



Global Fund post-2022 strategy:

***Report of the community and civil society consultation in
Eastern Europe and Central Asia***

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EHRA, December 2020

Purpose

The Global Fund's Community, Rights and Gender Department commissioned the EECA Regional Platform for Coordination and Communication to conduct a consultation with community and civil society groups in the EECA region on the six predefined topics that are currently being discussed in global consultations regarding the Global Fund post-2022 strategy.

Methodology

Inputs came from nearly 80 stakeholders in 18 countries through four online approaches:

- An online survey was completed by 37 respondents in Russian and 7 in English;
- Four (4) focus group discussions were conducted in the following sub-regions: Central Asia and Azerbaijan; Eastern Europe; Russia; and South-Eastern Europe;
- Nine (9) interviews were conducted with regional experts in the Global Fund structures and other experts in health, human rights, and civil society;
- Consultation with regional community networks and other civil society partners to validate and prioritise the inputs.

The consultation took place in December 2020. An annex provides details of the respondents.

Use of this report

This synthesis report will be submitted by the EECA Regional Platform to the Global Fund Secretariat. The regional representatives could be able to use the final document to inform their relevant Delegations to the Board and at the Regional Partnership Forum to be held in February 2021.

The content and topics of the consultation

The content of this document mirrors the topics of the consultation:

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Acronyms

ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
CRG	Community, Rights and Gender
CSS	Community System Strengthening
EE	Eastern Europe
EECA	Eastern Europe and Central Asia
EU	European Union
FDG	Focus Discussion Group
FPM	Fund Portfolio Manager
GDP	Gross Domestic Product
HRG	Human Rights and Gender
MDR-TB	Multidrug-Resistant TB
OST	Opioid Substitution Therapy
PEPFAR	The [U.S.] President's Emergency Plan For AIDS Relief
PR	Principal Recipient
RSSH	Resilient Sustainable Systems for Health
SDG	Sustainable Development Goal
STC	Sustainability, Transition, and Co-Financing
UHC	Universal Health Coverage
USAID	United States Agency for International Development
VfM	Value-for-Money
VOT	Video-Observed Therapy
WHO	World Health Organization

General observations and recommendations

Complex context

The consultation has taken place at a time when multiple South-Eastern and Eastern European states are recording one of the highest incidences of COVID-19 in the world. COVID-19 is already having a devastating impact on Eastern Europe and Central Asia (EECA). The economies of the countries of the region are projected to shrink, as is state spending on health in 2021 and 2022. Therefore, the ability to finance and prioritise the Sustainable Development Goal (SDG) for health will be affected across such countries, setting them back in their efforts for sustainable responses to HIV and TB.

COVID-19 has exposed gaps in relatively strong health care systems in the EECA region, including underdeveloped public health approaches. It has deepened inequalities: the most vulnerable populations that are key to the HIV and TB epidemics – people who inject drugs, sex workers, gay and other men who have sex with men, transgender people, people in prisons, documented and undocumented migrant workers, women - particularly in Central Asia and in rural areas – have been further pushed into poverty and the margins of society.

National COVID-19 responses have often not reached the vulnerable, unless civil society and community systems have managed to step in. However, the respective governments of the region have rarely viewed community and civil society services and workers as essential during ‘lockdowns’, and thereby have not included them in broader planning and protection efforts of frontline workers unless done so under Global Fund grants. The prospects of vaccination - particularly for key populations concerning HIV and TB, such as migrant workers in Russia or people who inject drugs across the region - remains unclear.

Even prior to the COVID-19 pandemic, the region has been lagging behind global targets for ending the HIV and TB epidemics, – largely because of missing systemic reforms and reaching key and vulnerable populations. More than 90% of all new HIV cases are among key populations who remain criminalised by laws and practices. The EECA remains one of the few regions where HIV continues to grow and has one of the lowest ART coverages globally while having mobilised one of the highest shares of HIV investments from domestic resources. Being home to one-quarter of all multidrug-resistant TB cases (MDR-TB), the region has been slow in taking the defining, and greatly needed, reforms to revise models of care for TB.

Civil society and communities have been at the forefront of efforts to serve, to link with health and other systems, and to advocate for the decriminalisation of key and vulnerable populations.

The complex context and review of the underlying causes that are preventing real progress should be considered across the six areas of this consultation.

- 1. To achieve greater sustainability and impact, the Global Fund has to rethink its role and become fit for purpose to address long-term, systematic obstacles in systems for health, human rights, and gender.**

Failure to meaningfully extend health systems to key and marginalised people, and to decriminalise related behaviours, with community and civil society engagement undermines the responses to the HIV, TB, and MDR-TB epidemics and efforts to make them sustainable in the region. COVID-19 has further exacerbated the fiscal challenges and inequalities, i.e. systemic barriers. The key barriers are quite well documented. The cycle of 3-year grants limits the Global Fund’s ability to have a systematic response and a long-term view that is needed for systematic challenges, including retaining institutional memory, matching barriers with long-term and

flexible strategies to overcome them, and to ensure accountability from one cycle to another on real progress towards incremental change.

If the Global Fund decides to seriously address systemic obstacles, several changes will be needed: a longer-term view and investment; more political leveraging; revised incentives and communication to countries, matched with technical assistance; and recalibrated accountability. Some measures are highlighted in the recommendations below.

2. The Global Fund can, and should, use its political leverage with governments and partners.

Informants from countries across the continuum of transition have emphasised this issue. The Global Fund has been shy from using its potential in dialogue with countries and in engaging other partners, such as the European Union (EU), in increasing investments in key population programming, and the civil society watchdog and governance functions in the countries that are negotiating membership in the EU. Partnerships with the World Health Organization (WHO), the World Bank, or with trusted leaders could be used to amplify strategic dialogue and diplomacy, particularly in health reforms and universal health coverage (UHC). Some informants have mentioned the need to engage senior leadership, highly respected leaders at the country level, or cross-country diplomats. Country situations are different and, therefore, approaches should be more nuanced. Portfolio managers should be aligned with Global Fund values but might not be the best primary leaders for advocacy. This political dialogue is particularly critical for sustainability, addressing human rights, gender, and age barriers where few partners remain.

