

REPORT of
**Workshop “Developing the capacity of CCM members
representing civil society in Central Asia”**



13-14 February 2019

Best Western Plus Atakent Park Hotel
Timiryazeva str, 42, Almaty, Kazakhstan

Summary

Thirty-three members of Country Coordinating Mechanisms (CCMs), representing communities and other civil society groups, gathered for a two-day workshop to strengthen their influence for more effective CCMs and better responses to HIV, TB and malaria in four Central Asian Republics. The knowledge updates, exchange of experiences and discussions concentrated in the two areas: (1) the Global Fund related structures like Country Coordinating Mechanisms, processes and opportunities for influence, and (2) donor transition and sustainability of the country responses to HIV, TB and malaria.

The country teams planned actions for one year, prioritizing different aspects in the two areas. The Global Fund policies, practices and recommendations for governance and sustainability processes were explained in detail by its EECA portfolio management lead Dumitru Laticevschi. The participants exchanged their practices in ensuring greater and transparent election and involvement of civil society and representatives of key populations, utilizing pre-CCM consultations, membership in oversight committees of CCM, transition planning and setting government mechanism for contracting NGO services. A panel combining government, UN and NGO sectors in Kazakhstan highlighted how civil society and communities can achieve to be heard and lead to changes in policies, for example, building greater evidence base on the NGO value in improving TB treatment or other outcomes, engaging in a dialogue and offering solutions in addition to voicing problems. The participants discussed that exploring collaboration among the four countries beyond the civil society sector, with the broader CCM membership and leadership might be of a great value in the future. Technical assistance opportunities presented included the special initiative on communities, rights and gender (CRG) within the Global Fund, PEPFAR/USAID and GIZ support. The workshop was organized under the Global Fund’s CRG initiative by its regional platform and Eurasian Harm Reduction Association.

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Context and purpose

The EECA Regional Platform for Communication and Coordination on Communities, Rights and Gender, hosted by Eurasian Harm Reduction Association (EHRA), implements a series of workshops for community and other civil society representatives on the Global Fund related topics. The first workshop in 2019 was conducted for the four Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The four countries take their unique paths in economic, social, rights protection and political developments but share many commonalities. While malaria is re-eliminated, notably in Tajikistan, their HIV and TB responses, particularly strategies towards vulnerable and key populations and engagement of communities and civil society, substantially benefit from the Global Fund and other donor support and international experience, with Kazakhstan coming closer to the donors' exit.

The workshop sought to enable community and civil society members in Country Coordinating Mechanisms (CCMs) to utilize their CCM membership and other opportunities for better responses to the three diseases: HIV, TB and malaria. Specifically, the workshop set the following objectives for CCM members from community and civil society sectors to:

1. update their knowledge about the Global Fund, its structures, mechanisms and current processes, important for the EECA region;
2. improve their understanding of the CCM functions and their role as representatives of the civil society sector on the CCM;
3. exchange experiences, share lessons learned, and discuss good practice approaches for improving their impact within the CCM;
4. enhance their understanding of the importance of the transition processes taking place in their countries and the importance of their CCM membership in such processes;
5. learn about the technical assistance opportunities that are available to support them to better fulfil their role and strengthen the work of their CCMs.

Participants, experts and approach

All the 33 CCM members from community and NGO sectors in the four Central Asian countries were invited to attend the workshop. Some of the participants were elected to CCM as recently as at the end of 2018. Prior to the workshop, upon a request from the organizers, all the country teams provided information about their CCM membership, sustainability and transition planning. This enabled tailoring the workshop's agenda to the realities of the countries. Additionally, this exercise was expected to help all the CCM members – more experienced and newly elected – to have the same basic information prior to the workshop.

The two-day workshop combined presentations, opportunities for Q&A and discussions (in particularly on day 1), and group work in country teams. The agenda was adjusted to provide space for the high number of questions on the direct and indirect themes of the workshop towards the Global Fund's EECA team lead Dr Dumitru Laticeschi who represented the Global Fund Secretariat at the event. The meeting took an advantage of its location of Almaty and engaged Almaty-based Kazakhstan government experts on HIV and TB, Director of the UNAIDS country office, PEPFAR lead for Central Asia, and Palladium HP+ expert on government funding of NGOs, based in Kazakhstan, in the agenda. Kazakhstan manager of the HIV grant and CCM secretariat joined the meeting as a participant (after consulting on this with Kazakhstan participants). A Belarus NGO expert on government contracting NGO services was engaged after consideration the political and administrative similarities and acceptability of Belarus for the participating countries and significant progress of Belarus in the area. During the preparation process, the Global Fund's CRG team and CCM Hub were consulted in addition to the EECA and Sustainability and Transition Teams. The CCM Hub was not able to be present at the workshop but gave inputs in presentations. The organizers and Dr Laticeschi covered the CCM-related topic instead. Regional Platforms in Asia-Pacific and Latin America and Caribbean shared their materials as the

