

EECA Regional Platform Civil Society Meeting

“Ensuring meaningful community engagement during the development of national funding requests for Global Fund Grant Cycle 7 (GC7) in EECA in 2023”



*25-26 April 2023
Radisson Blu Sisli Hotel, Istanbul, Turkiye*

About the Meeting

The purpose of the meeting was to strengthen the capacities of CCM members representing the non-governmental sector, as well as other civil society and community stakeholders that participate in country dialogue and funding request developing (e.g., on writing teams) from some EECA countries that plan to submit their funding requests under Grant Cycle 7 (GC7) in early 2024. The meeting was aimed to allow its participants to better understand the new Global Fund's Strategy 2023-2028, the new elements in the application processes for GC7, learn about the available materials to support the process, opportunities for and expectations from the community engagement in the country dialogue process and available technical support.

Additionally, the meeting provided the opportunity to the participants to better understand their roles as CCM members and other key stakeholders in the process of funding request development, ensuring the voices of communities are heard and accounted.

The Eurasian Harm Reduction Association (EHRA), a host of the EECA Regional Platform for Coordination and Communications, organized the meeting using the experience of similar events conducted by other Regional Platforms for CSOs and communities in the regions of Asia Pacific, Latin America and Caribbean, as well as Middle East and North Africa.

The on-site event brought together 25 participants – representatives of the communities and civil society organizations from Armenia, Belarus, Kosovo*, Serbia and Uzbekistan and regional networks, as well as 14 speakers, organizers and facilitators; of them 6 speakers joined the meeting on – line via Zoom. The team of the Global Fund Secretariat included representatives of the Community Rights and Gender Department, EECA Regional Team, Access to Funding and CCM Hub teams. Other partners and technical support providers who participated in the event included representatives of the Alliance for Public Health, ECOM, EWNA, PAS Center, TB Europe Coalition.

The concept note [[English](#) | [Russian](#)] developed by the EECA Regional Platform as well as recommendations by the Global Fund CRG department informed the meeting agenda. The agenda [[English](#) | [Russian](#)] featured different methods of work: presentations, experience sharing, and group work in country teams. Before the event, a rapid check of the participants' expectations and their preparedness for the GC7 proposal development was conducted. The assessment helped to tailor the agenda to the audience's needs.

The meeting report features the highlights from the presentations, groups work, followed by the meeting's evaluation results. For brevity, the PowerPoint presentations are hyperlinked to the files without repeating their content in the report. The meeting materials are available in the Dropbox folder at the following link:

<https://www.dropbox.com/sh/xczk7uk0v7wzmyv/AADsdLIVZqohIEG2qYd9IXiNa?dl=0>

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Abbreviations

APH	Alliance for Public Health
CCM	Country Coordinating Mechanism
CLM	community-led monitoring
CRG	Community, Rights and Gender
CSO	civil society organization
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EWNA	Eurasian Women's Network on AIDS
FR	funding request
GC7	Grant Cycle 7
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFS	The Global Fund Secretariat
KAP	key affected population
MSM	men who have sex with men
NGO	non-governmental organization
OST	opioid substitution therapy
PWID	people who use drugs
SW	sex worker
TA	technical assistance
TB	tuberculosis
TBEC	TB Europe Coalition

1. Event Description

1.1. Presentations

On Day 1, ten presentations were delivered to cover key and new elements of the Global Fund Grant Cycle 7 application process, the role of CCM, community and CSOs in the development of funding request, EECA investment priorities for 2023 - 2025 on HIV and TB control as well as sustainability of the national disease response.

In the opening presentation Vira Zemlyanska, Program Officer at the GFS EECA Regional Team, gave an overview of the EECA regional HIV and TB responses along with the strategic investment priorities in EECA for 2023-2025 ([PPT link](#)). Ivan Varentsov, Sustainability and Transition Advisor at EHRA, picked up on Vira's highlight of the sustainability consideration as a basis for all interventions and presented on sustainability and transition issues within the current (GC6) grants in nine EECA countries. His report was based on findings of the assessment on the state commitments to sustain the HIV response among KAPs in the context of transitioning from the Global Fund support ([PPT link](#)). A view on transition and sustainability for the countries whose GC7 applications are supposed to be focused on transition was presented by Hmayak Avetisyan, a CCM member from Armenia ([PPT link](#)) and Edona Deva, the HIV Program Manager from Kosovo* ([PPT link](#)). Both speakers emphasized the challenges their countries face, as well as the need for the GFS to ensure the financial sustainability of HIV and TB responses from the national sources prior withdrawing countries from its support.

