

# The Global Fund Transition



The Smart Sex Worker's  
and Drug User's Guide



**nswp**

**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

NSWP exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male and transgender sex workers. It advocates for rights-based health and social services, freedom from abuse and discrimination and self-determination for sex workers.

[www.nswp.org](http://www.nswp.org)



International Network of People who Use Drugs

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.

[www.inpud.net](http://www.inpud.net)



NSWP is part of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human right violations and accessing much needed HIV and health services.

[www.hivgaps.org](http://www.hivgaps.org)



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The Robert Carr civil society Networks Fund (RCNF) supports international networks that address the needs and human rights of inadequately served populations (ISP). RCNF focusses on civil society networks because they are best capable of reaching the people who are most affected by the HIV epidemic.

[www.robertcarrfund.org](http://www.robertcarrfund.org)

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# Introduction

**This Smart Guide is a quick reference for sex workers and people who use drugs to help understand the transition from Global Fund financing. It explains what the process is, how it works and why it is happening. It highlights the risks as well as the (few) opportunities there may be for a responsible transition, and suggests actions for engaging in the transition process. It will help the community ensure the continuation of rights-based health and social care programming for sex workers and people who use drugs after a country transitions out of Global Fund financing or away from other external donor financial support.**

‘Transition’ is the process that happens when Global Fund financing for programmes (for HIV, TB and/or Malaria) comes to an end and the country takes full responsibility for funding and implementing programmes without any external Global Fund support.

*It is important to recognise that transition poses significant problems for key populations (sex workers and people who use drugs). Global Fund support and the support of other external donors have helped mitigate the negative impacts of punitive laws, widespread abuse and discrimination against key populations. Evidence demonstrates that programmes for key populations are often the first to be negatively impacted by the end of this funding/support. Programming is reduced in scale, scope and quality or ceases altogether. There is a real possibility after transition that the environment for sex workers and people who use drugs (PUDs) will deteriorate and that government support for programmes will fall short of what is needed or may stop altogether.*

# What is Transition and What is its Purpose?

**Transition is the term used to describe the situation when a country is no longer eligible to receive Global Fund financial support for its health and/or disease specific (HIV, TB or malaria) programmes. Transition can also refer to the withdrawal of historical bi-lateral funding support (e.g. direct financial support from a donor country such as the United Kingdom or Germany) or other development funding mechanisms such as The President's Emergency Plan for AIDs Relief (PEPFAR) (U.S.A.).**

Transition may occur voluntarily: a country may decide not to use or apply for its Global Fund allocation. This usually occurs when a country considers its economic and infrastructural capacity sufficiently robust to fully finance and sustain its own health and/or disease specific programmes without the need for donor aid or Global Fund financing.

Alternately, transition may be forced when a country is deemed ineligible to receive Global Fund support (or other external funding support), either for a specific disease component (HIV, TB or malaria) or across all three diseases.

**Transition describes the process by which external donor support for specific disease or broader health programming ends, and a country takes responsibility to fund health programming via domestic resources.**

The purpose of transition is not as easy to define. There is a disconnect between the funding policies of donor governments and the funding needs of recipient countries in order to provide an effective response to HIV and TB.

The joint UN programme on HIV/AIDS (UNAIDS) is pushing its 'fast track agenda', which focuses on a rapid scale-up of HIV treatment, and explicitly recommends that donors focus on Low-income and Lower-middle income countries, where there is a high disease burden. It also recommends decreasing support for Upper-middle income countries on the basis of an assumed 'capacity to pay'.

However, purely political recommendations from UNAIDS, that are not based in reality, are contributing to donors cutting back on their HIV funding contributions. Without external support national governments are failing to absorb HIV and TB programmes into their health budgets. Most donors are reluctant to continue with financial support for countries that have been assessed as capable of assuming full financial responsibility for their health and disease-specific programmes, even though this will likely see the most vulnerable left without effective care, support and prevention services.

More detailed information on this may be found at:

- [http://www.unaids.org/en/resources/documents/2016/unaids\\_fast-track\\_update\\_investments\\_needed](http://www.unaids.org/en/resources/documents/2016/unaids_fast-track_update_investments_needed)

Global Fund decisions related to transition are based largely on technical considerations. In order to maximise the impact of its investments, the aim of the Global Fund is to transition those countries assessed as able to pay (based on World Bank income classification and their disease burden) away from Global Fund financing, allowing the organisation to focus its support on countries with the highest disease burden and least ability to pay. This is the purpose of transition for the Global Fund. But whatever the purpose, transition is a complex process with huge risks and few benefits for key populations.

