



SOTSIAALMINISTEERIUM

# **Sustainability and Transition - Why? How? When? ESTONIAN CASE**

**Triin Habicht**

Ministry of Social Affairs

WORKING GROUP ON SUSTAINABILITY, TRANSITION FROM AID  
AND HEALTH SYSTEM STRENGTHENING

30th-31st of March  
Geneva

# Estonia in brief

Population 1.3 million

GDP 20 457M EUR (2015)

ALE at birth 77.7 years (2015)

- Male 73 years
- Female 82 years

Health Expenditure (2015)

- 6.5% of GDP
- Per person 1006 EUR
- Public expenditure 75.7%

Social health insurance coverage 95-96% of population





**GFATM**



**Other external funding**

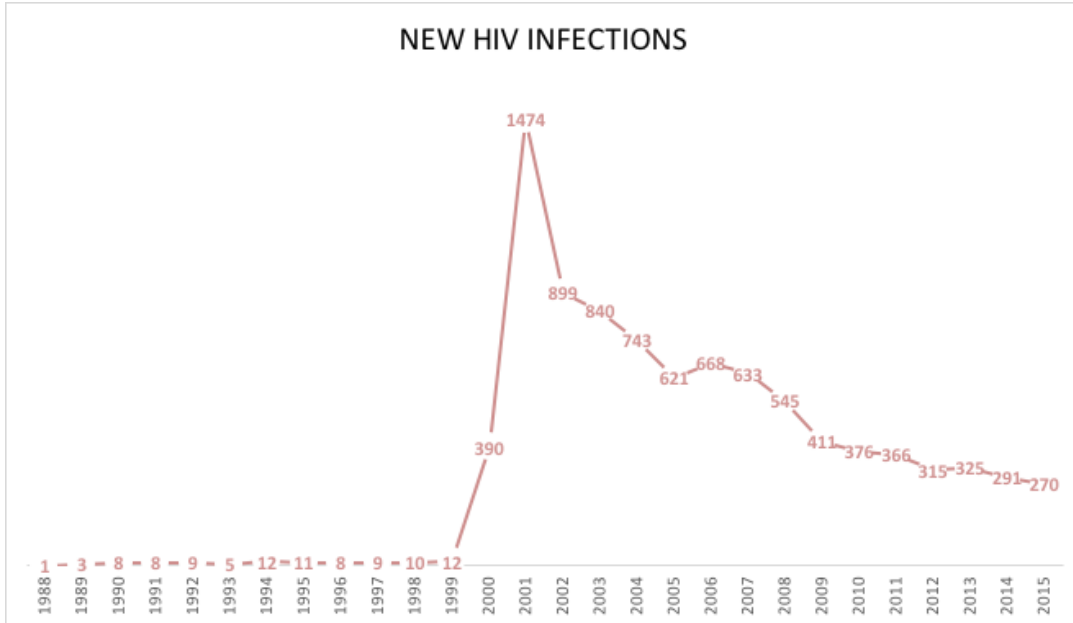


**Lessons learned**

**GFATM**

# GFATM Program Grant Agreement

## September 25, 2003



- Principal Recipient: National Institute for Health Development
- Country Coordinating Mechanism (CCM) chaired by Minister
- Local Fund Agent: PricewaterhouseCoopers
- GFATM regular support
- Technical support by WHO, UNAIDS and UNODC
  - WHO conducted evaluation of HIV strategy focusing on graduation in 2008\*
  - Different evaluations that helped to improve program activities