The following block of the agenda was dedicated to the overview of GC7 application process, as well as to the role of the CCM in the development of funding request. The leadoff presentation was delivered by Svetlana Dupriez, Senior Specialist from the GFS' Access to Funding team ([PPT link](#)). She highlighted the new and key elements of GC7 application process and packages, requirements for the national dialogue, information and guidance materials developed by the GFS to assist countries with the application. In her presentation Deepanjali Sapkota, Associate Specialist from the CCM Hub at the Global Fund Secretariat, draw attention to the role of CCM in developing a funding request, GF expectations and requirements to the process incl engagement of communities and civil society organizations ([PPT link](#)). Maria Golovanevskaya, Senior Program Officer, Community Engagement, from the GFS CRG department, elaborated on one new critical element of the funding request in GC7 – a mandatory CSO Priority Annex which has a specific importance to communities and CSOs ([PPT link](#)). She highlighted the opportunities brought by the novelty to the communities and CSOs and shared some practical highlights from the countries which developed applications in GC7 Windows 1 and 2. Maria's talk was followed by presentations of two consultants who helped communities in Tajikistan, Kazakhstan and Kyrgyzstan to develop the CSO Priority Annex. Anya Sarang, consultant from Center for Health Policies and Studies ([PPT link](#)), and

Aisuluu Bolotbayeva, consultant at ECOM and EHRA, ([PPT link](#)) revealed specific instruments and approaches used by technical assistance providers in those three countries to ensure communities' voice was heard and incorporated in the GF funding requests. They also demonstrated outcomes of the process - activities (priorities) developed based on the in-depth and wide engagement of communities there as an example how the CSO Priority Annex might look like.

All speakers from the Global Fund Secretariat talked about the new Global Fund Strategy 2023-2028, its main elements and priorities, as a base for practical innovations introducing by the Secretariat in its processes. David Traynor, Senior Technical Coordinator, Policy & Strategy, CRG Department highlighted that point about the Strategy as a foundation of everything that the Global Fund does, a core where civil society organizations and other national stakeholders can find everything they might need to promote and defend health of communities ([PPT link](#)).

Day 2 presentations (ten in total) were mostly dedicated to the GF program components critical for CSOs and communities: gender equality, human rights (HR), community systems strengthening (CSS) incl. community-led monitoring (CLM), and combined the GFS recommendations with the experience sharing by the EECA regional community groups and civil society organizations.

Maria Golovanevskaya from the GF Secretariat provided overview of the GFS guidance on gender-responsive and gender-transformative interventions, incl those on sexual and reproductive health and rights, and how to ensure its incorporation into the funding requests ([PPT link](#)). Sviltana Moroz, head of the Eurasian Women's Network on AIDS (EWNA), presented the outcomes of community - led and - implemented study to identify gender-related barriers to accessing HIV services in 14 EECA countries with focus on women living with HIV, women who use drugs and sex workers. The results of the comprehensive assessment might serve a base for designing the country's gender-responsive interventions for the GC7 funding requests ([PPT link](#)).

Considerable part of the learning block on Day 2 was focused on integrating human rights (HR) interventions into the funding requests. Alexandrina Iovita from the GFS CRG department summarized the HR program essentials and emphasized crucial importance of including interventions reducing human rights barriers to HIV/TB services into the funding requests ([PPT link](#)). The following three speakers from the EECA CSOs provided some practical examples of HR interventions implemented within the current GF-supported projects and that might be worth of replicating and expanding into new funding requests. Ganna Dovbakh, the EHRA Executive Director, outlined HR barriers to HIV services for people who use drugs and what is done and can be done to overcome them: she touched upon the GFS recommended set of legal interventions to overcome HR barriers for PWID and presented the Tiberius project with paralegal assistance to PWID implemented in three EECA countries. She also noted joint work with EWNA - a guide to ensure shelter, psychosocial, and legal services for women who use drugs, and experienced violence, as well as a compendium of best practices from the EECA region on how to improve access to services for women who use drugs affected by violence ([PPT link](#)). Victoria Kalyniuk from the Alliance for Public Health, presented on REAct Project: Rights – Evidence - Action, incl an on-line tool that assists

community based and led organizations in 13 EECA countries to collect data and take actions to stop human rights violations experienced by KAP members seeking for HIV and TB services ([PPT link](#)). Both Ganna and Victoria gave to the audience some hands-on tips on how to include and budget the showed HR activities into the funding requests. While most community speakers talked on HIV, Lesya Tonkonog from the TB Europe Coalition, presented experience and recommendations on interventions aimed to overcome human right barriers to TB services. She demonstrated how the HR agenda is interlinked with community systems strengthening (CSS) and what can be done by communities and CSOs to promote human rights and CSS in the area of TB in the new funding requests ([PPT link](#)).

Nonna Turusbekova presented the Global Fund guidance on community systems and responses, four CSS priority areas (CLM, community - led research and advocacy, capacity building and leadership, linkages and coordination) as well as CSS contribution to HIV and TB responses. She also touched upon the CSS decision-making guide and numerous CSS resources developed by the Global Fund, its partners – international organizations, technical agencies, and communities themselves ([PPT link](#)). Later, Ganna Dovbakh from EHRA elaborated on CLM as a key priority for community systems strengthening and briefed the audience on the work done by different communities and CSOs in EECA to develop a joint vision on CLM definition and principles, identify approaches to sustain CLM initiatives and generate recommendations for stakeholders and the Global Fund. The work resulted in a joint position of EECA regional networks on community - led monitoring ([PPT link](#)).