# World Bank Income Classification

**To determine if a country should transition, the Global Fund uses a combination of Gross National Income (GNI) per capita and disease burden with a few additional considerations. 'GNI per capita' refers to national income in relation to the estimated population of a country. The Global Fund uses the World Bank system of income classification to help determine if a country should transition or not.**

The World Bank uses four income groups: Low-income; Lower-middle income; Upper-middle income and High-income. Using the World Bank Atlas method (which converts local currency into \$USD) to assess GNI, and estimated population size (estimated by the World Bank from a variety of sources) countries are placed in one of the four income classification groups. The income groupings remain fixed for the entire financial year even if the GNI per capita estimates are revised during that period.

More detailed information on this may be found at:

- <https://blogs.worldbank.org/opendata/new-country-classifications-2016>

and by following the various links included. Information is available in Arabic, French, Spanish and English.

# How the Global Fund Determines Eligibility

## **The Global Fund Board approved the revised Eligibility Policy at the 35th Board Meeting in Abidjan, Cote d'Ivoire 26–27 April 2016.**

Although factors such as disease burden, political commitment, Country Coordinating Mechanisms (CCMs) that are inclusive (of sex workers, people who use drugs and other key population groups), and the economic status of a country's population may be considered in classification, the primary criteria for determining Global Fund grant eligibility are income level and disease burden.

### **N.B.: eligibility does not guarantee funding.**

The criteria apply individually to each disease component (HIV, TB, Malaria). A country may be deemed ineligible to receive HIV grants but may still be eligible for a TB grant.

Because some countries experience significant annual fluctuations or changes in their GNI, the Global Fund has adopted a rolling three-year average GNI per capita to determine income classification. This means using figures from the most recent three years and taking an average to obtain the GNI per capita that will be used by the Global Fund. The Global Fund Secretariat uses the World Bank classifications and their associated thresholds to determine which income classification a country will receive.

The classification splits and what they mean are as follows:

- Low-income countries (LICs) and Lower-middle income countries (LMICs) are eligible regardless of disease burden.
- Upper-middle income countries (UMICs) are only eligible if they meet the disease burden requirements.
- UMICs that are considered 'small island economies' are eligible regardless of disease burden.
- UMICs who are G20 members are not eligible for HIV unless their disease burden is assessed as 'extreme'.
- High-income countries (HICs) are not eligible for a Global Fund grant.
- Members of the Organisation for Economic Cooperation and Development (OECD) or the Development Assistance Committee (DAC) are not eligible.

For multi-country applications at least 51% of the countries applying must be eligible to apply in their own right for the particular disease allocation they are applying for.

The NGO rule for HIV/AIDS is used when there is evidence of political barriers to implementation of programmes for key populations. At the time of writing it is under review by the Strategy Committee as part of their Eligibility Review. Currently only non-OECD and non-DAC UMICs are eligible under the NGO rule and only if their disease burden is assessed as high, severe or extreme and they meet all the criteria including:

- Funds will be used for interventions not being provided due to political barriers and which are supported by the country's epidemiology.
- It is a non-CCM application and funds will be managed by an NGO within the recipient country.
- The government will not directly receive any of the funding.
- Applicants meet all other requirements as listed in the Sustainability, Transition and Co-financing Policy.

Once a country reaches UMIC status they are deemed ready to start planning for transition. (For the purposes of transition assessment, LMICs are split into Lower-low middle income and Upper-low-middle income. Countries in the Upper-low-middle income category are also deemed ready to start planning for transition.)

The Sustainability, Transition and Co-financing Policy can be accessed at:

- <https://www.theglobalfund.org/board-decisions/b35-dp08/>

# What are the Opportunities for Sex Workers and People Who Use Drugs?

**This section highlights key areas it is important to be familiar with in order to engage effectively in dialogue about transition, including the terms and processes that will be used when discussing transition. Without this understanding, discussions can seem overly complex and may hinder valid contributions or an ability to advocate for inclusion of community-based services**

Although the Global Fund uses a three-year average GNI per capita it is possible to find out, using the World Bank links, if a country's classification has changed. For example, Senegal was recently re-classified from LMIC to LIC.