# Comprehensive response with 7 strategic objectives

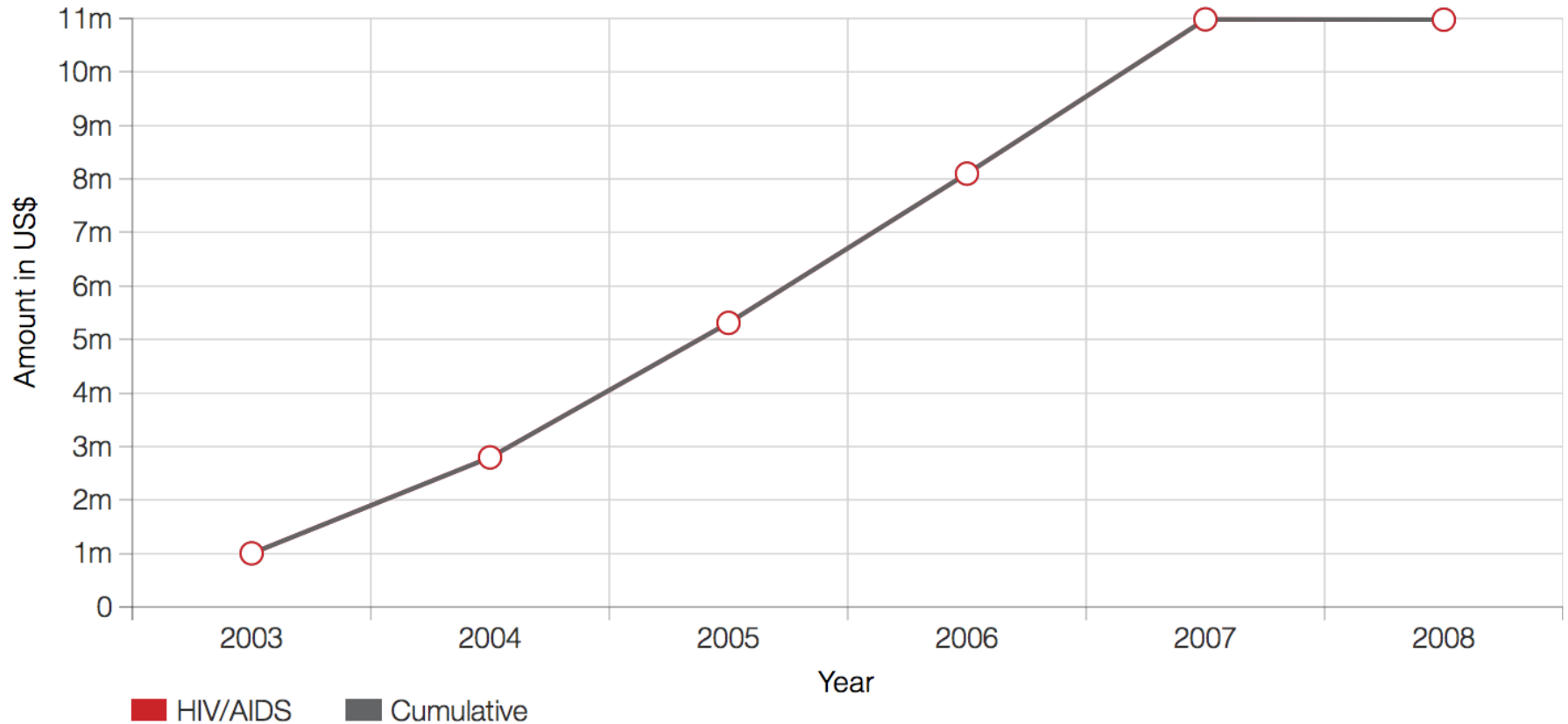
1. To reduce risk behavior among children and young people aged 10–24
2. To reduce risk behavior among injecting drug users aged under 25
3. To reduce risk behavior among sex workers and reduce vertical transmission of HIV
4. To prevent HIV transmission in prisons
5. To reduce risk behavior among men who have sex with men
6. To improve the quality of life of people living with HIV by improving access to health care and social support services
7. To increase the institutional capacity and build cooperation amongst organizations involved



Grant Scorecard  
EST-202-G01-H-00  
Jun-2005

Program Goals and Impact Indicators								
Goal 1	To stop the progressive spread of HIV/AIDS by 2007	Baseline		Target				
		Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5
Impact Indicator	Reduced percentage of HIV-infected infants born to HIV-infected mothers	19%	2001				<2%	
Impact Indicator	Percent of pregnant women aged 15-24 who are HIV infected	0,3%	2001				<0.3%	
Impact Indicator	% of young people aged 15-24 reporting consistent condom use during sexual intercourse with a non-regular and non-commercial sexual partner during the last 12 months	46%	2003			56%		
Impact Indicator	% of young people aged 15-24 with correct beliefs on HIV transmission	53%				63%		
Impact Indicator	Percentage of IDUs who report never sharing injecting equipment during last month	52%	2003			baseline + 30%		
Impact Indicator	Percentage of IDUs who report condom use at last sex	51%	2003			baseline +15%		
Impact Indicator	Percentage of CSWs reached by VCT services who report condom use with last client	82%	2004			baseline +20%		
Impact Indicator	Percentage of MSM reporting condom use at last sex	45%	2004			baseline +10%		
Impact Indicator	Percentage of MSM with correct beliefs on HIV transmission					baseline +15%		
Impact Indicator	Percentage HIV prevalence in prisoners	15,4%	2001				<11%	