"It is important not to underestimate, and not to overestimate, the [potential] influence of the Global Fund, even in the context of the Russian Federation. The Global Fund should be politically thoughtful." (Russia FDG)

"Increased advocacy functions will require assessing what to do and who would do that. You need to include someone who has the trust of society, who is politically and culturally sensitive, highly skilled, and with a reputation on the line, maybe from the country or someone like Michel Kazatchkine. Let's be honest, not all [Fund Portfolio Managers] FPMs have those abilities." (Key informant)

3. The Global Fund should invest more in policy dialogue and advocacy through multi-country grants, and technical support. The EECA priority issues are:

- a. sustainability in HIV and TB responses with relevant changes in systems for health;**
- b. post-transition efforts;**
- c. decriminalisation of populations;**
- d. reforming TB models of care;**
- e. maintaining civil society space in Russia and similar settings; and,**
- f. advocacy for greater investment in health, with greater transparency, more dynamic systems that engage civil society and communities in services and monitoring.**

Country grants are not able to fund advocacy activities that target the authorities. Other donor funding for advocacy in drug policy, sex work decriminalisation, or civil society infrastructure, is reducing. Special and catalytic initiatives are helpful but in the EECA region they are limited to very few countries. Multi-country initiatives are better positioned to support advocacy. Strong learning is needed to acknowledge and address current limitations in the Global Fund's approach to multi-country initiatives and advocacy funding for both HIV and TB, particularly on the ability to focus on long-term changes and not just quick results.

“Advocacy funding is too limited and not strategically distributed. Advocacy should not be an afterthought. We need a different system to monitor its success and failure.” (Russia FDG)

“Country grants have little money for advocacy – the CCM will not ask for money to advocate themselves”. (Key Informant Interview (KII))

4. The Global Fund M&E systems should be adapted for advocacy and accountability for advancing reforms.

The current results-based approach focused on the diseases does not suffice to track progress (and not just process) in systems, and cultural changes and sustainability. Reforms and advocacy take time, and in most cases cannot produce short-term results. The current monitoring, evaluation and learning framework is ill-equipped for reforms and advocacy, i.e. for planning, monitoring and establishing adequate accountability for addressing well-known systematic barriers. Often process and activity indicators are used to measure reforms and advocacy, giving the wrong incentives, such as producing plans and not the actual progress on the implementation of those plans.

5. Sustainability and transition work should be prioritised, more systemic, reducing the current fragmentation across Global Fund policies and initiatives.

Sustainability in the context of the Global Fund and other donor transition, and limited progress towards the global targets, is the priority for the EECA region. It deeply interlinks with multiple areas, including the 6 topics of this consultation. While the STC policy makes references to other streams of work on human rights, health systems, community systems, etc., in practice the streams are vertical and disconnected across the work of the secretariat, the communication to countries, and the learning systems. This fragmentation misses potential synergies to overcome underlying causes and barriers to systematic barriers.

6. The Global Fund should remain the catalyser and promoter of national dialogue, partnership, and multi-sectorality - with a strong involvement of civil society and communities.

The Global Fund’s founding principle of the country dialogue and CCMs is critical to sustaining and expanding health systems, with civil society, affected communities, local authorities and local academia further emphasised in the Global Fund’s policies and instruments.

7. Support for civil society and affected communities is becoming even more critical in the EECA region and requires greater flexibility, reflecting the dynamic times and the increased toxic spaces for civil society.

COVID-19 has provided additional proof of the resilience and flexibility by civil society and community systems to meet challenges and to prioritise the vulnerable. Many changes in UHC, sustainability and political commitment have been driven by civil society. In countries that are advanced in the transition continuum, civil society and communities receive less funding, or less funding opportunities, outside of resources provided by authorities. Hence, the Global Fund’s small strategic investments in civil society and affected communities can have major value-added.

Topic 1. The Global Fund's role in Global Health Security, based on lessons from COVID-19

Key lessons from COVID-19 for the Global Fund's role in Global Health Security

- *"The Global Fund should have a supportive part (вспомогательная), not leading in global health security. <...> It already plays an important role [in global health security], not just because of its work on HIV, TB and malaria but also its contribution to CSS, the importance of which is exposed by COVID-19. COVID-19 showed that vulnerable populations are left outside health systems and that is where community systems are critical." (Eastern European FDG)*
- *"If to discuss global health security, first you should define it. It should not be about rich countries closing their borders to prevent themselves from [contracting] diseases." (Key informant)*
- *"Until donors agree with some unified standards of public health systems to inform different donor initiatives on HIV, health, we will have many countries like ballet dancers who have some muscles trained but no overall strength has grown." (Key informant)*

1.1. The Global Fund should not lead Global Health Security but, rather, support dialogue, championing its 'specialty' strengths, particularly on rights, the vulnerable and the centrality of affected communities and civil society.

Global health security has strong partners already. It should promote the following principles and practices that lag behind in national systems, in COVID-19 responses, and in global health:

- the importance of multisectoral governance and action;
- community-systems, with a focus on key and the most vulnerable people who are often left behind by health systems;
- adherence to the principles and practices of human rights; and,
- demonstrated ability for quick mobilisation and distribution of funds for country responses.

The promotion of these principles and practices should be in the global initiatives and through consistent positions of Global Fund staff in countries.

