding mechanisms by providing technical inputs, and by convening government and civil society to discuss specific needs and lessons learned from other countries.

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