# GFATM grant 10 978 493 US\$ (period 2003-2007)

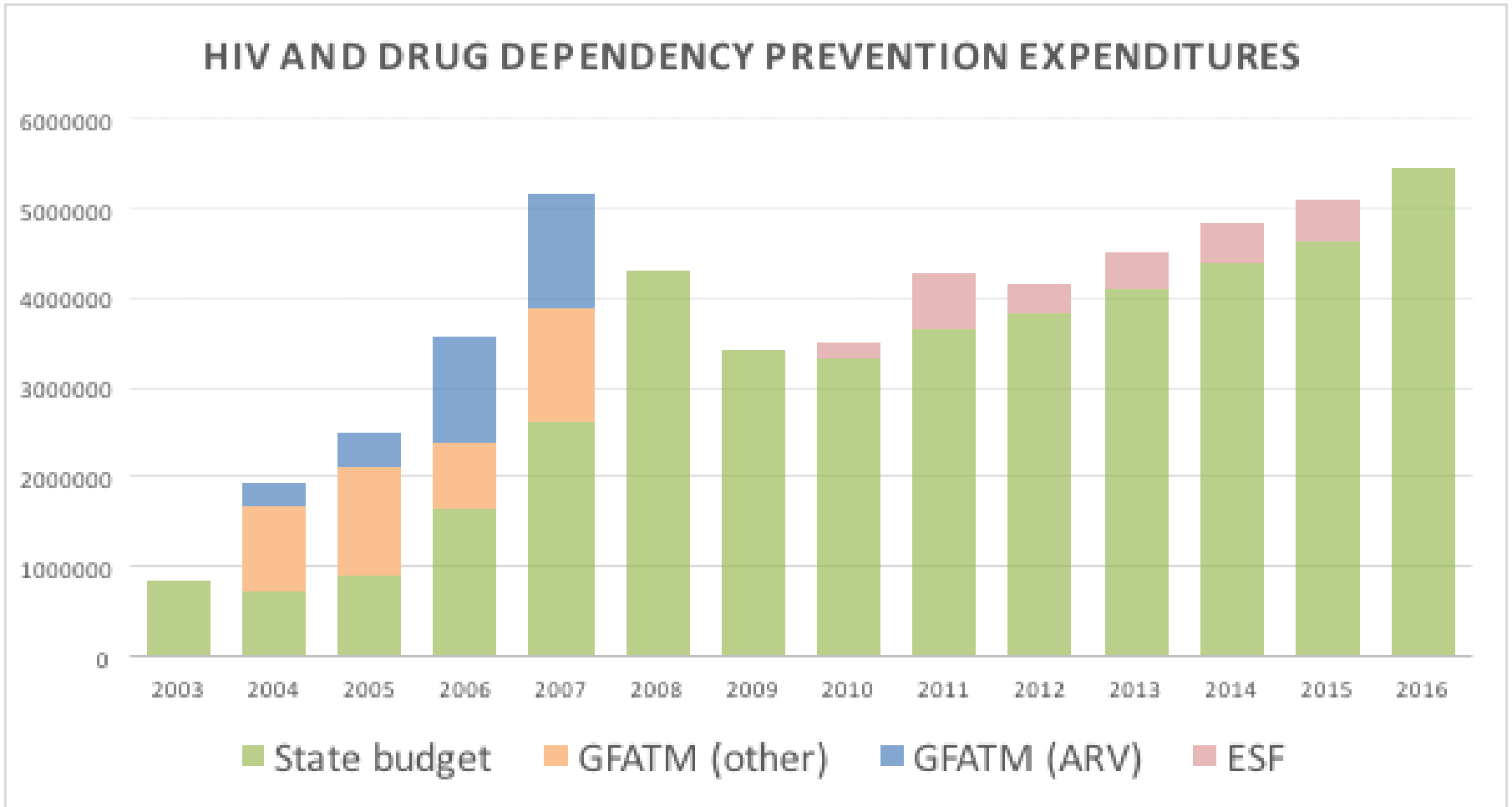


# The GFATM project long-term impact to the current practice

- Procurement plan that follows National Health Plan action plan
- Central procurement and logistics system
- Standardized contracts, service standards and financing principles
- Financial and performance reporting system
- Monitoring and evaluation system including regular target group surveys
- Increased capacity of NGOs to provide services
- Strategic approach to develop training plans
- Public health program management has improved in regard of GFATM experiences