organizers were mapping good practices of impactful participation of civil society in CCMs. The new regional initiative to support national efforts for sustainable HIV responses, supported by the Global Fund and led by the Alliance for Public Health and All-Ukrainian Network of PLHIV, was given an opportunity to present the plans and establish the contact with the participants.

Materials

A shared online space was created at the link below. It started as a collection of the presentations that the participants could follow in their computer screens during the presentations. During and after the workshop several sections were added to provide samples of documents and guidance in the Russian language on the discussed issues, coming from both the participants and the experts: terms of reference and election documents for civil society members in CCM, state standards for services and government social contracting programs approved by governments.
https://drive.google.com/drive/folders/1IMkgYY5zxXgNQJ2Vq9HkQgR0opqje_8h?usp=sharing

Evaluation

The participants were surveyed at the end of the event through anonymous form. The participant feedback (n=33) showed a high appreciation of the organization, the agenda and vast majority of the presentations of the event (>9.3 in average in the scale between 1 to 10). The weakest part was ability to express the opinion (8.3 out of 10), pointing that there was no time for all the participants and the modus operandi was rather strict. The participants feedback on their next steps or most important elements in the agenda shows a great diversity, mentioning planning follow-up steps for the country, learning about the delegations, or social contracting.

Discussions

This section of the report captures discussions and questions addressed, without replicating the content of the presentations.

Global Fund-related structures and policies

Presentations (in Russian):

- [A short overview of the Global Fund structures](#) by Dr Laticevschi
- [Delegations to the Global Fund Board](#) by Mr Varentsov
- [Country Coordinating Mechanism](#) by Dr Laticevschi
- [CCM Evolution](#) by Ms Stuikyte

One participant reflected on “**unsolvable illogical tension**” of **setting high targets and rapidly reducing funding** in the Global Fund’s policies towards EECA. The HIV and drug-resistant tuberculosis epidemics are increasing across the region. The region is the second worse globally in terms of progress towards the 90-90-90 targets for HIV. Funding available from the Global Fund for EECA is cut substantially, for example, 40-50% for Tajikistan in the current 3-year funding cycle. But, at the same time, the countries are pushed to seek higher results. The budgets for services are reducing. This looks inconsolable for those who serving people. Moreover, this tension can lead to triggering unfairness in over-reporting the actual coverage of services, as otherwise achieving the coverage might be not feasible with the human and other resources available. Kazakhstan’s geographical limitations of the HIV grant led to closure of services in the regions where the grant no longer operates and CCM has difficulties to engage these regions, limited by great distances of the country. The Global Fund’s representative explained that the Fund’s resources available became more restricted in comparison with the 2000s; the donor countries became more oriented towards their national issues, following the economic crisis. He put it simple: “there is no good news ahead” in terms of support for the EECA countries from the Global Fund.

“The countries should do maximum what they can with the resources available and expect that soon this support will end”, he added.

Dr Laticevschi explained that the fund **portfolio managers** (FPMs) are reporting for what the grant achieves and are helping to overcome the challenges for the successful grant implementation including within the Global Fund. For example, one manager successfully helped the country to get the Global Fund’s support for mainstreaming a combined response for HIV, TB and hepatitis C, while hepatitis is not in the core mission of the Global Fund. The Global Fund portfolio managers should and are paying equal attention to the dialogue with all the sectors from the country including civil society. Civil society are particularly active in voicing the challenges faced. It is useful when civil society representatives very clearly define problems: for example, if there are concerns with treatment provided and adherence support, if they can document these statements with concrete facts/geography/institution involved and offer steps for resolution the problem, if possible. Often the solutions needed are in the country’s remit, outside the mandate and influence of portfolio managers.