1.2. The Global Fund's COVID-19 response, and in mitigating its impact on HIV and TB programmes, has been vital, particularly for dynamic civil society responses to reach the vulnerable outside of formal health systems in the EECA region. However, it could play a critical role in the next steps of the COVID-19 response and relief, utilising lessons learnt and without leaving behind Russia and countries in transition.

The Global Fund could support countries to channel further COVID-19 related measures, explore supporting COVID-19 vaccination for key and vulnerable populations, and lead post-COVID-19 relief efforts among such groups. Those populations often overlap with key and vulnerable populations for HIV and TB - migrants, people who use drugs, sex workers, the homeless, women and girls experiencing gender-based violence, rural women, and others. The Global Fund should learn from failures in the COVID-19 response. For example, three countries in the EECA region failed to dispense opioid substitution therapy (OST) for more than a day and, outside specialised institutions, even during the COVID-19 restrictions. Russia and some countries in transition have been left behind this far, such as Russian NGOs that have not received support as of December 2020 while having been consulted in Spring 2020 as to their needs.

1.3. While preserving its core mandate, the Global Fund should support systems for health, notably disease preparedness and strengthening public health for the most marginalised and vulnerable groups.

On the one hand, the COVID-19 response greatly benefited from lab systems and civil society efforts, but it exposed significant weaknesses in health systems. The Global Fund is well placed to strengthen the lacking development of 'public health and health promotion' concepts and practices in the EECA region with the above mentioned 'specialty' strengths.

1.4. Additional tasks for the Global Fund should come with additional funding.

There are gaps already in the responses and funding, in particular in non-prioritised countries. Adding roles should not be done at the cost of taking away roles and funding from the committed mandate. Donors should give a clear answer if they are willing to contribute more for expanding the Global Fund's mandate. In the discussions on the previous Global Fund strategies, voices from the region have raised the suggestion to expand the Global Fund's mandate to include viral hepatitis. Not only is this area part of the SDG goals, but also hepatitis B and C cause more deaths in Europe and Central Asia than HIV and TB combined. Respondents speculated that viral hepatitis could be added with great value-for-money (VfM) due to a major overlap in key populations.

Global Fund modalities should reflect lessons from the COVID-19 response:

1.5. The Global Fund should embrace more flexible, people-oriented, and quicker modalities to enable timely responses to crises and changes in the environment and intervening in countries of its reach (pandemics, new conflicts, changes in the drug scene, or changes in HIV, TB, and malaria trends).

For example:

- a) Rapid response opportunities with such partners as the Red Cross and UN are needed in new crisis situations when HIV and TB responses are threatened (e.g. Crimea experiences);
- b) 'Innovative' solutions (digital tools, mobile apps and online services like video-observed therapy (VOT), marketing approaches, multi-month dispensing of medicines, multi-day dispensing of OST, and simplifying admission to OST, etc.) should be preserved in non-COVID-19 times; and,
- c) Enable revisiting of HIV and TB packages to include basic needs exposed by COVID-19, such as food, shelter, and drop-in centres - particularly in the cold season - and the increased need for mental health services¹.

1.6. The Global Fund should already be ready in the current cycle to address the ability of countries to pay, and to more quickly revisit eligibility of countries in the aftermath of the COVID-19 pandemic, so as to re-accelerate efforts to end the AIDS and MDR-TB epidemics in the EECA region.

As highlighted above, COVID-19 will affect the Gross Domestic Product (GDP) and state investments in health, HIV, and TB which serve as the key parameters that the Global Fund uses for its policy on eligibility, co-financing, and grant conditions. The Global Fund will need to engage in more nuanced, country-tailored approaches to balance the needs for generating

¹ For example, see ENPUD (Eurasian Network of People Who Use Drugs) Open Letter on COVID-19 and HIV, <https://enpud.net/index.php/2019-09-02-13-20-47/dokumenty-i-broshyury/1000-open-letter-eurasian-network-of-people-who-use-drugs.html>

greater country investments in the disease responses, the realities of economies, and the state of the vulnerable affected by HIV, TB and malaria. Quicker decisions on emerging HIV, TB and malaria epidemics should make countries re-eligible, and with allocations being provided even in the middle of three-year cycles.

Topic 2. The Global Fund's future role in resilient sustainable systems for health (RSSH) to achieve universal health coverage (UHC)

- *"It is time for a new role for civil society organisations in the public health approach and public health response. Civil society gets us closer to UHC." (Key informant)*
- *"AIDS Centres and leadership have been the source of innovation, now they are the barriers to change, barriers to integrated systems." (Key informant)*
- *"We need more rapid and effective systems for health in addition to them being sustainable and resilient." (Eastern Europe FDG)*
- *"If the Global Fund is ever to receive a medal for anything in RSSH, that would be its work on community systems strengthening (CSS) – developing the concept and positioning it within the health system domain." (Key informant)*

2.1. Despite relatively strong health systems, countries of the EECA region need greater support to adjust those parts of their systems that prevent integration of vertical HIV and TB programmes and reduce impact and efficiency. This has to be synchronised with health and UHC reforms and through greater donor and partner coordination.

Countries of the EECA region are reforming their health systems, some moving to insurance-based health system models. There is a need for improved donor agreement on certain standards and approaches towards health system strengthening (with the Global Fund's "specialty issues") on one hand, and, on the other, increased predictability of health donor support, with fewer countries having a top-down approach by donors on what should be supported or a sudden exit even in 2020. Coordinating and engaging with other health donors and partners in the EECA region should be feasible as few remain in the region. Additionally, Global Fund support should be delicately balanced between vertical (disease) and horizontal approaches. Within its grants, the Global Fund should insist on more systemic and sustainable solutions instead of short-term, disease-focused and unsustainable approaches without donor support - even if it causes additional challenges. Examples would be a step-by-step move of procurement of HIV and TB commodities to state procurement agencies (with adequate support and accountability) in addition to promoting international procurement; integrating labs under AIDS Centres into joint lab systems; supporting general health information systems instead of expensive specialised HIV and TB databases that are not always inter-operable or survive past donor projects. Additionally, the private sector grows rapidly. Private health insurance often discriminates against people living with HIV or people with drug dependence; however, such issues are outside the purview of current country or multi-country grants.

