

Title: How to Sustain Public Health Gains in the SDG Era When Countries in European Region Transition from the Global Fund Support?

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Sub-theme: The SDGs as a stimulus for renewed multisectoral action

Field-building dimension: Cutting-edge conceptual, empirical research

Background:

The Global Fund (TGF) provides 55.5% of external/donor funding spent on TB programs Globally. In the era of dwindling external assistance twelve countries in Europe are expected to graduate from TGF's support following Fund's *Sustainability, Transition and Co-Financing* (STC) policy introduced recently. For years TGF supported supply of quality drugs, diagnostics and new technologies, especially for Multi-Drug Resistant TB (M/XDR), because the region has been particularly affected reporting the highest proportion of M/XDR-TB cases among new and retreated patients 18.4 and 46.2% respectively. Therefore, sustainable transition assuring uninterrupted supply of quality drugs and diagnostics becomes critical for effective M/XDR-TB control in this part of the world.

Methods:

This is a twelve -country study investigating the potential impact of the STC policy on the quality of supplied TB drugs and commodities during 2014-2017. Using a conceptual framework for evaluating procurement and supply management systems, the study systematically collected qualitative and quantitative information from published documents, public databases and through in-depth interviews and narrowly examined the domains of health systems related to commodity supply during transition of TB programs.

Results:

Seems STC policy is delivering initial results as countries are increasing the share of national funding for TB programs. Most likely in response to STC policies the national TB program budgets are being optimized, which could in part be a result of reduced prices for TB commodities achieved through Global efforts. Albeit, in the past inadequate attention to the national drugs policies and regulations, when most grant-funded commodities were procured internationally and supplied to countries using one-off waivers, is expected to emerge as a major impediment for sustainable transition. The challenges could be compounded by inadequate tools or capacity to use these tools for demand forecasting causing inadequate supply of drugs and diagnostics leading to stock-outs. Variable public financial management and procurement practices along with stringent procurement rules and weak procurement arrangements are also expected to negatively affect TB program implementation after transition.

Conclusions:

If donors have genuine interest in a transition which assures that public health gains achieved with donor support are further sustained and expanded, it seems necessary to engage with other sectors beyond the health. Without multisectoral action dealing with issues such as enhanced public finance management, public procurement, national drug legislation, procurement transparency and accountability the risks of transition could be high and public health gains could be lost.

Total: 400 words (without section titles)