It is important to enter dialogue with an understanding of the processes. This will strengthen your advocacy.

## **Transition Readiness Assessment**

Transition readiness assessment is a key part of the transition planning process. Transition is defined by the Global Fund as the “mechanism by which a country, or a country component, moves towards fully funding and implementing its health programmes independent of Global Fund support...”

The Global Fund is committed to supporting countries in beginning the process of transition, and will often do so through the application of a ‘transition readiness assessment’ (TRA). There are currently two TRA tools developed with the support of the Global Fund. Each tool is slightly different but are both intended to support countries as they begin thinking through the transition process and planning for long-term sustainability.

The TRAs are:

- The Curatio TRA Tool – developed by the Georgian NGO: Curatio International Foundation (CIF). The Curatio tool is expected to be used primarily in the Eastern Europe and Central Asia region (EECA).
- The TRA Tool developed by consultancy firm Aceso Global, with support from APMG Health. This tool has already been piloted in the Latin America and Caribbean region (LAC). It has an increased focus on health financing and civil society. This TRA includes a “Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (PFC)”. This is intended to analyse and support planning to strengthen the sustainability of civil society-implemented service provision.

The Global Fund does not mandate which tool countries decide to use. More information on the CIF tool can be found in issue 281 24/02/2016 of the *Aidspan* newsletter. *Aidspan* is an independent observer of the Global Fund.

- [www.aidspan.org](http://www.aidspan.org).

For information on the Aceso Global tool see:

- <http://www.acesoglobal.org/blog/2017/5/30/guidance-for-analysis-of-country-readiness-for-global-fund-transition>

The transition readiness assessment should be an inclusive, multi-stakeholder, country-owned process led by the CCM. This means that sex workers and people who use drugs should be involved in the dialogue at a country level regarding transition-related needs.

The findings from the TRA should feed into an inclusive country-led transition work-plan. The assessment provides an opportunity for community contribution on critical issues such as capacity building and support for key and vulnerable populations, responding to human rights and gender-related barriers to health, and service gaps for sex workers and people who use drugs. It is an important opportunity to highlight any lack of legal process regarding social contracting of community-led organisations post-transition, which can be a major obstacle in some country contexts.

## What are the Opportunities for Sex Workers and People Who Use Drugs?

The TRA process is a significant opportunity for sex workers and people who use drugs to influence transition outcomes.

- Contact your representative on the CCM and/or any other contacts you may have on the CCM and ask for details about the TRA process.
- Ask which TRA tool they will be using.
- Request an invitation to participate in the TRA dialogue. Keep a record of all correspondence and if your request is ignored or refused without any reason, then inform your Fund Portfolio Manager (FPM) and the Communities, Rights and Gender Team (CRG Team) and ask them for support in resolving any problems. In addition, the Global Fund has a number of staff working directly on transition including the Sustainability, Transition and Co-financing staff.

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- Prepare as much information as you can, backed up by evidence where possible, to support your advocacy during the dialogue.
- Each country context will be different, however, funding capacity building for sex worker-led and people who use drugs-led groups, human rights and gender related barriers, and addressing any lack of legal process for social contracting of community-led organisations are likely to be key areas in most contexts.
- Make sure you have identified the service gaps for sex workers and people who use drugs. Be prepared to suggest rights-based solutions. The Sex Worker Implementation Tool (SWIT) and the Injecting Drug User Implementation Tool (IDUIT) will be helpful in framing what rights-based programming should look like and what it should cover.

- If you have contacts in other countries where a TRA has been completed, contact them and discuss the strategies that worked and did not work for them.
- Try and make contact with any UN agencies on the CCM as they should assist with advocacy and support your service suggestions.
- The outcome of the TRA feeds into the transition work-plan. Use the SWIT and the IDUIT to help develop the work-plan so that it includes rights-based programming for sex workers and people who use drugs, and supports the sustainability of those programmes post-transition. For example: the IDUIT provides guidance on how to set up Opioid Substitution Therapy services (how the service should operate, how to retain people in therapy and management of peripheral support services related to OST). The SWIT offers similar guidance related to sex workers.
- If you know your country will be transitioning or is planning for transition you can apply to the CRG Strategic Initiative Technical Assistance programme for financial support to help you engage effectively.

