



From donor dependence to sustainability: trends and transitions in the region

Strengthening HIV Response in the Balkans

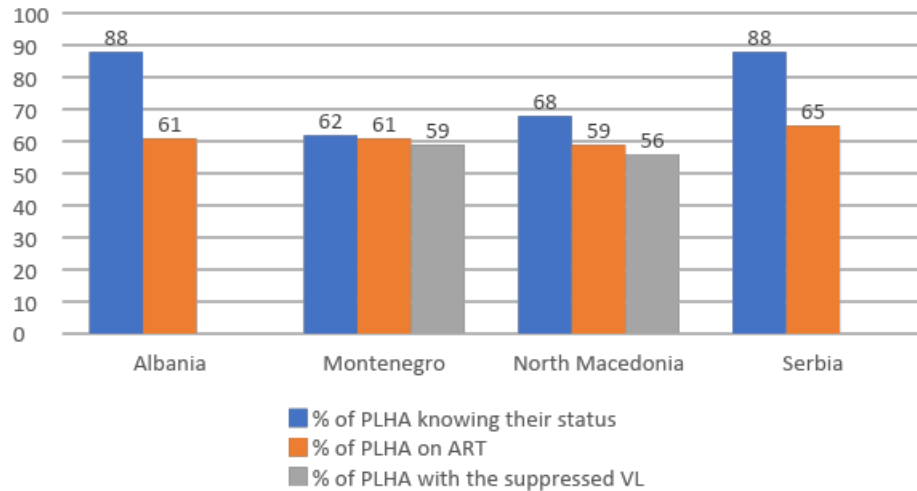
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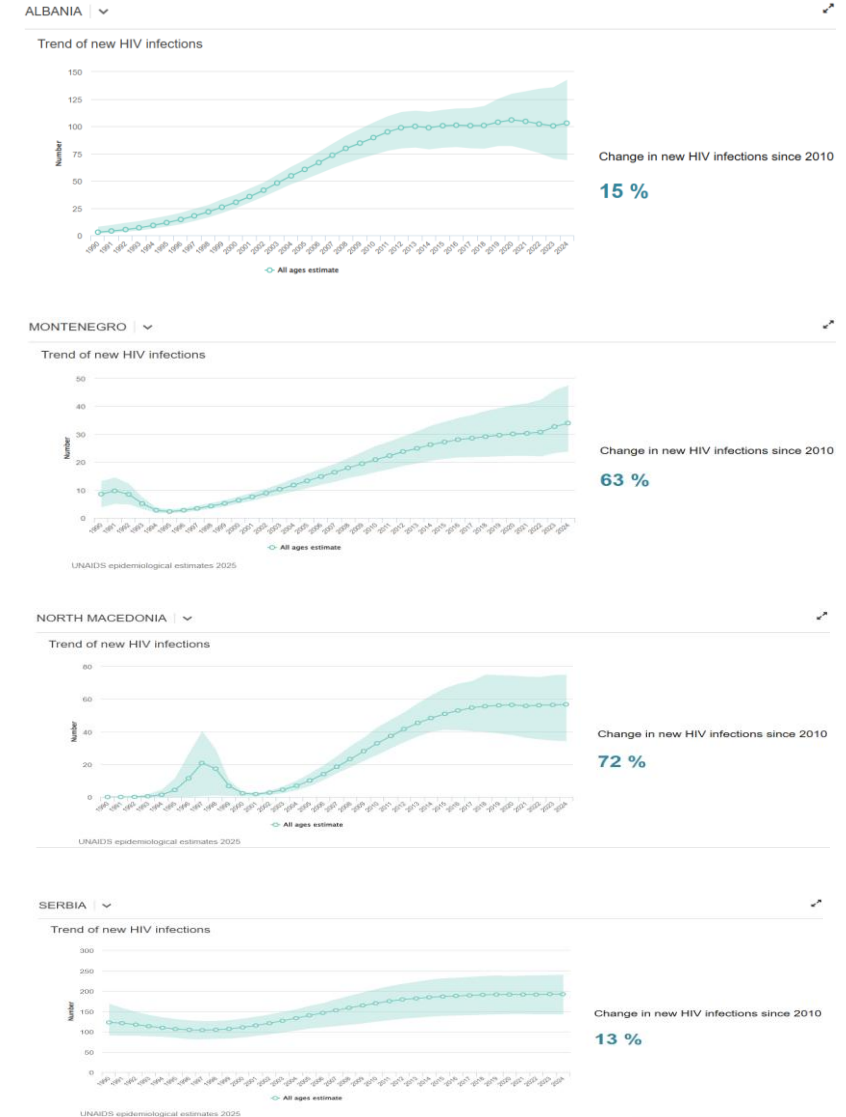


Epidemiological background

95-95-95 Progress, 2024, UNAIDS data



- Recent data shows **a rising trend in new HIV infections** across the region
- While not every Balkan country saw uniform increases, the regional uptick is clear and **demands urgent, sustained investments to reverse it**





GF Allocation 2023-2025

Country	2023-2025
Kosovo*	\$3.159.561
Montenegro	\$929.109
Serbia	\$2.242.341
Multicountry Grant (SEE RCN for Albania, BiH, Montenegro, Serbia, N.Macedonia)	\$1.283.397

**Transition funding GC7*

***N.Macedonia eligible but have no allocation*

Projected transitions from GF country allocations by 2028 - all UMICs should prioritize or build upon existing sustainability and transition planning during GC7 (Kosovo, Montenegro, Serbia)

Financial landscape

Current GF national grants – Montenegro and Serbia.