The participants asked that the portfolio managers, once they record the problems and issues, would indicate where the challenges lie and **what mechanism could be for solving the problem** – at the Board level or within the Secretariat mandate, in order to know the feasibility of the solutions and how they can support these solutions. The Kazakhstan portfolio manager’s communication could be seen as good practice: based on the Kazakhstan principal recipient’s experience, FPM indicates when to expect a response on issues discussed and follows through following the agreed timeline. The Uzbekistan participants highlighted the challenges that the grant uses the 2015 **currency exchange rates**, in spite of the major devaluation of the currency since then, which leads to decreasing of the funds available and outreach worker salaries dropped to some 30-40 US dollars per month. For two years, the country is hoping that the Global Fund would find the solution. There is a limited understanding at least among the participating CCM members that similar challenges with the exchange rates are faced by some other countries in EECA, like formerly in Russia, also in Armenia, Azerbaijan, and require reversing some Global Fund policies defined by the Board, not at the level of Secretariat.

Knowledge of structures and representatives. The participants were not always aware of the Global Fund structures and individuals there. While nearly all knew their portfolio managers, few participants from Tajikistan did not. Nearly no one knew of the nomination process of their country representatives in the EECA Delegation to the Global Fund’s Board. In case of Kazakhstan and Tajikistan, so far only one representative from governmental sector is there and the second representative from civil society sector is missing. Kyrgyzstan is not represented in EECA Delegation at all at this point.

There were questions **how the Global Fund sees CCMs** – whether it is a formality. From the perspective of the Global Fund, it is important to have the mechanism to ensure an application of good quality with the coordination of all stakeholders concerned. There are CCMs that function at a formal level. Therefore, there are requirements and assessments of CCM work to optimize CCM operations. The Global Fund has some oversight of the CCM operations but that is separate from the grant management and is done by its CCM Hub who allocates funding for CCM operations. During the application for funding a CCM, each CCM is requested to prove its compliance with the requirements. That is a good timing to bring changes for CCM work’s optimization if needed. For example, in Albania during the CCM application for funding the issue of management of conflict of interests came up. The CCM Hub does not have its leadership since November 2018 and does not have Russian speaking staff.

The participants had a number of questions regarding the **CCM evolution** that were not fully answered, for example, how CCM maturity is defined and measured, who and how will define which CCM model the country matches.

Amendments to Global Fund grants. The programs need new approaches including redesigning services and indicators in line with the transformations in the changed drug scene. Changes in

grants are possible but the process would depend on what exactly needs to alter, according to the Global Fund representative. The initiation should come to the Global Fund through the Principal Recipient and should be agreed first in the country (e.g. by CCM). The Country Coordinating Mechanisms can make changes within the 10% of the approved budgets, without approval from the Global Fund. If bigger changes in budgets are needed but they are not major, for example, as is discussed now in Kazakhstan using savings within the grant for increasing salaries for outreach workers, the decisions require an approval of the Global Fund, but they should not take a significant time. If new activities are proposed that have not been foreseen in the initial plans (e.g. support for HIV-positive children in Kazakhstan), then the Secretariat would need to check whether those new activities are in line with the grant's goal and would need to send the proposed changes to its grant review mechanism.

PR oversight. The selection implementers or sub-recipients are in the mandate of Principle Recipients and should follow their procedures. The concerns were voiced from Kyrgyzstan that the recent selection led to engaging inexperienced service providers and discontinuing working through these with a strong record of delivering services. The Country Coordinating Mechanisms, like country Parliaments, are defining the projects supported by the Global Fund, however, it is the Principle Recipient, like country Governments, who organize the procedures and implementation of those projects. If a Principal Recipient loses the trust of the Country Coordinating Mechanism, it can change the Principal Recipient. That is part of the oversight function of CCM. But the oversight function does not involve looking into specific tender and selection of one or other group if that was in line with the approved CCM budget and workplan. The oversight focuses whether the approved plan and planned results are delivered.

