

Community recommendations to the Global Fund partnership: war-affected circumstances in Ukraine and Eastern Europe

Background and the purpose of this Brief

This *Brief* builds upon the regional community consultation, '*During and after the war: rethinking the role of community networks of PLHIV and key groups and other civil society organisations*', which took place between 28 June and 1 July 2022 in Vilnius, Lithuania, with the support of UNAIDS and the International Renaissance Foundation.

As a follow-up, an initiative group, composed of civil society participants of the consultation, drafted this *Brief* in August 2022 and further discussed and finalised it during an online meeting with the representatives of the main regional key populations and other HIV networks from the Eastern European and Central Asian (EECA) region.

The *Brief* extracts key messages from the Community Consultation on how the main HIV and TB donor in the region - the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria - should adapt to the new circumstances caused by the full-scale war started by Russia against Ukraine since early 2022. The *Brief* includes recommendations for the new funding cycle 2023-2025 addressed to the Global Fund's Board, Secretariat and the Technical Review Panel as well as members of its partnership - CCMs, technical partners and regional community networks.

Key messages to the Global Fund and other key stakeholders on funding cycle preparations

1. General economic decline and the redistribution of state expenditures in favour of defence budgets on the one hand, and the increasing need for more comprehensive HIV and TB services and the growth of procuring HIV and TB prevention and treatment commodities (including logistic costs) on the other, might lead to a **substantial domestic HIV and TB funding deficits** and the need for more donor support in a number of countries.
 - We urge the Global Fund Board to consider the possibility of increasing funding for the EECA region within the NFM4 framework. The Global Fund needs to strategically use qualitative adjustments to increase the allocations for the countries of the region.

2. The war in Ukraine is leading to the destruction of housing and the transportation network as well as the growth in sexual and gender violence, post-traumatic stress disorder and other mental health issues, together with internal displacement and migration out of the country. Accordingly, these factors should be reflected in **the package of services for PLHIV, people with TB and key populations** in Ukraine as well as in the refugee-receiving countries eligible for Global Fund support to ensure a holistic approach to HIV and TB prevention and support.
 - Countries eligible for Global Fund support with significant refugee populations from Ukraine should consider the possibility - and the Global Fund should support such initiatives - to reprogramme their national grants to address such emerging needs and, within such reprogramming, to prioritise comprehensive community-based services which directly - or through a network of referrals - address the need for security, shelter, food, mental health services, emergency PEP and RSH care in cases of violence, and the other urgent needs of PLHIV, people with TB, key populations, and their families; and,
 - There should be greater transparency and the direct involvement of Ukrainian community groups in shaping the emergency support for Ukraine.
3. Polarisation of the region, the aggressive politics of many EECA states towards civil society and key populations, and the tightening of censorship adversely impact upon the sustainability of civil society and community-led organisations, including national and regional networks, at a time when their **active participation and cooperation** are key to maintaining and scaling-up of HIV, TB and rights responses, both at national and multi-country levels.
 - CSOs and CLOs, including the networks, need resources to develop skills that are required to work in the situation of war and its impact to ensure security and prevent burnout of their members and activists, and to support advocacy related to the broader set of issues in the area of human rights, open society and approaches to reconciliation; and,
 - The Global Fund should continue supporting the coordination, cooperation, capacity building and implementation of the advocacy activities of CSOs and CLOs, including the networks, not only at country level but also regionally throughout the multi-country HIV and TB grants. Decisions to not allocate funding at all in support of TB multi-country grants within the NFM4 and the limitation of having only one HIV multi-country grant per region leads to the significant decrease of the support being available for community and civil society-led organisations and limits their abilities to coordinate and strengthen their contribution to HIV and TB responses in the region.
4. There are early indications that the war in Ukraine may have a negative impact on the epidemiology of HIV, TB and other infections and risk-taking behaviours both in Ukraine and in other countries of the region, including Central Europe.
 - The Global Fund should support epidemiological updates to monitor changes in new cases, mortality, key populations and migrant access to services and their needs in Ukraine and refugee/IDP-host locations, including Central Europe;
 - Changing needs of people affected and living with HIV and TB in Ukraine should be regularly monitored with the direct involvement of communities;

