



THE GLOBAL FUND'S COMMUNITY, RIGHTS AND GENDER (CRG) TECHNICAL ASSISTANCE PROGRAMME

The case of Tajikistan (2019 – 2020)

SUMMARY

Tajikistan has a high burden of tuberculosis (TB), in particular drug-resistant tuberculosis (DR-TB). Despite the progress achieved and the efforts of the health system to provide quality diagnostics and treatment, TB detection is still low. As estimated by the World Health Organization (WHO) and the STOP TB Partnership¹, one-third of TB cases are missed by health systems. Based on the experience and conclusions of local civil society organisations (CSOs) working in the TB sector, a high level of stigma, gender inequality and social problems are the main barriers in access to TB services for key and vulnerable populations in the Republic of Tajikistan. The laws of Tajikistan do not contain any specific provisions prohibiting stigma and discrimination against people living with, or affected by, TB or against any other vulnerable population. Laws and policies related to TB are not gender-sensitive and do not include a human rights assessment as part of TB control programmes or as part of monitoring and evaluation of their implementation. People living with, or affected by, TB, as well as representatives of key and vulnerable populations, are often unable to assert their social and economic rights, either due to the lack of knowledge or due to the lack of financial resources to exercise such rights.

Tajikistan was in need of an assessment to identify the barriers faced by people affected by TB as well as by TB patients related to human rights, stigma and gender as evidence-based information was required that the health system could rely upon when planning relevant activities and developing strategic documents, in particular the country proposal to the Global Fund and the National TB Programme of the Republic of Tajikistan for 2021-2025.

That is why in May 2019, a local CSO working in Tajikistan – the Gender and Development NGO (Dushanbe) that ensures access by key populations to TB prevention and care – prepared and submitted to the [Global Fund's Community, Rights and Gender \(CRG\) Technical Assistance Programme](#) a request for assistance in assessing and identifying the barriers throughout the TB patient pathway from the onset of symptoms and diagnosis to successful cure and follow-up, and in developing recommendations to improve the cascade of TB care focused on human rights, the elimination of legal and gender barriers and the reduction of stigma in society.

After a series of discussions, including the methodology, work plan and the expected results, the provision of technical assistance (TA) was agreed by key stakeholders comprising over 10 local CSOs involved in the implementation of Global Fund grants in Tajikistan; the Republican Centre for Protection of the Population from Tuberculosis (Republican TB Centre); the Republican AIDS Centre of the Ministry of Health and Social Protection of the Population; the National Coordinating Council on HIV/AIDS, Tuberculosis and Malaria (CCM); and the Global Fund Portfolio Manager who coordinates grants provided to the Republic of Tajikistan.

The request was approved in July and the implementation started in August 2019. The Canadian HIV/AIDS Legal Network was engaged by the Global Fund to provide technical assistance within this request. The TA was provided between August 2019 and July 2020. There was a slight delay in drafting the assessment report due to the COVID-19 pandemic.

The TA included a desk review as well as meetings and discussions with representatives of the key non-governmental and governmental organisations involved in the implementation of the National

¹ The Global Fund to Fight AIDS, Tuberculosis and Malaria. Stop TB and Global Fund Deepen Cooperation to Find Missing Cases of TB. Geneva; The Global Fund to Fight AIDS, Tuberculosis and Malaria, 18 December 2017. <https://www.theglobalfund.org/en/news/2017-12-18-stop-tb-and-global-fund-deepen-cooperation-to-find-missing-cases-of-tb/> (accessed 5 October 2021).

TB Programme (NTP). A broad consultation was prepared and held with the Technical Working Group on TB under the CCM. Data collection included interviews with key NTP stakeholders and focus group discussions with representatives of key populations, including people affected by TB and multi-drug resistant TB (MDR). Following the assessment, an action plan was developed with recommendations and priority areas to be included in the new National TB Programme for 2021-2025, which formed the basis for the country proposal to the Global Fund for 2021-2023. For the first time, the National TB Programme included patient-centred interventions, taking into account gender and legal aspects, the role of communities as well as measures to reduce stigma and discrimination against people living with, or affected by, TB.



Photo by: NGO "Gender and Development"

Key TA stages

January – May 2019	July 2019	August 2019 – February 2020	June-July 2020
Development, discussion and submission of the TA request	Approval of the proposal by the GF CRG Department, selection of the TA provider, preparation and approval of the Terms of Reference (ToR) and selection of the TA provider	Delivery of TA by the TA provider in accordance with the ToR	Drafting and submission of the report by the TA provider to the Global Fund Secretariat on the results of TA provision
Total TA budget: 50,732 USD		Technical assistance provider: The Canadian HIV/AIDS Legal Network	

RATIONALE BEHIND THE TA REQUEST

The Republic of Tajikistan is committed to the global goal to eliminate TB by 2030 as defined in the Sustainable Development Goals (SDGs) and the WHO End TB Strategy. In line with the strategy, it was necessary to adopt a radically new approach to replace the passive and “vertical” disease control programmes implemented in the past. The new approach was expected to strive to be equitable, take into account structural, social and socio-economic factors related to human rights and gender and ensure the meaningful engagement of the affected individuals and communities in the TB response.