You can download the application form from the Global Fund website:

- [www.theglobalfund.org](http://www.theglobalfund.org)

Search the site for ‘Community rights and gender technical assistance programme’.

- Relationships are important. Strengthen contact with your CCM representatives, with the FPM and Country Team and UN Agencies. Keep the Global Fund CRG Team up-to-date and make use of the support available through your global networks:
  - NSWP: [www.nswp.org](http://www.nswp.org);
  - INPUD: [www.inpud.net](http://www.inpud.net)

## National Health And Disease-Specific Strategic Plans (NSPs)

Before considering the transition work-plan, it is worth discussing the importance of participating in the development of your country’s disease-specific strategic plans.

NSPs provide the overall direction for disease-specific programmes over a defined period (usually 5 years). If your country develops a new NSP before requesting a final transition grant, or if they plan to develop a new NSP post-transition, it is important that you engage with this process. If rights-based programmes for sex workers and people who use drugs are not integrated into the NSP prior to transition there is a risk they will be omitted post-transition.

The Global Fund places significant emphasis on NSPs and will consider a comprehensive, accurately budgeted NSP as the basis for a funding request.

## What are the Opportunities for Sex Workers and People Who Use Drugs?

- Find out through your community representatives on the CCM, or through contacts within UN Agencies, when the NSP planning process will happen and how you can be involved or contribute.
- Ask about the timeline, any planned consultations and who is leading the process. Try to identify entry points for you to engage.
- Request an invitation to participate in any consultations that are planned.
- If you do receive an invitation, make sure your organisation attends and is well prepared. Sex workers and people who use drugs may lack perceived credibility with policy makers so it is important to challenge this with your participation, preparedness and knowledge.
- As with the TRA process, the SWIT and the IDUIT will help you prepare your contributions.

It cannot be overstated how important it is that you are involved in the NSP development process.

## Transition Work-Plan

The Global Fund encourages countries to develop transition work-plans to help guide the process of transition away from Global Fund financing. These transition work-plans are required for any country accessing transition financing. The transition work-plan should be practical, measurable, and fully budgeted. It should describe in detail, the steps a country will take in transitioning to fully funding programmes from domestic resources over the three-year period covered by the transition grant. The work-plan must be aligned with the NSP.

The work-plan should include the following:

- A description and budget for carrying out the planned activities during the three years of the transition grant.
- A 'road map' detailing how implementation of the activities will be sustained after the grant's end date.
- For activities that will continue after the transition grant ends, a phased financial plan should show how the government intends to assume full financing responsibility by the end of the grant. This means the government needs to show how domestic funding will increase each year of the transition grant. For example, in year one domestic funding may cover 45%, in year two this might increase to 80% coverage and by year three may reach 100% coverage.

- In some cases the work-plan will include options for re-programming existing funds, or describe how additional funds will be sourced to fill gaps identified in the Prioritised Above Allocation Request (PAAR).
- A description and budget for any additional activities considered essential for a successful transition that are not financed in the current grant.

The funding request should not only focus on maintaining existing programmes but should also consider how Global Fund support will enable long-term scaling-up of key interventions. It should include: **activities that enhance the sustainability and support the transition of effective and evidence-informed services for key and vulnerable populations.**

## What are the Opportunities for Sex Workers and People Who Use Drugs?

- If you have been involved in the TRA process then it is likely you will also have the opportunity to engage in the development of the transition work-plan. However, this may not be automatic, so make sure you understand the timeline, key people and the process so you can advocate for inclusion.
- Through contacts on the CCM, request that you are involved and able to contribute to the work-plan development.
- Both the SWIT and IDUIT will help you prepare your programmes, and enable easier budgeting, making it more likely interventions will be considered for inclusion in the work-plan.
- Most of the necessary work will have been done during the TRA process. With the work-plan it is about ensuring that rights-based programmes for sex workers and people who use drugs are not left out. Which means strengthening your contacts, making sure your contributions are well thought out, evidenced, budgeted and aligned with the NSP.
- If you are excluded from the work-plan process, alert the appropriate FPM and the CRG Team.