- Such changes should be documented/assessed through approaches such as the use of community-based research and used to inform the country's financial requests (at the level of budgets and coverage indicators for PLHIV and key populations) to the Global Fund in the next funding cycle. The indicators to be monitored include the dynamics of the HIV incidence rate and the contribution of different population groups to the morbidity rate; the estimated number of PLHIV and demographics of PLHIV; and the size of key populations in refugee/IDP-host locations; and,
 - Parallel monitoring by, and inquiries to, community-services and community members should be better coordinated to reduce the burden on such groups at the frontlines of the humanitarian response.
5. It is time for civil society to review its advocacy approaches and instead of seeing the Global Fund as an advocacy target, to start treating it as an advocacy partner that needs to be engaged to ensure the sustainability of responses to the three diseases with the help of national funding.
- The Global Fund and civil society in the EECA region, especially the regional networks, should improve their dialogue to achieve a shared vision of the context, new challenges and possible ways to overcome those challenges in the next funding period to achieve maximum effect from the Global Fund's investment into the EECA region.
6. Options are severely limited for communities and civil society to receive technical support to improve the quality of programmes and to enhance their meaningful participation in the HIV/TB response in the region, especially when it comes to supporting actions to ensure access to essential services for key populations in countries with a challenging operating environment which includes Ukraine according to Global Fund criteria¹.
- The Global Fund, other donors and technical partners in the region should scale-up and improve options for civil society organisations to receive technical support to improve their meaningful participation in the HIV and TB response in the region, focusing on ensuring the sustainability of these responses after donors transition out of a country. Mechanisms for receiving technical support should be simple and accessible, fast to respond to incoming applications and flexible when it comes to taking the needs of communities into account, especially in countries with challenging operational environments;
 - We acknowledge the availability of technical support within the Global Fund's CE SI as well as that available within the UNAIDS TSM. However, we believe that funding available for such programmes should be increased within the next allocation period of 2023-2025, even in the event of the replenishment falling short of US\$16 billion and thereafter sustained; and,
 - In addition, we believe that many more countries in the region could benefit from the technical support available within other Global Fund Strategic Initiatives, such as CLM SI or the Breaking Down Barriers Initiative.

¹ The Global Fund. Thematic Report. Conflicts, Crises and Displaced People: How the Global Fund Works in Challenging Operating Environments. Geneva; The Global Fund, 2022. https://www.theglobalfund.org/media/11944/thematic_challengingoperatingenvironments_report_en.pdf (accessed 22 September 2022).

Key messages in detail

1. Increase the overall volume of financial support to HIV and TB responses in the EECA region within the NFM4

Health budgets in the countries of the region will decrease as a result of overall economic decline and redistribution of funds in favour of defence needs. At the same time, the need for HIV and TB services will become more acute, and the purchasing prices for HIV and TB prevention and treatment commodities will increase together with logistic costs. Next to high inflation and changes in funding priorities, these will cause a funding deficit for HIV and TB responses in a number of countries and will jeopardise efforts to ensure their sustainability within the transition from Global Fund support. The demand for international donor funding, and from the Global Fund in particular, remains high in the EECA region as most middle-income countries in the region are not yet ready and able to transition.

The Global Fund Board and Secretariat should:

- Consider possibilities to increase funding for the countries of the region within the framework of the NFM4 or prioritise adjustments due to the humanitarian crisis situation in the above allocation request;
- Pay greater attention and effort to the development of the fundraising abilities and skills of the regional and national community-led and civil society networks; and,
- Consider increasing the budget of the Emergency Fund and allocating at least another US\$15 million from it to support the continuity of HIV and TB prevention, testing and treatment services in Ukraine in 2023 as the needs and challenges of the emergency grant provided in 2022 remain and will probably continue to increase. Within the continuation of the emergency grant, more focus should be placed on the needs of KAPs, including people who use drugs, in terms of ensuring better access to good quality opioid agonist therapy (OAT).

CCMs should:

- Develop ambitious national funding requests covering all HIV and TB response-related needs of the country with a particular focus on the prevention and treatment-related needs of communities and those related to strengthening community systems, together with overcoming legal barriers in accessing prevention and treatment services as well as addressing gender inequalities.

Technical partners, donors and community-based organisations should:

- Advocate for, and support, advocacy actions at the country level to stress the importance of sustaining the HIV and TB response, both financially, legislatively and programmatically, especially in the situation of war and humanitarian crisis, and to engage with the relevant national authorities to ensure that the response to the epidemics and their integration with social support, remain on the agenda.