UNDP as a Principal Recipient. Two countries, Kyrgyzstan and Tajikistan, have UNDP as a principal recipient of the Global Fund grants and in the past Uzbekistan used to have UNDP as a PR for its HIV grants. The Global Fund sees UNDP as a valuable partner, particularly in emergencies, also in procurement of medicines – their services are used for supplying a good-cost medicines by some EECA countries and building local procurement capacity where UNDP is not a principal recipient. UNDP management costs more but at the same time it reduces risks for the Global Fund and the decisions of involving UNDP as a PR are done to reduce the risks, for example, if there are misappropriations, unlike other PRs, UNDP reimburses the Global Fund immediately and does their own investigation. UNDP's internal audit is seen as sufficient by the Global Fund and are not re-checked by its Office of Inspector General. In Uzbekistan (and Belarus), national structures took over PRship from UNDP. In Tajikistan too, for the TB component, the PRship moved from UNDP to national body but that has not happened yet for the HIV component. The moving of PRship to national bodies is seen as part of building sustainability of the responses. Participants suggested that it is important to track the progress of UNDP's work on building the national capacity to manage grants and to include that in its performance monitoring and evaluation, otherwise, as one participant put, "UNDP will forever remain a PR".

In the response to the question about the possibilities of the Global Fund to **support CCM activities after the programmatic grants close**, the Global Fund representative offered a historical context. The Global Fund started supporting CCM Secretariat not from its very beginning. The value of good support for CCM was noted by the Global Fund's Technical Review Panel after Azerbaijan in Round 4 asked for such support. Then more consistent support started and evolved. Importantly, however, CCMs in one or other governance form existed before the Global Fund's grants were available; the country needs to find its way to run and support the governance for the post-Global Fund period.

Practices and experiences of civil society CCM representatives

- Presentations (in Russian) and key material:*
- [Representation at CCM](#) by Ms Stuikyte
 - ICASO guidance *On Meaningful Involvement of HIV Civil Society Representatives in CCM: [More than A Seat at the Table](#)* [English, Russian]

Elections and representation. Kazakhstan conducted its elections in online format, which enabled to engage all the regions and receive 111 candidates. The announcement was published on the CCM website and in republican media, and information was disseminated among sex workers and people who use drugs through closed whatsapp groups. CCM Secretariat facilitated the process of elections in communities of sex-workers, people who inject drugs and people affected by TB. Community of MSM, people living with HIV and international NGOs organized the process themselves, and provided protocols on the election process and results to CCM Secretariat. Each sector had its terms of reference and criteria developed. Interestingly, in Belarus electronic elections are also used, however, in the last elections, a fraud was detected (one person registered as several voters with multiple email accounts). The results were annulled, and face-to-face meeting was organized for elections. In Kyrgyzstan, recently the communities achieved the agreement that each community and sub-sector of civil society, i.e. MSM/LGBT, sex workers, people who use drugs, people living with HIV, people who affected or treated tuberculosis, now elects their own representatives instead of all civil society voting for all its representatives. In Tajikistan, civil society elections are organized by CCM Secretariat, not by civil society sector, and relatively formally, based on those who could come to a special meeting. So far, among civil society representatives there is one person from PLHIV but no representatives of vulnerable groups. In Uzbekistan, the PLHIV representative was elected by the city-registered organization at its meeting. So far, there is only one PLHIV and no special seats for communities at the CCM in this country. Hence seemingly in both Tajikistan and Uzbekistan CCMs are not fully complied with the Global Fund's minimum requirements related to the civil society and communities' representation.

Accountability and communication with communities and civil society. In Kazakhstan, the candidates for CCM positions were asked to present their plans of communication with their constituencies and workplans. After the elections completed in December 2018, the first communication has started to civil society. Another participant from Kyrgyzstan noted that it is hard to find representatives of communities like LGBT/MSM who would be interested in participating in CCM at the good level and / or would support their CCM representatives. The challenge starts from the fact that people are not ready to read documents. Community members often do not understand why CCM is important, why it is important to elect the participants and provide feedback. Therefore, mini-grants for communities as ECOM gave in Kyrgyzstan and now ENPUD is providing for community development are important steps towards community organizing and building general awareness of the national responses and governance at the community level.