# After the GFATM majority of HIV and drug dependency prevention is funded from the state budget\*



\* Does not include ARV treatment costs (except GFATM) and health care services expenditures for insured

Source: National Institute for Health Development

# Key actions that contributed to smooth transition and sustainability of activities

Multisectorial **National HIV/AIDS Strategy for 2006-2015** following “Three Ones” principles:

- one agreed action plan
- centralized coordination
- one country-level monitoring and evaluation system

## **Explicit multisectorial agreements** for transition

- Ministry of Social Affairs: ARV, treatment for uninsured
- National Institute for Health Development: training, syringe exchange, methadone, supportive and health services for risk groups and HIV positive people
- Ministry of Justice: HIV services for prisoners
- Ministry of Defense: awareness rising for conscripts
- Ministry of Education and Sciences: integration to the educational programs

# Key factors that ensured smooth transition and sustainability

Multisectorial National HIV/AIDS Strategy for 2006-2015 following “Three Ones” principles:

- one agreed action plan and its implementation
  - centralized coordination of the strategy
  - **Pre-crisis favorable economic environment and political commitment!**
- Explicit multisectoral agreements for transition

- Ministry of Social Affairs: ARV, treatment for uninsured
- National Institute for Health Development: training, synergy exchange, methadone, supportive and health services for risk groups and HIV positive people
- Ministry of Justice: HIV services for prisoners
- Ministry of Defense: awareness rising for conscripts