2.2. Engagement in shaping UHC requires commitment matched with technical assistance, new partnerships, some funding, the rethinking of monitoring, and in-house expertise.

Thus far, the Global Fund has not positioned itself as a major player with regards to UHC, while such a role is needed in the EECA region. Often, it is left to civil society to advocate for the inclusion of HIV, TB, harm reduction, and vulnerable groups in financial protection and

insurance schemes, and in ongoing health reforms, while many civil society groups may lack expertise in health systems or the opportunities to engage with UHC. Some work had been done under the Global Fund's multi-country grant for the TB-REP Project 2016-2019 but not its continuation as 'TB-REP 2.0' during 2019-2022, largely because the Global Fund defined terms of reference moved away from a health system approach.

Moreover, the Global Fund has not been well-equipped for RSSH and UHC, at least in the EECA region. It lacks dialogue with health reform groups, national health insurance agencies, health financing authorities, and ministries of finance (or public procurement agencies). As one key informant put it,

"Engaging with UHC and integrating their protections related to HIV, TB and vulnerable groups might require an additional funding stream and different indicators to monitor results, but that would not cost another billion [globally]; it would require strategic and greater technical support to develop UHC policies and health insurance and to engage new players that have not been there before, and advocacy."

2.3. Community systems are critical for UHC and community, rights and gender (CRG) efforts and should receive even greater visibility, investment, and efforts for institutionalisation, particularly after proving themselves during the response to the COVID-19 pandemic.

In the post-2022 strategy, CSS should become a cross-cutting issue. It plays a role not just in health systems (or systems for health) but also in other systems including justice, human rights, and gender. As one human rights informant pointed out, investing in CSS might cost less than in big human rights programme and could change lives in very specific ways. Investment is needed to better show the value of community responses. One option is that they could be integrated into the formal health M&E systems in addition to generating demand, as well as serving and helping to overcome legal, physical and other barriers. Funding for CSS has improved, but is funded based on the remainder, i.e. what is left after funding key services, commodities, and other elements. The 2016 UN HIV declaration of committing to an investment of 30% of the HIV response in community-based approaches has not been honored and has not been reinforced by the Global Fund.

2.4. Greater promotion and clarity is needed among governments, technical partners, civil society, and communities as to what community systems are, and how to strengthen them.

While the Global Fund developed the concepts of systems for health and CSS, they have not been picked up by other donors or technical partners, such as WHO, or even by some Global Fund staff. They need greater visibility, clarity and inclusion in normative guidance and key performance indicators. The Global Fund might consider updating the CSS Framework based on lessons learnt, misconceptions, and newly generated evidence. Many respondents see community systems and civil society systems as overlapping but have different understandings of the community-related terminology used by the Global Fund. Some gaps and weaknesses of current approaches should be acknowledged – despite the investments, the sustainability vision for CSS is missing, or limited renewal has been seen in community leadership.

2.5. Investments are needed to make RSSH more dynamic and accountable, i.e. operating with real-time data, more responsive human resources, faster and transparent procurement, and dynamic management.

There are several examples, including from HIV and the response to the COVID-19 pandemic, where management processes have been made more transparent and accountable to people (for example, the Moldova scorecard or COVID-19 dashboard with epidemiological,

procurement data, and resource distribution). There are human rights tools for online monitoring that could be integrated into information systems. Technologies allow the Global Fund and its supported work to better reflect current realities and enable earlier troubleshooting in changes in need, service updates, and the supply of commodities, etc.

- 2.6. The Global Fund should remain critical for broader health initiatives such as the triple elimination of the vertical transmission of HIV, hepatitis B, and syphilis.**

Topic 3. Equity, human rights, and gender

- *“Human rights work is often seen as an opposition, not just in Russia. The Global Fund could help to reshape the value and re-define advocacy as a monitoring and evaluation function in its documents.” (Russia FDG)*
- *“We monitor the care cascade but not human rights and gender.” (EE FDG)*
- *“Indicators for effectiveness [of human rights and gender work] should appear, not just indicators for the process; attach that to sufficient resources.” (EE FDG)*
- *“I would love to see Breaking Down Barriers in each country because it moves the discussion from advocacy to a technical one. I can see that evolution in Ukraine but not, let’s say, in Azerbaijan or some countries of Central Asia – even for gender issues. Tools should include technical support, strategic initiatives, community, rights and gender initiatives, and multi-country work, after analysis on who from the partners is best positioned to lead which work.” (Key informant)*

- 3.1. The Global Fund should maintain and promote its strong focus on equity, human rights, gender and age-related equity, with the uncompromising position on preventing human rights violations. Monitoring indicators - of the Fund and the grants - could better reflect this human rights focus.**

The focus on human rights should be further promoted among other donors and technical partners. The Global Fund’s modality of integrating its support for human rights in country grants has been the right approach and is shown by its first results, notably in Ukraine.

- 3.2. Reform of drug policy and drug treatment, criminalisation of sex workers, gay and other men who have sex with men, transgender people, people living with HIV, undocumented migrants and changing gender roles need smarter and longer-term investments.**

Criminalisation of populations are long-term barriers; addressing this requires strategic dialogue and long-term work. The barriers are well known; at the national level, they are often seen not as barriers to services but rather an environment that leads key populations to hide and a matter of national policy outside of the HIV (or TB) sector. Decriminalisation receives less investment and emphasis within human rights work, unlike shorter-term issues that are seen as direct barriers to services. For countries, it is harder to acknowledge criminalisation as a barrier and to request donor support for funding in their country grants. The Global Fund could rethink how it can encourage countries to work on those issues and keep them accountable. It has to use different tools at its disposal and an analysis as to who can lead and support such work. Work should move from documenting challenges to work on their resolution. Some respondents have suggested synchronising and utilising better UN and regional human rights monitoring processes and recommendations with the Global Fund’s support for countries to implement recommendations.