## **Prioritised Above Allocation Request (PAAR)**

Some essential services and programmes are insufficiently funded within the main funding request. Services and programmes that have been deemed essential and are considered technically sound but that are not covered by the main request are called Unfunded Quality Demand (UQD). These are placed on the UQD register for financing when further funds are available.

PAAR is a refined version of UQD. PAAR prioritises unfunded interventions in order of importance for the programme. If the Technical Review Panel (TRP) deems them to be technically sound, strategically-focused and positioned to achieve the highest impact, the above-allocation request will be placed on the UQD register in case additional funding becomes available. Additional funding could be found through efficiency savings within the original allocation amount during grant-making, or from other donors.

## **What are the Opportunities for Sex Workers and People Who Use Drugs?**

Often, programmes for sex workers and people who use drugs are considered as an above-allocation request rather than included in the core funding request. Despite an increased focus of the Global Fund on key populations, too much of the programming for key populations is placed on the UQD register.

It is important to remain vigilant. If rights-based programmes for sex workers and people who use drugs are placed on the UQD register then the task is to advocate for their highest possible priority in order to benefit from any additional funding that may become available.

## Funding Requests Tailored to Transition

These are funding requests from the CCM of a country who is about to go through the transition process. You can try to influence this in the same way you would influence a regular funding request.

The 'funding request tailored to transition' should describe the transition-related priority programmes and financial gaps identified during the TRA (or equivalent analysis), guided by the transition work-plan and aligned with the NSP. It must also show how service provision for key and vulnerable populations will be maintained (and possibly scaled-up) post-transition.

The funding request should follow a logical pattern:

- 1 Understanding of the country context – this means including epidemiological, operational, social, political and economic realities of the country.
- 2 Defining the key transition-related gaps and current funding landscape – what is currently covered? Where are services lacking or unfunded? What is the current funding situation in the country?
- 3 Prioritise transition needs and choose the best interventions for effective transition – this can be difficult, as the best strategy for transition may not be the best strategy for communities.
- 4 Ensure appropriate operationalisation (ensure outcomes and strategies are definable and measurable).
- 5 Determine further prioritisation in case additional funds become available.

In both the NSP and the funding request, certain elements are worth highlighting:

- **Epidemiological context** – should focus on incidence and disease-prevalence trends with emphasis on gender and age, as well as key and vulnerable populations.
- **Key transition gaps and challenges** – should highlight gaps and challenges related to programmes and service delivery for key and vulnerable populations.
- **Engagement of stakeholders** – must include representatives of key and vulnerable populations and civil society.

It is highly recommended that you download the information on 'transition tailored funding requests' from the Global Fund website:

- <https://www.theglobalfund.org/en/applying/funding/materials/>

# Finally

## **Transition poses a significant threat to existing programmes and any future service development for sex workers and people who use drugs.**

As the two most criminalised communities, without the relative safety net of Global Fund-supported programmes, the environment post-transition may look bleak.

This Smart Guide cannot cover every aspect of transition and you are strongly encouraged to use the links throughout the guide for more comprehensive information.

Check out the following links for more information about sustainability and transition, prepared by other networks:

- EANNASO: A Community Guide to the Global Fund's Sustainability, Transition and Co- Financing Policy.
- HealthGAP: Infographic on Global AIDS Funding.
- EHRN: Transition and sustainability of HIV and TB responses in Eastern Europe and Central Asia.
- ICASO: A Q&A on the Global Fund's New Eligibility Policy and Sustainability, Transition and Co-Financing Policy
- **Global Fund STC Guidance Note:** [https://www.theglobalfund.org/media/5648/core\\_sustainabilityandtransition\\_guidancenote\\_en.pdf](https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf)

Most of the work and advocacy needs to happen at country level. However, you can access online virtual support through both NSWP and INPUD. These services are there to support you through this difficult and complex process.





**nswp**

**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

## **SOLIDARITY IN ACTION**

**Even before the HIV epidemic, sex workers were organising themselves. NSWP, as a global network of sex worker-led organisations, has strong regional and national networks across five regions: Africa; Asia-Pacific; Europe (including Eastern Europe and Central Asia); Latin America; and North America and the Caribbean.**

NSWP has a global Secretariat in Scotland, UK, with staff to carry out a programme of advocacy, capacity building and communications. Its members are local, national or regional sex worker-led organisations and networks committed to amplifying the voices of sex workers.



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