In 2020, Tajikistan planned to develop a new National TB Programme for the period from 2021 to 2025 based on an analysis of the achievements and challenges faced by Tajikistan in the TB control sector. The development of further steps and measures to achieve quite ambitious targets were also planned as was the objective to reduce the burden of TB and, in particular, MDR-TB. The National TB Service recognised the need for a patient-centred approach to improve access by vulnerable populations to TB prevention, quality diagnosis and care, and to remove human rights, stigma and gender-related barriers. Besides, it was necessary to initiate discussions on the cascade of care, or the so-called "patient pathway", from the onset of symptoms and diagnosis to the successful cure of TB. In this context, assessing and analysing legal and human rights barriers, identifying potential new key populations, assessing the level of stigma and gender sensitivity and incorporating the results into the key national documents was very timely. It should be noted that such assessments have not previously been conducted in Tajikistan within the framework of TB programmes. Thus, to a large extent, the assessment results provided necessary and essential information to decision-makers in Tajikistan to prepare the key strategic documents and plans, taking into account the relevant CRG aspects and needs for the following five years.



WHAT TA WAS PROVIDED AND HOW IT WAS ARRANGED?

In 2019, the Gender and Development NGO submitted a request to the Global Fund's CRG TA Programme for assistance in assessing the stigma, gender and legal barriers to accessing TB services. Support in preparing the TA request was provided by the [EECA Regional Civil Society and Community Support, Coordination and Communication Platform](#), which is operating within the Global Fund CRG Strategic Initiative (in the EECA, the Platform is hosted by the [Eurasian Harm Reduction Association \(EHRA\)](#)).

After the TA request was approved, the CRG Department of the Global Fund Secretariat selected a TA provider based on the content of the request as well as technical profiles, competencies and experience of pre-selected TA providers. The Canadian HIV/AIDS Legal Network was selected as the TA provider for this request.

Between August 2019 and July 2020, the Gender and Development NGO and the Canadian HIV/AIDS Legal Network conducted an assessment to identify the barriers to TB treatment from the onset of symptoms and diagnosis to successful cure and follow-up and to develop recommendations for improving the cascade of TB care based on human rights, the elimination of legal and gender barriers and the reduction of social stigma in the country.

The following methods were used:

1. **Desk review** in four research areas: legal environment, gender, key populations and stigma.
2. **Key informant interviews** with representatives of the Ministry of Health and Social Protection of the Population; HIV and TB Services; primary health care (PHC) and migration institutions; the Committee on Women and Family Affairs under the Government of the Republic of Tajikistan; as well as representatives of international organisations and CSOs, including communities affected by TB. In total, 21 interviews were conducted (13 men and 8 women).
3. **In-depth interviews** with people living with TB and MDR-TB, their family members and other close people. In total, 20 interviews were conducted (8 men and 12 women).
4. **Focus group discussions** with TB and PHC workers and members of key populations, including discussions with women, family members of people with TB, labour migrants, people who inject drugs (PWID), people living with HIV (PLHIV), sex workers (SW), ex-prisoners and people with diabetes, etc. In total, 11 focus groups were conducted with 140 people (60 men and 80 women).

The study was conducted in the following cities and regions, selected based on the epidemiological situation and lack of access to services due to the mountainous geography:

- Dushanbe, capital of the Republic of Tajikistan;
- Vose district with a high incidence of TB; and,
- Khorog city in Gorno-Badakhshan Autonomous Province which is located in a remote mountainous area with peculiar climatic conditions.

The target groups for the study were identified at a meeting of the Technical Working Group on TB under the CCM, as follows:



A mandatory requirement for selecting study participants was equal representation of women and men.

The main stages of the study included the following activities:

1. Preparations started in August-September 2019. Right after the agreement with the Global Fund was signed, an introductory meeting was held to adjust the assessment work plan, in particular to align the assessment in Tajikistan with the assessments in Georgia, Kazakhstan and Uzbekistan conducted with the technical support of the Centre for Health Policies and Studies (PAS Centre, Moldova) and the financial support of the Global Fund. The multi-country workshop was organised by the PAS Centre and TBC Consult in Tbilisi, Georgia, in August 2019.
2. In October-November 2019, a desk review was conducted by a group of technical consultants. The research team met with a technical group under the CCM to agree on the methodology and to define the list of key and vulnerable populations. The meeting participants were informed about the ongoing desk review of the legal environment in Tajikistan.
3. In December 2019, collection of the field data started with in-depth interviews with people affected by TB, key informant interviews, and focus group discussions with key population members.
4. In late March 2020, data collection was completed and the international consultants provided remote support in analysing the data and drafting a report based on the assessment results.
5. The assessment results were discussed at a validation meeting with the core group and other local and international stakeholders. The research team issued 35 interrelated recommendations to help overcome barriers in access to TB services.
6. The next step was to promote the assessment results. The technical working group under the CCM developed an action plan where it defined local and international organisations responsible for implementing each recommendation.