Influencing CCM agenda and meetings. In Kazakhstan, CCM members from civil society manage to suggest items in the agenda of the meetings, often cooperating with the CCM Secretariat. In both Kazakhstan and Kyrgyzstan, civil society representatives get together before CCM meetings to prepare for them. In Kazakhstan the preparation meetings are largely initiated and supported by the CCM Secretariat and are very much focused on working on articulation of the issues and solution in order to effectively use the meeting space when the minister and others present. In contrast, in case of Kyrgyzstan this happens on the initiative of community and other civil society representatives, based on the agenda, on ad hoc basis – different representatives initiate these meetings one hour before the meeting starts, depending who is the most concerned, with an understanding that positions of civil society might be different. The time of these pre-CCM meetings are used for coordination of the positions. If some new issues come up at the CCM meeting, community and other civil society representatives in Kyrgyzstan ask for a break in order to consult among themselves. The recognition and taking measures in the area of the rights of TB patients is one of the examples of Kyrgyz civil society making a mark. They used individual meetings a lot to change the stand of other CCM members. Getting the component on reduction of stigma and discrimination under the TB grant was possible only because civil society took an early and firm stand that they will not sign the grant agreement if the component is not included. In Uzbekistan, the draft agenda is shared 3 months in advance of a meeting; civil society representatives have an opportunity to comment on the minutes of the meeting and do share those minutes with their organizations.

Induction and capacity building. In Kazakhstan, GMS (grant management solutions), USAID project supported CCM trainings for the previous issue of CCM and now with the UNAIDS support a training for CCM members will be attached to the next extra CCM meeting in May.

Increasing effective multisectoral dialogue and decisions. In Kyrgyzstan, there have been challenges with the participation and engagement of government officials. One representative even asked the meeting how to change the government representatives if they are not effective in CCMs. Government officials are nominated, based on their positions, not through elections. In Tajikistan, CCM is elevated to a high political level, as Deputy Prime Minister is its Chair. In Kazakhstan, a big focus of preparation is to ensure that all participants – including the minister of health with limited time available – have time to acknowledge themselves with the issues and the discussions lead to specific solutions. The documentation of CCM meetings like presentations or draft proposals for decisions are published early prior to the meeting. Participation in the oversight work is an opportunity for engaging in the dialogue but this opportunity might not always be fully utilized by both civil society and government representatives.

Post-Global Fund CCM and broader governance. GMS experts offered several models for post-Global Fund's governance on HIV and TB in Kazakhstan in 2014. At the time, no more grants for the country were expected from the Global Fund and a transition plan for CCM was developed. There were issues that were not fully resolved at the time, for example, oversight versus monitoring of the national programs – how to balance this. At the time, the Ministry of Health allocated funding for CCM meetings in specialized institution budgets - two meetings in the AIDS center budget and two in the TB center budgets. Once Kazakhstan could continue support from the Global Fund, the transition planning was abandoned. Tajikistan has not started discussions on CCM transition, while Uzbekistan undergoes broader restructuring of governance across different sectors until spring and only then one could see options for sustainable governance. In Kyrgyzstan CCM became a committee of the Coordination Council on Public Health (CCPH), as in the previous version with the CCM as an independent body, the involvement of government representatives diminished. However, the CCPH is not operational either and NGOs are lobbying for getting meetings scheduled. Curatio's assessment on sustainability and transition in Kyrgyzstan identified risky areas in governance and offered options forward, similar to those presented for Romania. Moreover, civil society representatives in Kyrgyzstan are engaged in general public oversight councils of the Ministry of Health and the Fund for Compulsory Health Insurance.

Different sectors views: why and how to improve civil society engagement in HIV and TB

An interactive panel combined the four leaders from the three sectors – government, international and civil society – all from Kazakhstan. They were asked to discuss how they see the role of NGOs and how to increase influence of communities and civil society in policies.

Irina Ivanovna Petrenko, Deputy Director of Kazakhstan Scientific Center for Dermatology and Infectious Diseases (formerly Republican Center for Prevention and Fight of AIDS) outlined that the **state created possibilities** for capacity building and social contract of NGOs. There is the Ministry for Civic Development, which provides grants, and the state encouragement for civil society development. Her own organization's policy is to collaborate with NGOs: they signed an MOU with Kazakhstan PLHIV Union and that is not just a piece of paper. NGOs have been critical for such changes like reducing prices of medications 10 times and most recently at the end of 2018 removing the deportation of PLHIV from the Criminal Code. A new Code on Health is being prepared and civil society representative from the HIV field makes a difference there with professionally-prepared suggestions, clearly framed and with a strong justification.

Prof Shahimurat Shaimovich Ismailov, the TB grant manager at the National Scientific Center of Phtisio-Pulmonology in Kazakhstan noted of traditionally lower **NGO involvement in the TB area** and that changing this is not easy. However, already in 2018, NGOs operated TB services in 8 regions of the country, in 2019 will expand with 3 additional regions and in 2020 will operate in all the regions of the country. NGOs were engaged in order to reach vulnerable groups where TB

burden remained high and lower treatment outcomes were achieved (though there were suggestions of

using isolation and other repressive approaches towards the groups to improve the results, though we know that it would not work). The impact of the NGO work is already visible: treatment outcomes are improved and mortality in those groups decreased. Prof Ismailov's institution works on drafting a guidance on working with NGOs in the TB field¹.