2. Adjusting community advocacy and HIV/TB-related service provision in the EECA region

Russia's military aggression toward Ukraine has led to the destruction of housing and the transportation network, as well as the growth of sexual and gender-based violence, post-traumatic stress disorder, and other mental health issues, and internal and external displacement of people. In such circumstances, the demand for HIV services could drastically decrease as safety, security and basic survival needs become the priority for people affected by the war and they may not prioritise health in general and HIV or TB services specifically. At the same time, as people in such crisis situations are likely to become engaged in risky behavioural practices, their actual need for access to HIV services could become even more acute. Access to humanitarian services in Ukraine and in countries with a significant refugee population from Ukraine could become an entry point for people in need of HIV and TB related support to access such services and could be key in retaining and bringing clients back into the respective HIV and TB programmes.

At the same time, PLHIV and key populations are facing increasing discrimination and aggression because of the war. The situation of PLHIV and key populations in other countries apart from Ukraine is also deteriorating due to the increasing legislative pressures and low-tolerance policy towards the LGBT-community and people who use drugs, approaches promoted by Russia. All of these should be reflected in the package of services for PLHIV and key populations so as to ensure a comprehensive and holistic approach to HIV prevention and support, as well as in the regional and national advocacy strategies.

Technical partners and other donors (including UNAIDS TSM, USAID, GIZ, Expertise France) should:

- Develop specific recommendations on how the packages of HIV and TB services and costing of such packages should be changed/expanded so they reflect the additional social needs of KAPs caused by the humanitarian crisis;
- Provide support in adjusting service packages for PLHIV, people with TB and key populations;
- Provide support in documenting and evaluating community contributions to maintaining and adjusting HIV and TB programmes in humanitarian crises and increased pressure on communities;
- Provide support to community-led networks in documenting different models used to adjust service packages to war situations, not only by including a response to humanitarian needs but also by including psychological support and assistance to the survivors of sexual and gender violence;
- Provide assistance to community-led networks in the costing and budgeting of community-led services;
- Support additional training programmes for humanitarian responses for staff of community-led organisations;
- Support programmes with regards to the security and psychological support of staff and activists at community-led organisations; and,

- Support the development of advocacy interventions that address the worsening situation of key populations, of increasing discrimination and violence and of social inequality and related budgeting.

The Global Fund Board and Secretariat should:

- Provide the possibility for simplified reprogramming for the national HIV and TB programmes supported by the Global Fund in those countries affected by the humanitarian and migration crisis caused by the war in Ukraine, including re-budgeting, adjusting costs, adjusting the package of services - especially services for PLHIV and key populations, including migrants - and changing advocacy, human rights and community strengthening interventions. It is crucial to not only accelerate such reprogramming at the decision-making stage, but to also allow for some flexibility at the reporting stage to take into account the urgency of response measures; and,
- The Global Fund should consider the possibility of ensuring the continuation of access to treatment and support for clients of Global Fund supported programmes who have become refugees in countries not eligible for Global Fund support. Relevant activities should be allowed and included in the funding requests of eligible countries within the NFM4.

CCMs should:

- Ensure that mental health services and prevention of staff burnout are included in programmes;
- Ensure that there are detailed and adequately budgeted advocacy interventions responding to the worsening situation of key populations and their increasing discrimination and social inequality. Within new funding requests, prioritise community-based services and models / approaches which demonstrate efficiency and sustainability during war and crises;
- Give priority to defending the rights of key populations, including people from key populations who are among internally displaced people and refugees; and,
- Not hesitate to request reprogramming of ongoing grants in order to address the urgent needs emerging due to the humanitarian and migration crises caused by the war in Ukraine.

3. Addressing the impact of war on the work of community- and civil society-led national and regional organisations including at multi-country level

The Global Fund Secretariat (Regional Team) and the Principal Recipient of the multi-country HIV grant in the EECA region should *consider the possibility to reprogramme the current regional Global Fund HIV grant to cover:*

- Activities aimed to ensure security and prevent burnout of members and activists of community-led organisations, especially in Ukraine and those neighbouring countries affected by the refugee crisis, as well as of the regional networks;
- Advocacy activities at the national and regional levels that respond to systematic human rights violations, discrimination of LGBT, censorship - including drug policy - and other current

regional issues connected to the strengthening of authoritarianism, traditionalism and militarisation;

- Activities focused on the training of regional and country activists on a broad spectrum of topics related to human rights, open society ideology and reconciliation approaches;
- Activities focused on the institutional capacity building for networks to identify how to better adjust or change their internal policies and procedures to address those challenges in communication and cooperation with their counterparts caused by the new geopolitical circumstances in the region; and,
- The development of communication and mediation instruments within networks when members are in conflict or hold opposing views on Russian aggression.