7. The technical working group adopted the recommendations which were included in the new National TB Programme for 2021-2025 (approved in February 2021).

The study complied with all the ethical requirements regarding social studies in health. The study protocol was approved by the Biomedical Ethics Committee of the Academy of Medical Sciences at the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan. Informed consent forms approved by the Committee were signed with all study participants.

TA RESULTS

Generally, the activities were carried out in accordance with the initial plan and within the allotted time frame. All the parties – the CCM Working Group, the Ministry of Health and Social Protection of the Population, the Republican TB Centre, and the Republican AIDS Centre – performed their obligations and created the conditions required for productive work of the consultation participants. The Working Group was comprised of representatives of civil society and communities as well as state-run health institutions, which allowed a constructive dialogue on CRG issues. The Gender and Development NGO, as the organisation requesting the TA, highlighted the well-coordinated and successful collaboration with the EECA Regional Platform and the Canadian HIV/AIDS Legal Network as the TA provider. Joint efforts and organised work of qualified local and international consultants allowed the implementation of the TB request in full and with high quality and efficiency and to achieve all of the expected results.

In the course of assessment, consultants examined the barriers to TB care related to gender, stigma and human rights, as well as factors relevant to specific key populations that could facilitate or hinder their access to care. The study examined how these factors affected patients in the TB care cascade from the onset of TB symptoms to diagnosis, treatment, adherence support and post-treatment follow-up.

Based on the assessment results, 35 interrelated recommendations were issued to overcome the barriers in access to TB services. All research results were presented, discussed and approved by the Working Group and the head officers of the Republican TB Centre. After collective discussion of the results, meeting participants were assigned roles and responsibilities and they instructed local and international organisations on how to proceed with the implementation of recommendations. Most recommendations were included in the National TB Programme and its Implementation Plan for 2021-2025 and are already being implemented in the country.

Key TA Results

1. Productive cooperation was established with the Republican TB Centre and the CCM Working Group with the active engagement and support of key representatives of those bodies in the research study.
2. The assessment covered over 100 participants from among people with TB and DR-TB, representatives of nine key and vulnerable populations as well as key informants.
3. An equal representation of women and men in the study was ensured, with a separate focus group organised with women only.
4. Laws and regulations on access to health services were thoroughly analysed, taking into account key population issues as well as stigma and gender aspects. Separate recommendations were issued on the legal component of the study.

5. The TB care cascade (or patient pathway) was analysed in detail with all its stages from the onset of symptoms to post-treatment follow-up.
6. Based on the study results, an action plan was prepared, assigning the organisations responsible for the implementation of the National TB Programme to perform the obligations.
7. The key CRG priorities were discussed and included in the new National TB Programme and the National Plan to implement the Programme for 2021–2025, including clear definitions of key and vulnerable populations and patient-centred community-based TB interventions with a focus on stigma, legal and gender issues.
8. The proposal to the Global Fund was drafted based on the NTP objectives that stipulates the allocation of funds to engage CSOs in activities on active TB finding and DR-TB treatment adherence support (while in the previous grant, civil society engagement was not included).
9. The Ministry of Health and Social Protection of the Population issued a decree on free examination of persons in contact with TB patients. According to the National TB Programme, at least 10 individuals in close contact with people with TB must be examined and receive preventive treatment.
10. Advocacy efforts have been initiated to include TB in the priority social objectives within the framework of the social contracting programme.

LESSONS LEARNED

In conclusion, it can be said that the key to success in the provision of the TA described above was the willingness of local community-led organisations not only to request the required assistance, but also to actively engage at all stages when such TA was prepared and delivered, as well as to cooperate with national partners representing different sectors.

The following positive lessons can be outlined:

- + An important driver of TA success was the strong commitment and support of the Ministry of Health and Social Protection of the Population, as well as the active engagement of the CCM Working Group, in discussions on the issues related to the assessment and development of recommendations.
- + A key factor in preparing, organising and conducting the study was the well-coordinated cooperation of CSOs with state-run health institutions, in particular with the Republican TB Centre, the City TB Centre, the Republican AIDS Centre and the Republican Centre for Family Medicine.
- + To ensure the successful provision of TA, it is essential to properly select the members of the expert team engaged by the TA provider. Such selection should be carried out in consultation with the organisations requesting TA, taking into account the national context.

Apart from the positive lessons, there were also some challenges:

- Due to restrictions caused by the COVID-19 pandemic, there was a delay in preparing and presenting the final assessment report. Consultants engaged by the TA provider were not able to be physically present at the final meeting to present the study results.



One of the tasks of the EECA Regional Platform is to raise the awareness of civil society and communities about technical assistance opportunities under the Global Fund's CRG TA Programme and to assist the interested parties in the development of quality TA requests for CRG Technical Assistance.

Therefore, if you have any questions about filling out the application form, or if you need advice on the possible content and/or quality of the request, please contact the Regional Platform. Starting in 2021, applicants must contact the CRG Regional Platform in their region for assistance in shaping the request prior to submission to the Global Fund!

Contact the EECA Regional Platform:

eecaplatform@harmreductioneurasia.org

eecaplatform.org