Dr Aleksandr Timofeevich Goliusov, serving as UNAIDS Director for Kazakhstan and Uzbekistan and in the past worked for the Russian government, highlighted that **CCM gives a platform** for civil society **to access** high level **officials** and it is up to civil society and other factors how to best use that access. Officials are not always enabled to report of the issues and solutions to their supervisors, but NGOs do not have that barrier and alert on treatment interruptions or other issues or, as Dr Petrenko added, civil society can say what government institutions sometimes know but cannot channel up to the leadership. One Kyrgyz participant noted that civil society's watchdog function can point to weaker sides of programs and is important for government and donors alike but that this active voice might be seen as inconvenience and funding might be channeled to those who are more comfortable and who are in agreement with government; they observe such trends in Kyrgyzstan. Mr Amanzholov suggested the need to remain true to oneself and pursuing one's approach even if funding currently reduces: the times and people change and will bring new opportunities in the future.

Mr Nurali Amanzholov, the head of the Central Asian Association of PLHIV and until recently the leader of the Kazakhstan Union of PLHIV, like Dr Petrenko, highlighted **professionalism of civil society activists** being key to making an impact. He repeated that humility and continued eagerness of becoming a better advocate, learning how to engage in a dialogue with authorities, presenting the case and solutions in a few minutes but also building technical knowledge. In case of advocating for reducing pricing of medicines, it took several years to understand fully the technical aspects, real barriers and find practical options for solutions for reducing prices of medicines. At some point, he personally spent days with the medicine expert hired by UNAIDS. After that he felt he could explain and engage with technical experts from government structures; he is a professional on the subject and is treated like one. Dr Goliusov added that even the tone how civil society develops the dialogue and raises the issues might affect whether civil society is heard: shouting the issues result in no one hearing you and accepting your points. Bringing drafted suggestions, for example, indicators for services that some participants suggested need revisions, in a draft version could speed the discussion and encourage officials who might have limited time and capacity for specialized area to take up your suggestions for decision-making. Partnerships and better utilization of the international partner support could help civil society to build alliances and impact. All countries have the joint UN teams on HIV and civil society can reach out to UNAIDS office to get support and feed the UN work.

Kazakhstan have achieved a great influence of civil society already. The weaker part is bringing that **influence and dialogue to all the regions of the country** – in some there is the dialogue and strong local political and financial support for NGO work but, in some regions, there are no activists to engage in the dialogue. Prof Ismailov highlighted that the regional (oblast) level is key for sustainability, as the regions have funds that could be the major source of funding of NGO services. Mr Amanzholov agreed that PLHIV activists are not available in all the regions and that the search for activists should not be concentrated only among PLHIV. In Kazakhstan, there are regional public councils where civil society can participate, so the opportunities for engagement are in place. Kyrgyzstan, according to one of the participants, too needs activation of the regional and local level: for example, regional (oblast) commissions on public health exist but are not engaged in HIV and TB due to lack of basic awareness. In Uzbekistan, the local commissions on HIV and TB were abolished last year during the reforms but there will be a need to work at that level with the local health departments; collaboration with other countries might be useful.

¹ The guidance is in its draft version and therefore is not shared.

Kazakhstan is committing to taking over financing of NGO services in the future. In case of the TB work, the transition to the national funding will start with 2021 when 5 NGO services should be secured from domestic sources, followed by doubling the amount in 2022. As international support is reducing, NGOs should be more active in **utilizing existing funding opportunities within the country**. This will require helping NGO to learn to use existing instruments within the central and regional governments and help to build “lots” (TORs) for social contracting and grants with a strong justification. Currently, few funding requests are coming to existing government funding instruments from NGOs working in the HIV and TB field and it is important that NGOs submit proposals and demonstrate the demand for such funding, so that those funding opportunities can be secured and further expanded in the future. On the other hand, the increase in domestic funding for HIV and TB NGOs requires building knowledge and appreciation of NGO work among different government officials at central and regional levels (not only in the HIV and TB institutions). This could enable that the government TORs of NGO work are realistic. While there is an increasing understanding of needed to buy NGO services, additional thinking is needed how to secure investments in capacity building of civil society and services at large.