3.3. In-country collaboration is needed, not just among HIV and TB partners but also with human rights stakeholders, initiatives, donors, and ongoing reforms in justice and other relevant areas.

Examples have been given of unused opportunities for greater synergies of Global Fund support with initiatives of other donors, or other donors deciding not to support HIV NGOs for human rights work because of the perceived duplication. Even among HIV and TB stakeholders, CRG issues get deprioritised. For example, in Ukraine, one respondent commented that the planned increase in gender programming has been undone during the grant-making process. Changes for equity, human rights, gender, and *age* require greater engagement, not just with systems in health but in broader policies and reforms – education, social policy, and decentralisation.

3.4. Geographic and ‘disease’ disparities in human rights and gender (HRG) work should be acknowledged and reduced.

Human rights programming (led by the Global Fund’s *Breaking Down Barriers*) is only significant in Ukraine and Kyrgyzstan. Other countries could significantly benefit from similar work. In TB, work on human rights, key populations, stigma recognition and reduction, and gender barriers is just beginning and will require more learning, as well as political and technical support.

Topic 4. Community and civil society engagement and leadership

- *“TB is the late child of civil society responses. TB civil society is emerging just now in most countries.” (Key informant)*
- *“People and organisations that position themselves as community leaders and organisations, have a certain conflict of interest. They are losing objectiveness. They talk now with governments and travel to meetings. But that is now the general picture of communities. You need to get feedback from real users and audiences of services for whom they are designed.” (Key informant)*

4.1. Global Fund values and model, including country coordinating mechanisms (CCMs), and dual-track financing, remain highly relevant. Their implementation requires further strengthening, including in countries in transition.

“Global Fund funding comes to countries but does not do a good job to channel its values”, one regional network member noted. The Global Fund model has enabled the engagement of more civil society representatives and, in recent years, also more affected communities in CCMs. However, in practice, this engagement has not been as meaningful as it should be. In some countries of the EECA region, criminalised communities are not directly engaged. Civil society and communities need to be not just within CCMs, but also in other oversight and working groups on HIV, TB, and other issues. Dual-track financing remains of great relevance. However, the Global Fund has encouraged at least one country of the EECA region to step away from this modality. The dual-track role in countries closer to transitioning out of Global Fund support should be reviewed on a case-by-case basis. Some respondents had strong views that NGO principal recipients (PRs) should not replace the government and that, in the long term, it might be preventing the changes that are needed if those NGOs are driven by their own sustainability agenda.

4.2. The Global Fund should have a strategy for Russia and other countries with highly closed civil society spaces in which civil society have been turned into ‘foreign agents’.

During this consultation, Russia's planned principal recipient for the NGO grant was declared a 'foreign agent'. Furthermore, currently, the State Duma (parliament) is in the process of further expanding the definitions of, and limits to, 'foreign agents' and limiting their activities, that will pose additional risks for NGOs that will receive Global Fund support (including its principal recipient). The legislative initiatives limiting civil society space and freedoms might expand further in the region, as has already been seen before and during the response to the COVID-19 pandemic in several countries of the EECA region.

4.3. Need for support in developing TB civil society and communities.

TB civil society development, or integration of TB into civil society space, began significantly later than for HIV and needs to be cherished nurtured further through different instruments; it cannot be left just to country grants.

4.4. Civil society and community groups should be enabled to build their infrastructure for sustainability.

The Global Fund should support its long-term NGO partners to buy premises, particularly where paying rent over years nearly equals the market value of those premises (a precedent in Kyrgyzstan is mentioned when an NGO was allowed to buy premises). The investment should be undertaken to increase NGO professionalisation beyond a couple of training events, as some respondents have pointed out, and to support the digitalisation of systems and their use by NGOs. Despite major investments in HIV civil society and affected communities by the Global Fund and other donors, very few new leaders have emerged over the past 10 years. The HIV movement is 'ageing' and lacks new energy. It requires a proactive donor approach as well as civil society and community actions to enable, support, and include new leaders.

4.5. More could be done by the Global Fund and HIV and TB stakeholders to include **communities in the planning of programmes of different stakeholders - civil society groups, human rights defenders, or academia - and **not just** to engage them in implementation. The Global Fund could catalyse and remind stakeholders of the centrality of affected communities.**

4.6. Community feedback mechanisms are critical for affected community leaders to be accountable and in touch with the realities of most marginalised people on-the-ground and for services to be responsive to their needs.

There is an inherent conflict in current community leaders and organisations becoming too different and/or distant from their typical community members. Mechanisms are required for community consultations and service feedback to be given by community members who are often left behind and outside of capitals, and who are a critical part of accountable community leadership and disease information systems.

Topic 5. Sustainability of HIV & TB responses and transition to domestic funding

- *"There was a shift in mindset in many countries: it is about time to own HIV and TB programmes. Not in all, but in many." (Key informant)*
- *"The Global Fund has moved from the initial model of emergency response to a sustainability approach in the last 10 years. However, in transition countries it is the emergency support that is needed." (Eastern Europe FDG)*

- *"A 3-year transition plan is too short for the objectives posed to transition grants." (South-Eastern Europe FDG)*
- *"The GF has more leverage to condition governments with specific milestones – more leverage than it uses in practice. Those milestones could track how meaningfully the country integrates the donor supported programme with national programmes and national systems. In many cases, we have been building parallel systems. When funding stops, it is really difficult. The Global Fund should invest in civil society to keep their governments accountable. More high-level coordination around transition and the overall GF process, especially with UN partners, is needed so that there is a clear agenda or workplan and that common objectives are pushing for the same objectives. We witness discordance, everyone pursuing their smaller agendas of the UN and GF." (South-Eastern Europe FDG)*

As mentioned above, the economic impact on countries of the COVID-19 pandemic, and increased inequalities, will have to be factored into policy and practice of sustainability, transition and co-financing. As expected, respondents had a particularly high number of suggestions and real-life evidence on this topic.