MC GF grant - **iSoS regional partnership**: SEE RCN (Albania, BiH, Montenegro, N.Macedonia, Serbia).

GF ended supporting Albania in 2024, B&H -2018, NM -2017. The **only source of funding** in these countries are National budgets.

Financial challenges:

- Insufficient domestic funding (national and municipal)
- Transition away from external funding
- Budget constraints and resource diversion
- Inefficient use of funds
- Limited government support for NGO programs

Key gaps: PrEP, harm reduction services



Key Challenges to HIV Service Sustainability

- Donor funding declining (Global Fund ends 2018–2025 in upper-middle-income countries, USAID funding cuts in 2025)
- Domestic financing uneven and insufficient
- Fragmented services and weak integration across HIV-related programs
- Key populations vulnerable to service interruptions (stigma, criminalisation)
- Service gaps could reverse progress toward 95-95-95 targets



Budget advocacy and social contracting

Under the SoS Project, significant progress was achieved in strengthening the sustainability of social contracting mechanisms across five countries in South-Eastern Europe (SEE).

Key accomplishments included:

- Removal of legislative barriers hindering implementation
- Approval of standards and tariffs for service provision
- Adoption of regulatory acts enabling social contracting
- Increased allocations from domestic state budgets

Country	2022	2023	2024	Total
Bosnia and Herzegovina	92000	92000	25000	209000
Serbia	19214	271256	323000	613470
North Macedonia	1000000	341921	360816	1702737
Montenegro	112356	180107	204000	496463
Albania	32000	32000	148567	212567
TOTAL USD	1255570	919307	1061383	3236260

As a result of these efforts, cumulative domestic budget expenditures for services targeting key populations and people living with HIV/AIDS reached **\$3,236,260** over the period **2022–2024**.

Fast Track Cities: municipal financing

Since 2019, 21 municipalities in SEE joined the Fast-Track Cities network: Montenegro (Podgorica, Bar, Bijelo Polje), North Macedonia (Skopje), Bosnia and Herzegovina (Sarajevo, Mostar, Bijeljina), Serbia (Sombor, Kragujevac, Zvezdara, Subotica, Novi Sad, Šabac, Stari Grad, Zaječar, Novi Pazar, Niš), Albania (Kolonja, Durrës, Pogradec, Shkodër).

As a result of budget advocacy (2022–2024), city administrations allocated funds to support Paris Declaration goals:
Tirana (\$96,000), Skopje (\$75,000),
Podgorica (\$43,000), Novi Sad (\$36,000),
Šabac (\$21,000), Zvezdara (\$4,000),
Subotica (\$1,000), Kragujevac (\$1,000).



ARV Price reduction



	USD per patient per year	Number of patients	USD total funding per year	Potential savings (USD)
Current	1241	2100	2.605.000	
Procurement through international mechanisms	735	2100	1.543.363	1.061.637
Optimized schemes for ART based on the EACS and WHO Guidelines	1092	2100	2.292.400	312.600

- ARV sourcing transition: from 18% domestic in 2014 to 90% in 2025
- Significant shift creates opportunities for cost savings and procurement efficiency
- PrEP - Bosnia \$4,5 (intl.)vs60 (domestic), Montenegro \$5,9vs61, N.Macedonia \$4,5vs13, Serbia \$42 (domestic)

Innovations & Optimization

- **OPTIMA modelling:** Data-driven budget reallocations → up to 25% better health outcomes
- **Results-Based Financing (RBF):** → 20–50% efficiency gains in pilots
- **Decentralized financing tools:** Blockchain for traceable disbursements; Web3 pilots for crypto fundraising and DAO-based governance
- **Digital dashboards & e-monitoring:** Real-time tracking of HIV indicators, service coverage, and stock levels (APH DHIS2)
- **Telemedicine & e-PrEP:** Remote consultations, decentralized PrEP access, and digital social worker (TWIIN)
- **Community-led digital tools:** REAct platforms, and CLM integration via mobile

Strategic Priorities

- **Ensure predictable financing**, including integration into national health insurance schemes
- **Institutionalize social contracting and expand PrEP access:** reimbursement, telemedicine, and community pilots
- **Strengthen legal protections** and address key population needs, including scaling REAct and community-led monitoring (CLM)
- **Mobilize municipal leadership** (Fast Track Cities)
- **Strengthen** regional and subregional **networks** and joint projects
- **Leverage digital tools:** OPTIMA modeling, blockchain financing, and e-monitoring systems



Sustainability is not the absence of donors — it is the presence of ownership, rights protection, and predictable financing.

Thanks for attention!

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