Dr Goliusov suggested organizing a **cross-country exchange between Central Asian CCMs**, possibly with the involvement of CCM chairs who are at high political level in these countries. This suggestion was supported by a number of participants.

Government and NGO contractual and financial arrangements (“social contracting”)

Presentations (in Russian):

- [Transition from the Global Fund support to national funding](#) by Mr Varentsov
- [Transition from the Global Fund support to national funding](#) by Dr Laticevschi
- [EECA progress in developing contractual mechanisms and financing services for vulnerable groups](#) by Ms Stuikyte
- [Building government preparedness for buying NGO services: Kyrgyzstan case](#) by Mr Assembekov, Health Policy Plus (HP+)
- [Introduction of the mechanism of social contracts of HIV prevention services and the role of civil society in these processes: Belarus experience](#) by Mr Zhurakovski, NGO Akt

The Global Fund’s representative highlighted that the government should see the economic **value in the services delivered by NGOs** – whether indeed they are cheaper and deliver results, as we heard from Prof Ismailov in the case of NGOs in the TB field. For government, it is a pragmatic issue and not the value in itself of using NGO services. In Georgia, government structures have difficulty to understand why to discuss “social contracting”: the service tender selects the implementers – from government, private or non-government sector - based on what they can deliver at lowest cost; the government structures do not care who exactly provides those services. As part of the sustainability building processes, there is a need for revisiting the management approaches and costs. In Moldova, the reduction of management cost of TB programs is equally important step towards sustainability, as is developing of a contractual mechanism. In contrary in the HIV field, the same NGO principal recipient did not want to find the solution for lowering management costs and the country had to exclude this organization from the HIV grant management.

[Belarus guidance on social contracting](#) is available. Kyrgyzstan will budget funding in the state budget for the [national program on state social contracting in the health sector](#) and will pass these funds to the Republican AIDS Center which will subcontract services. In Belarus, they are foreseen in state sub-program on HIV which is long term under the general state program on health. The actual funding is coming from the local level and none from the national budget. In Belarus, the NGOs and experts working on the social contracting managed to prove the need for the 5-year contracts and advancing funds (i.e. NGOs are funded not on the basis of reimbursement only), based on the first experiences which showed that the tendering procedures take up to 9 months. In Kyrgyzstan, the service standards approved outline a minimum package of services for key populations, and HIV support including for children. There is still little to share about the monitoring and evaluation of the programs in Kyrgyzstan and Belarus yet. It is still the work in progress and the area has many questions – ranging from regularity and form of M&E, to defining the needs, to

monitoring of the quality and to involvement of communities in M&E. The countries are still defining how to institutionalize engagement of peer workers.

Health Policy Plus (HPP) project plans working in Tajikistan where recently it conducted an assessment and currently develops a transition support plan. No such work is planned yet in Uzbekistan.

Technical assistance, regional initiatives and human rights mechanism

Presentations (in Russian):

- [Regional HIV advocacy project “Sustainability of services for key populations”](#) by Mr Karanda, Alliance
- [Technical support opportunities on Communities, Rights and Gender under the Global Fund’s special initiative](#) by Mr Varentsov
- [Technical support from PEPFAR in Central Asia](#) by Ms Izmailova, Regional HIV Advisor for CAR at USAID
- [Technical support from GIZ Backup Health](#) by Ms Podogova
- [Building government preparedness for buying NGO services: Kyrgyzstan case](#) by Mr Assembekov, Health Policy Plus (HP+)
- [The Global Fund’s procedure of reporting the human rights violations](#) by Mr Varentsov

A three-year **Regional Project “Sustainability of Services for Key Populations in the EECA Region”** is starting this year under the management of the Alliance for Public Health, All-Ukrainian Network of PLHIV and Central Asian Association of PLHIV. Supported by the Global Fund, it is focused on advocacy in the HIV field. The project has pre-defined partners in each country. Even if the country partner is a government institution, like in the case of Uzbekistan, NGO involvement is possible. The Project is ready to work with all parties concerned.