**Other external funding**

# EU Structural Funds have been mostly used for provider network investments

## Period 2004-2006

Reorganizing hospital network (ERDF) – 25M EUR

## Period 2007-2013

Optimization of regional and central hospitals' infrastructure (ERDF) – 110M EUR

Development of nursing and long term care infrastructure (ERDF) – 28M EUR

Promoting healthy choices (ESF) – 10M EUR

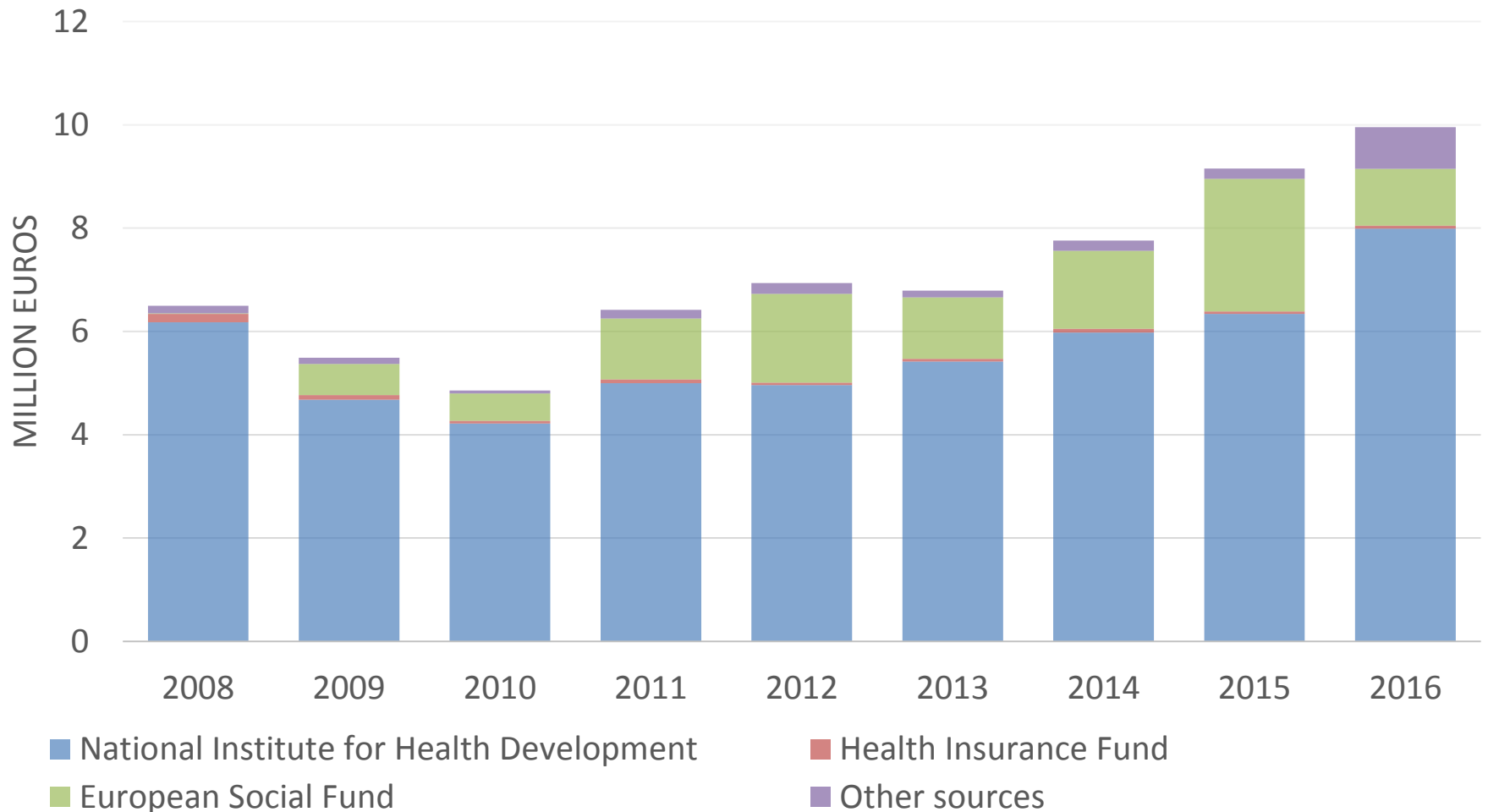
## Period 2014-2020

Development of primary health care centers (ERDF) – 86M EUR

Investments to the North Estonian Medical Center and Tartu University Hospital (ERDF) – 46M EUR

Reduction of harmful use of alcohol (ESF) – 9M EUR

# Funding public health programs 2008-2016



Source: National Institute for Health Development

# Norway Grants – combining investments into infrastructure and development

## Period 2009-2014

Main focus on children´s mental health 9M EUR

- Development of mental health services
- Training specialists in health and non-health sector
- Promotion of healthy behaviors and prevention of substance abuse
- Prevention and treatment of infectious diseases

## Period 2014-2021 (plan)

- Preventing obesity among children and increasing children´s physical activity
- Strengthening primary health care system and increasing integration with social sector
- Improving accessibility of mental health services and preventing mental health problems and suicidal behavior
- Reducing risk behavior and preventing alcohol related harms
- Enhancing the capacity of local governments about health promotion

# Lessons learned



# Lessons learned: priorities

- Do the priorities of funding agency and the country match?
- Grant providers might have own priorities that are not fully in line with recipient country priorities but it may push country to the right direction
- The content may change during the negotiations process with the risk to “go with the flow” and lose initial idea

# Lessons learned: finances

- Timely donor funding may enable to significantly scale up interventions
- Low cost-sharing rate increases the risk of compromising cost-efficiency
- Temptations may occur to use donor funds to replace state funding

# Lessons learned: time

- Programs framework and targets are fixed for the long period and there is limited flexibility during that
- Important to hit the right timing for transition plan
- Requirement to sustain the investment's „purposeful utilization“ for some period after the program (e.g. 5 years for EU) may limit flexibility and actual utilization

# Lessons learned: governance

- Governance involving external parties may increase accountability for achieving results
- More complicated transition if the program implementer has not been involving agencies who will be responsible for the interventions after the program
- Risk for increased fragmentation and blurred accountability lines in the health system level
- Ministry might be tempted to micro-manage and micro-control the program

# Key lessons

- Using external funds purposefully and achieving results is **mostly dependent on recipient country itself**
- **Sustainability** cannot be seen only from the financial perspective but as an **ability to achieve agreed health system objectives**