5.1. Sustainability, and transition, needs a reinvigorated prominence in the strategy, including a re-conceptualisation and revised implementation arrangements.

The Global Fund took a narrow perspective of transition and sustainability, focusing on programmatic activities and general financial requirements whilst missing the links with human rights and RSSH reforms. Moreover, the implementation of the sustainability, transition and co-financing (STC) policy, as it is, has major gaps. Generally, over the last 6 years, the initial stage of readiness assessments and planning of transition has not translated into embedding those plans into country requests and in monitoring implementation progress. Many of those plans are expiring. TB, in particular, has a limited vision, guidance and support for sustainability. A stronger framework from the Global Fund is needed with some standards and models promoted and increased country-to-country exchange instead of each country reinventing solutions by themselves. The Ukrainian commitment to 20-50-80 (in the previous 3-year cycle) could be an example for greater clarity on how to plan financial sustainability and vision. As in other areas, sustainability needs to come with longer-term thinking and should not be taken for granted after some progress in one cycle, beyond three-year cycles. For example, one respondent shared his/her doubt whether the Ukraine's ambition for real sustainability and reforms demonstrated in the cycle of 2018-2021 is matched with those in the new cycle, and if the Global Fund was firm during the recent grant-making process to keep the country's commitment to reforms real. Many respondents shared their doubts as to whether the transition grants are fit for purpose, including too short (3 years) for the challenges and tasks faced by countries.

5.2. Progress in the EECA region is mixed, with lags because of limited engagement with the political dimension of sustainability and failures in 'political areas' – such as key population programming, and knowing the epidemic and reforms in systems.

There is a shift in taking the sustainability and transition issues more seriously at the technical level in the EECA region. It was made possible because of civil society, the Global Fund, and all technical partners speaking the same language that was reinforced in regional platforms; however, this alignment was not the case across the region and not all of the time. The region is not a success story in terms of building sustainability. That is largely because of political barriers and reaching political commitment in its dialogue in only a handful of countries. While some progress has been achieved in North Macedonia, Ukraine, others, such as key population programming, remains largely dependent on the Global Fund. The recommended 25%

investment in HIV prevention in domestic investments is probably only being achieved in North Macedonia. Public models for contracting services for key populations are evolving and will require time to be tested and operationalised as will sustainable public systems for planning, financing and monitoring of programming for key populations, even in successful countries. HIV surveillance and generating data (knowing the epidemic) is another weak area. For example, it has been discontinued in Croatia after Global Fund support ended, which ironically hosts the WHO Collaborative Centre on HIV Surveillance. Bosnia and Herzegovina has significantly reduced testing after the last country grant and lacks understanding if it remains at low prevalence or has any outbreaks among key populations, like in neighbouring countries, and does not have data for the HIV continuum of care cascade.

5.3. Horizontal and Global Fund learning should be more systemic.

Sustainability building is a process. Some successes and lessons learnt exist in the region (and globally) and countries could learn from each other. The Fund should monitor, evaluate, and learn better and include indicators in its performance on the success of its transitions (for example, post-transition countries like Bulgaria). Some expressed a concern that the Global Fund studies on previous transitions are not made public, reducing the learning abilities. Few were aware of the learnings from the ongoing transition grants. The Global Fund should not position the return to Montenegro and Serbia as its success and should learn from that and see how to respond to countries in similar situations. Only honest and regular learning from the past and ongoing efforts can ensure that the Global Fund's partnership - particularly the implementing countries, and the Board - adequately prepare and respond.

5.4. The Global Fund could better use co-financing requirements and conditions, not penalising but rewarding good behaviour by investing in key population programming, reforming TB care models and investing in M&E and surveillance.

The Global Fund's allocation focus of 50% or 100% on key population programming has unintended consequences on countries not being incentivised to take over key population programming. This should be re-calibrated better upfront and used as conditions or co-financing modalities for areas with less success in national investments, like key population programming and surveillance.

5.5. Few countries in transition are close to global targets. A nuanced approach, utilising multi-country grants and technical support outside country grants, is needed to balance gaps and transition.

Countries in transition require greater integration of their disease responses but lack investments in their systems because of small grants, particularly transition grants. One example featured globally as a story of success of sustainability is North Macedonia which annually invests more than USD1 million in HIV prevention among key populations. Its last grant is over. However, its cascade has major gaps; pre-exposure prophylaxis (PrEP) is only now to be piloted with multi-country support. The TB area goes through a revolution of new approaches in active TB case finding and computer-assisted diagnosis which will require different approaches (and investments) to be put in place, largely through the collaboration of community/civil society and public institutions. The current Global Fund's STC policy does not have good answers to address those gaps.

5.6. Although the Global Fund eligibility policy closes country grants, it should not, however, prevent the Fund from using cost-effective 'lighter/softer' and more flexible instruments in transitioned countries such as an expanded NGO rule, CCM funding, multi-country grants, STC

and CRG technical support and political dialogue, and providing prevention and testing commodities.

The graduation and re-eligibility of countries have so far not been helpful with regards to greater sustainability or in protecting Global Fund investments and its reputation. For example, Montenegro and Serbia became re-eligible after a break of 3-4 years and re-building the lost service infrastructure and systems has taken additional time and slowed the response to the ongoing increase in disease.