Central Asia has limited experience of receiving technical support from the **CRG Special Initiative**. The Kazakhstan’s representatives shared their lessons learnt. They highlighted the importance of active participation of the recipients of the support in defining the terms of reference of technical support provider (which the Kazakh colleagues did not use the opportunity to comment and realized that the support provider was following TOR and was not flexible to implement the tasks outside the ToR, also ToR was not fully following the initial request for the support). Moreover, the support could arrive in some 4 months after the request. Some also noted that the list of approved technical support providers from EECA is very limited.

There was a major concern expressed over the reducing funding from **PEPFAR**, including cutting programs that the assessment and building of the dialogue with authorities started on, like the prison component in Kyrgyzstan. PEPFAR has not worked in Uzbekistan for several years, this might change due to the changes in political relationship between the USA and Uzbekistan, it is unclear how that practically unfold. **GIZ Backup Health** finishes the current commitments for technical support and temporarily does not accept new applications for technical support, until 2020, when the new call for proposals will be launched.

Broader **human rights** issues were not discussed in detail at the meeting and would deserve a separate workshop. Some issues were raised, for example, how to increase the Global Fund’s grant investment in overcoming human rights barriers, like drug and other policy reform and law enforcement practices or how to overcome criminal sanctions foreseen and high stigma linked to homosexuality. In Kyrgyzstan, the current Global Fund support includes a major component on human rights and the country will move soon to the implementation of that component following extensive assessment of barriers. There was an exchange among the participants how different political and cultural contexts of the countries might require the employment of different strategies and tactics for advocacy of human rights reforms.

Country plans for one year

The country teams were asked to identify the 1-2 key issues they would prioritize enhancing in their work as CCM members in one or both of the two areas discussed at the workshop: (1) CCM and the civil society sector representation there and/or (2) sustainability of the country's responses. The teams were asked to set their own key steps for one year to address the prioritized issues. The countries prioritized diverse issues, indicated below. The organizers committed to following up with the participants to get updates on the progress of the implementation of the plans.

Kazakhstan (results on flipchart 1 2)	Kyrgyzstan (results on flipchart 1 , 2)
<p>1. Initiate sub-committee of CCM on sustainability for coordination.</p> <p>2. Establish a hub of information and resources on government funding of services: with samples of justification of oblast investments and documentation, online consultations and video trainings. A separate section should be for community building their capacity to advocate for attention from local authorities.</p> <p>3. Additional support to the regions where currently there are no activists: further discussion is needed; preliminary multisectoral support could be engaged from other regions, the Minister of Health could be asked to address akimat's to support the initiative.</p>	<p>1. Sustainability work, starting with building the evidence base to support advocacy:</p> <ul style="list-style-type: none"> • revisiting the estimates of key populations and producing ones for trans people (including for each oblast, in order to have arguments for the regional level) • monitoring the progress of the roadmap for transition, identifying the challenges in the transition and offering solutions • advocacy for funds for the national programs on HIV and TB and from the regional level • advocacy for amendment in the Law on Local Authorities, so that they could fund NGOs <p>2. Continuing enhancing CCM operations: training of CCM members</p>
Tajikistan (results on flipchart 1 2 3 4)	Uzbekistan
<p>1. CCM: addressing multiple issues discussed at the meeting, ranging from introducing membership of key populations and facilitating civil society organization of its representatives, developing consultation and communication with civil society constituencies, exchange practices with other CCMs</p> <p>2. Transition plan: to continue active involvement, push for costing the plan and foreseeing first government funds for buying HIV medications, once the plan is approved, propose developing M&E for the transition plans on HIV and TB.</p> <p>3. Future of the services: initiate the issue of budgeting first funds for social contracting in 2020 under the MoH budget, piloting state social contracting, in the transition plan to include the integration of NGO services for vulnerable groups with the work of government institutions, increase transparency of funding from non-Global Fund sources;</p> <p>4. Regions: revitalizing the oblast CCMs, organizing technical support with TORs and considering including financial support in CCM budget, organizing 4 CCM meetings in regions (and include regional CCM members in these meetings).</p>	<p>1. Advocating for a development and introduction of the law on state social contracting including the review of the legal basis and possibly adjusting the law on social services, introducing the issue in the CCM (MƏC) agenda, possibly engaging the Belarus expert, putting suggestions how to include the positions of peer counselors in the classificatory of positions (maybe under social worker)</p> <p>2. Standards of services. The ones on harm reduction have been developed three years ago but have not been approved. In January a working group was established under UNODC to develop standards on support for PLHIV.</p>