The Global Fund should:

- Increase, or at least sustain, the funding to Catalytic Investments for multi-country grants (MCGs) instead of the 18% decrease approved earlier this year for the 2023-2025 Allocation Period. TERG recommended MCGs as a priority investment area for activities that demonstrably add value over and above what country grants can deliver to meet the Global Fund's Strategic Objectives. MCGs are more important than ever given the current hostile climate in many countries faced by civil society organisations and the dwindling financing for advocacy and capacity building; since the onset of the COVID-19 pandemic, there has been growing importance in the role of regional approaches for policy change. MCGs are also needed to actively advocate for increased domestic funding which is especially needed in countries where national and local key population organisations and networks are underdeveloped, under-recognised or absent. It is necessary to have more than 1 multi-country HIV grant per region; and,
- Include the former TB multi-country grants into the Catalytic Multicountry Strategic Priorities, preferably for the 2023-2025 Allocation Period, but definitely for the 2025-2028 Allocation Period. Multi-country TB grants in the EECA region have demonstrated good results; discontinuation of such grants will lead to the loss of achievements in the area of advocacy for access to quality TB prevention and treatment services and in strengthening the involvement of civil society and TB communities into the TB response-related processes. In the absence of TB multi-country grants, the Global Fund should recommend the integration of the relevant priorities within the TB country proposals of the NFM4.

4. Impact of war on planning HIV responses in the EECA region

The war in Ukraine has negatively impacted the epidemiology of HIV, TB, and other infectious diseases both in Ukraine and in other countries of the region as well as the dynamics of the HIV incidence rate, and the contribution of different population groups to the morbidity rate; further impacted is the number of PLHIV and the demographics of PLHIV and the size of key populations.

These changes should be assessed/researched using community-based research among other approaches and included in a country's financial request (on the level of budgets and indicators of coverage for PLHIV) to the Global Fund in the next funding cycle. These options should be available not only for Ukraine but also for all countries receiving a large number of refugees,

including those countries which submit incomplete or underestimated data on the number of refugees.

Global technical support mechanisms should:

- Provide funding for technical support in the areas of organizing IBBS, key population size estimates, and qualitative studies of barriers to HIV and TB services for PLHIV, people with TB and key populations; and,
- Be aware of the new practices of data collection emerging in the region and involve regional technical support experts while providing technical support.

Technical agencies at the peer review stage should:

- Focus on the timeliness and relevance of statistical and qualitative data that was used in the country funding application; and,
- Ensure that coverage indicators and related budgets for PLHIV and key populations are adjusted to current statistical and qualitative data.

CCMs should:

- Ensure meaningful and not tokenistic participation of civil society representatives, including people from the communities, in all stages of the country dialogue related to drafting new Global Fund applications in the framework of the new funding cycle;
- Provide sufficient time, as well as the necessary resources and support (budgeting for them in advance), for community representatives to convene, discuss, prepare and forward their quality suggestions to be included in the country application;
- Include into the funding applications evidence-based suggestions of the community that responds to their needs within the context of HIV and TB responses and ensures the sustainability of prevention and treatment services for these communities;
- Prioritise those community-based activities which are aimed at responding to HIV, TB and other infectious diseases within the context of migration and external and internal displacement in Ukraine, and taking into account the situation of refugees, migrants and mobile populations as a whole; and,
- Cooperate with national CSOs, CLOs, as well as regional KAP networks, to establish channels for the speedy dissemination of information on rapidly changing situations in service provision.

5. Strengthening dialogue between civil society and the Global Fund to explore new effective partnership modalities for the sustainability of the HIV and TB response in the EECA region

Community-led networks should:

- Review their approaches to cooperation with the Global Fund Board (especially with the Delegations representing the region, communities, and developed and developing country NGOs) and Secretariat to make national-level advocacy more efficient and to maximise the impact of the NFM4 and ensure the sustainability of disease responses after transitioning out of the Global Fund;
- Immediately start a meaningful dialogue with the Secretariat of the Global Fund on achieving a common vision with respect to the most efficient forms of advocacy and best forms of cooperation between the EECA team in the Secretariat and the regional networks of key populations to achieve the best results in working with national governments.