Small investments have made a difference. For example, Montenegro (but not Serbia) had CCM funding from the Global Fund for at least a year after its first graduation and that significantly helped continued efforts of HIV experts and civil society to engage with authorities and raised €100,000 in the parliament-approved state budget for HIV key population programming.

In recent years, multi-country grants helped to re-engage Montenegro and some other 'graduates', such as Bosnia and Herzegovina and North Macedonia, for targeted advocacy and innovation. However, some non-eligible countries, or countries in transition, have not made a cut of multi-country grants without a good reason, in part because of calculations to ensure the sub-regional proposal meets the requirement of at least 50% of eligible countries being part of the multi-country funding. In transitioned countries, the Global Fund could support civil society advocacy and the symbolic presence of services (and potentially bring new innovations that might significantly improve responses) similar to that in Russia through the NGO rule.

The symbolic presence of services means that while services might not impact the epidemic, having them would enable some in-country technical expertise to be sustained and would reinforce advocacy. The Global Fund could also negotiate with authorities on matching in-kind support for civil society, or provide essential commodities for prevention and community-based testing. These different approaches would require different expectations and approaches. Such support of relatively small investments would increase accountability and continue dialogue for better transitions. This support should be more flexible and oriented towards most problematic areas and for partnering with civil society.

5.7. International PRs should transfer capacity and management to government systems.

While UNDP and other international PRs have played a significant role in the region, their hand-over of PR responsibilities to domestic structures should be faster. The Global Fund could consider re-adjusting its PR approach, allowing a step-by-step process for capacity assessment and building of government structures, for example, in Kyrgyzstan. The work of UNDP and international organisations as a PR should be evaluated, with additional indicators on building national capacity and in ensuring handover.

5.8. Donors should support and not harm sustainable solutions.

The transition exposes some systematic challenges in procurement, payment systems, or human resources; for example, the great difference between social workers in state systems being paid USD40 and in the Global Fund paying them USD100. An example was given from one PEPFAR country in the EECA region where, just recently, USAID decided to fund HIV case finding while *"the country is implementing moves to public contracting and a funding system of key population programming with lower, but well-grounded, tariffs, but the donor insisted on its model, despite distorting and coming into competition with the public system and giving wrong incentives to civil society groups"*.

5.9. The Global Fund's communication should encourage business, local authorities and societies to acknowledge the contribution of civil society and support it.

The Global Fund should be working with business corporations in the EECA region, not just for raising its own resources but also in encouraging businesses to invest in national NGOs that work on SDGs. Greater dialogue with local authorities and their associations is needed - they are not engaged in CCMs. Global Fund communication, including its website, should be better tailored towards audiences of the implementing country, such as highlighting the social impact of the work supported by civil society in particular.

Topic 6. Strengthening partnerships to improve programme effectiveness

- *"The partnerships work best for high-impact countries but not for other countries that are underperforming from one cycle to another and not coming close to the global targets." (Key informant)*
- *"You can see a clear difference between countries with major donor support for technical assistance from PEPFAR and those without it. They are stronger in data, quality, innovations and progress towards 90-90-90. And then there are other countries. It is not realistic to expect that countries would put large shares of their allocations for technical support. You need a different mechanism." (Key informant)*

Partnerships could, however, further programme effectiveness, additionally broadening partners for true reforms. As indicated in other areas, the Global Fund should strategically promote its values and 'specialty' issues in other global and regional partnerships.

6.1. Country Coordinating Mechanisms have been the right vehicle for bringing together stakeholders from different sectors and areas. They need to be enriched with the ombudsman, ministries of finance, and local authorities, as well as transparency groups, to mount success.

6.2. The Global Fund should intensify its work with technical partners – domestic, regional and global – for countries struggling with progress to overcome strategic challenges for accelerating progress towards global targets.

There is a major global disparity between countries benefiting from major technical support and those struggling to make progress (and limited access to partner and Global Fund support). Currently, very few partners remain in the region. PEPFAR operates in Ukraine and some Central Asian countries and quickly brings significant technical assistance and innovation, while similar assistance is not available elsewhere. At the same time, the systematic challenges that prevent countries of the EECA region (and probably others) from moving faster to end the HIV and MDR-TB epidemics remain similar from one cycle to another. The Technical Review Panel (and technical partners) could be better used for identifying the 'chronic' challenges and in shaping the Global Fund's engagement of technical support. Countries with smaller allocations cannot be expected to budget significant technical assistance. The tools that could help to overcome challenges are of a different nature, such as the strategic initiative, CRG support, multi-country grants and technical support. The value-added and efficacy of limited investments might be greater than in high-impact countries.

6.3. Building research capacity in *implementing* countries, and partnerships with domestic and regional academia, are needed for more analytical, evidence-based policies and for demonstrating the social impact of the work delivered.

Currently, there are major gaps in the EECA region in social and economic sciences and in linking clinical sciences with practices and affected community realities. Such partnerships should be transparent. There is limited vision as to how the current, and impressive, analytical work would be institutionalised.

6.4. WHO, the World Bank and the UN should be critical partners in normative guidance and political dialogue on reforms of health, drug policies, human rights, gender, and other areas.

Partnerships should be strengthened with UN agencies that are strong on communities, equity, rights, civil society, and gender, as well as drugs and corruption, and those directly engaged in health reforms and health financing.

Interviews: selected members in Global Fund structures, and experts in broader health, rights and sustainability issues.