The Global Fund should:

- Maintain dialogue with the representatives of the regional networks in the EECA region to discuss and identify the resources needed, efforts and steps required to be taken as well as changes in the advocacy approaches that are necessary to ensure the HIV- and TB-related needs of the communities are addressed within the new Global Fund supported programmes and key priority services for KAPs to become sustained within the next allocation period, 2023-2025; and,
- Consider and suggest optimal formats for closer cooperation and engagement between the regional EECA team in the Global Fund Secretariat and the regional EECA networks to ensure better coordination of joint activities in the countries of the region within the framework of ensuring the sustainability of HIV and TB responses within national funding.

6. Changing approaches and expanding technical support for civil society

The Global Fund should:

- Consider making the objectives of the short-term Community Engagement (CE) Technical Assistance (TA) Programme broader and more strategic and expand its focus from the meaningful engagement of civil society in the Global Fund related processes to supporting civil society to create the enabling environment for ensuring the sustainability of HIV and TB responses within the transition of Global Fund support to national funding;
- Not establish multiple TA mechanisms with sometimes unclear access points and procedures within different Strategic Initiatives but to use the existing, demand driven, CE TA Programme as a one-stop shop to access all Global Fund related TA available within its Strategic Initiatives, including the CCM Evolution and CLM SIs and as the entry point for civil society TA requests. In doing so, the received TA requests could be readdressed internally to the relevant Strategic Initiatives and it could be decided within the Secretariat which Strategic Initiative should address the received TA request depending on the focus of the request and the financial and technical capability within certain SIs;
- Simplify TA mechanisms by making them more accessible, understandable, transparent and dynamic (namely, reduce the time between the submission of TA applications and TA provision

by at least by 50%). One way of achieving this is to increase the number of staff in the CE SI Team;

- Make information transparent and open to all stakeholders concerning which applications were approved, which TA was provided, and the results;
- Expand the geographic coverage of the short-term TA programme to include those countries in the CEECA region which have become ineligible to receive Global Fund support in the last three years, as well as countries that are currently ineligible but are affected by humanitarian and other crises in neighbouring countries and that are implementing Global Fund supported programmes in a challenging operational environment;
- Expand the geographic coverage of the CLM SI *Breaking Down Barriers* initiative in the EECA region; and,
- Allocate additional resources to provide TA to civil society in countries with challenging operational environments and make it a separate stream of work with a more flexible and speedy response to civil society requests.

Technical partners and other donors (including UNAIDS TSM, USAID, GIZ, Expertise France) should:

- Expand access to technical support for civil society and communities in the EECA region by focusing on ensuring the sustainability of the HIV and TB responses within the context of transitioning out of donor funding by, (1) expanding the list of countries where civil society is eligible for technical support; and by (2) increasing the amount of annual funding for technical support programmes in the region, among other considerations;
- Focus separately on providing technical support to ensure the sustainability of civil society-based HIV and TB responses within the context of migration and humanitarian crises in the EECA region and Western Europe caused by the war in Ukraine; and,
- Ensure support for communities in working with humanitarian clusters, provide resources to engage with such clusters, and advocate for community involvement in the work of the humanitarian clusters both at the European level (the work with refugees) and at the level in Ukraine.

Signatories:

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| Global Network of People living with HIV (GNP+) | Regional Expert Group on Migration and Health |
| Eurasian Harm Reduction Association (EHRA) | Eurasian Movement for the Right to Health in Prisons |
| Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM) | Central Asian Union of PLHIV |
| Sex Workers' Rights Advocacy Network (SWAN) | Teenergizer |
| Health Advocacy Coalition (HAC) | Drug Policy Network South East Europe (DPNSEE) |
| International Budget Advocacy Hub (IBAH) | Eurasian Women's Network on AIDS (EWNA) |

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| International Treatment Preparedness Coalition (ITPC) EECA | Charitable Organization Positive Women (Ukraine) |
| TB Europe Coalition (TBEC) | Network 100% Life |
| Eurasian Network of People Who Use Drugs (ENPUD) | Positiva Iniativa |
| Association Harm Reduction Network (Kyrgyzstan) | |