1. Vitaly Djuma, Developed Country NGO Delegation – Alternate Board Member.
2. Stela Bivol, Technical Review Panel - Former Vice-Chair & returning member in 2020, member of Developing Country Civil Society Delegation to the Stop TB Partnership.
3. Prof. Nataliya Nizova, EECA Delegation – Board Member.
4. Mikhail Golichenko, Human Rights Reference Group.
5. Maksim Demchenko, Institute for Public Policy – Budget Advocacy School.
6. Ekaterina Lukicheva, Private Foundations Delegation – Member; donor supporting sustainability issues and civil society.
7. Anton Basenko, Community Delegation – Member.
8. Andriy Klepikov, Developing Country NGO Delegation – Board Member.
9. Aida Kurtovic, South-Eastern Europe Regional HIV and TB Community Network, former Chair of the Global Fund Board.

Focus discussion groups (FDGs)Central Asia and Azerbaijan

1. Aisuluu Bolotbaeva, an independent consultant on human rights and public health, Kyrgyzstan.
2. Anna Deryabina, ICAP at Columbia University – Central Asia, Kazakhstan.
3. Nurali Amanzholov, Central Asian PLHIV Association, Kazakhstan.
4. Dr Katoen Faromuzova, Stop TB Partnership, Tajikistan.
5. Tatiana Nikitina, NGO Intilish, Uzbekistan.
6. Natalya Zholnerova, NGO Ameliya, Taldykorgan, Kazakhstan.
7. Batma Estebesova, NGO Sotsium, Kyrgyzstan.
8. Aibek Mukambetov and Ilim Sadykov, Soros Kyrgyzstan.
9. Elchin Mukhtarli, NGO Saglamliga Khidmat / Secretariat for Azerbaijan TB NGO Coalition, Azerbaijan.

Eastern Europe

1. Olena Stryzhak, "Positive women", Ukraine & Head of the Board, EWNA.
2. Ketevan Chkhatarashvili, independent consultant, Georgia.
3. Liliana Caraulan, PAS Center & multi-country project TB REP 2.0, Moldova.
4. Vitalie Slobozian, Soros Moldova.
5. Ruslan Poverga, Positive Initiative, Moldova.
6. Evgeniya Kuvshinova, Convictus Ukraine.
7. Natalia Isaeva, Legalife Ukraine & SWAN member.
8. Tetiana Doshko, Alliance for Public Health & multi-country #SoS Project on HIV, Ukraine.
9. Valery Zhurakovskiy, NGO ACT, Belarus.

Russia

1. Gennady Roshchupkin, ECOM.
2. Shona Schonning, an independent consultant, supported evaluating CSS work in Russia.
3. Denis Kamalidinov, NGO Humanitarian Project.
4. Evgeny Pisemskiy, NGO Pheonix PLUS.
5. Victoria Dollen, AFEW Russia, CCM Chair.

South-Eastern Europe

1. Edona Deva, Community Development Fund, Kosovo & Developing Country NGO Delegation to the Global Fund Board.
2. Cristina Enache, Romanian Angel Appeal (RAA).
3. Milutin Milosevic, Drug Policy Network South-Eastern Europe.
4. Andrej Senih, Stronger Together, North Macedonia (also consulted with Elizabeta Bozinovska, HERA, who could not attend).

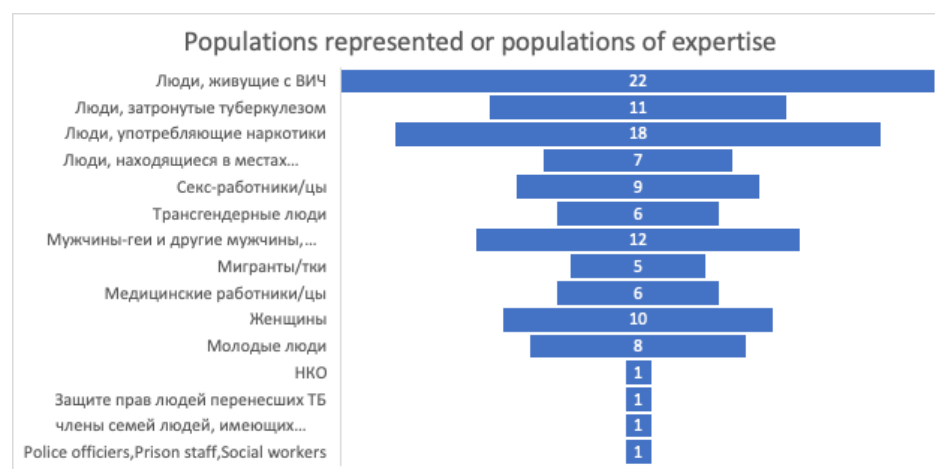
Regional consultation participants

1. Andriy Klepikov, Developing country NGO Delegation – Board Member & Alliance for Public Health, multi-country project SoS.
2. Anna Katasonova, TB Europe Coalition (TBEC).
3. Ganna Dovbakh, Eurasian Harm Reduction Association (EHRA).
4. Gemma Oberth, Global Fund Community, Rights and Gender Department (contractor of the consultation).
5. George Gotsadze, Curatio Foundation.
6. Ivan Varentov, EHRA & Regional Platform.
7. Olga Belyayeva, Eurasian Network of People who Use Drugs (ENPUD).
8. Stasa Plecas, SWAN – Sex Worker Rights' Advocacy Network.
9. Stela Bivol, Technical Review Panel - Former Vice-Chair & returning member in 2020, member of Developing Country Civil Society Delegation to the Stop TB Partnership, multi-country project TB-REP 2.0.
10. Vitaly Djuma, Developed Country NGO Delegation – Alternate Board Member.
11. Raminta Stiukyte - consultant for the Regional Platform.

Survey respondents

Respondent countries

Kyrgyzstan	9		
Azerbaijan	8	Armenia	2
Kazakhstan	8	Bosnia and Herzegovina	1
Russia	8	Estonia	1
Ukraine	6	Montenegro	1
Tajikistan	5	North Macedonia	1
Belarus	3	Serbia	1
Moldova	3		



Type of organisation and key areas of work