Additional touch of practicality to Day 2 came from presentations by Maria Golovanevskaya, GFS CRG department, ([PPT link](#)) and Lesya Tonkonog, TBEC, ([PPT link](#)) on available technical assistance resources and opportunities provided via the Global Fund Secretariat or by the TB Europe Coalition. Maria outlined how countries can obtain external technical assistance to ensure meaningful community engagement in the development of GC7 funding request. Her insights and recommendations were of special importance to the country teams as their countries were at the very early stage of the development of GC7 application and still able to benefit from the TA provided via the GF CRG TA initiative. Presentations by Maria and Lesya complemented well to two presentations by TA providers (A. Sarang and A. Bolotbayeva) on Day 1 who gave details how TA might look like and what value it brings to the communities.

1.2. Group work

Besides numerous presentations, the meeting agenda included two group-work sessions:

- (1) during the first one, on Day 1, the teams were asked to outline national engagement plans to ensure a better inclusion of the priorities of civil society and communities in to the GC7 funding requests, i.e. how the inclusion can be achieved;
- (2) at the other one, on Day 2, the teams were to pinpoint the interventions in the CSS, HR and gender areas, to be included into national funding requests for GC7.

Group-work 1 Outcomes

The teams were asked to elaborate and then present on two topics:

- a. outline 5 to 7 immediate actions to undertake to ensure the communities are timely and properly included in the country dialogue and in the FR development;
- b. describe two-way communication mechanism(-s) to be applied to ensure that communities' voice is reflected in the FR, and communities are aware of how their needs and respective interventions are prioritized in the FR.

Below are the summary of their presentations (*in alphabetical order*):

Armenia

Actions to undertake upon the return:

- Be in contact with the CCM Secretariat re the action plan and timeline of the GC7 FR development,
- Create a platform (working groups) of communities' and CSOs representatives in the CCM as well as non – CCM members from the community and civil society groups,
- Collect and update the data on the communities' current needs, barriers and demands,
- Engage technical assistance to help with and facilitate the community prioritization process,
- Inform communities and CSOs about the meeting, share with them key take-ways,
- Inform the CCM about the meeting, share with them key take-ways important from the community point of view,

Communication mechanisms: Offline and online events (meetings, zoom calls, etc) as well as distribution of materials via cloud services

Belarus

Actions to undertake upon the return:

- Activate a communication platform for CCM members, community groups and CSOs working with communities,
- Pinpoint community priorities out of the volume of collected data on communities' needs and demands,
- Engage technical assistance (TA): request TA (already done) to help to identify issues/needs/ barriers, conduct focus groups with communities to ensure their insights are correctly understood and reflected,

- Inform communities on the prioritization of the FR activities (ranking) and get their feedback on it,
- Create a dedicated google drive for CCM members - representatives of communities and CSOs to ensure they have access to information on progress with the FR, its content, corrections, amendments, etc.

Communication mechanisms with communities and CSOs: group chats in messengers, social media; google drive; online events; meetings of CCM members with community representatives, collecting data and communication at HIV/TB service sites.

Kosovo*

Actions to undertake upon the return:

- Appoint a focal point at the CCM for interaction with CSOs and communities,
- Ensure funding,
- Request GFS for TA,
- Develop a methodology for data collection and discussion tailored for specifics of each community (focus groups online and offline, workshops at safe space, etc.),
- Inform the CCM and its leadership on the meeting, new GF strategies, GC7 guidance focused on community, do some advocacy within CCM on that,
- Use existing platforms for collecting data on community needs and demands, and discuss possible interventions (priorities) to address them,

Communication approaches: develop a roadmap to drafting the FR in 2024, final draft of the FR to be shared with CCM members, CSOs and communities, use CSOs working with KAPs to communicate in user friendly language with communities.

Serbia

Actions to undertake upon the return incl those related to communication approaches:

- Inform the CCM about the meeting and share key take-ways, incl the new Global Fund Strategy and focus on communities in it and GC7,
- Set up a working group (WG) with members from CSOs & communities as well as other national stakeholders, assign the following tasks to it:
- WG to make a timeline of the FR development as well as create a transparent way of communication with communities and CSOs so their voices can truly be heard,
- Create web-site (CCM website) and mailing list for the two-way communication,
- WG to design the best way to present the communities,
- Conduct focus groups and online meetings to collect needs, share proposed activities, get insights and feedback from the communities and CSOs,
- Engage TA for drafting the project (FR).

Uzbekistan

Actions to undertake upon the return:

- Develop a strategy on community engagement into the GF grants (with own resources and external technical assistance),
- Get the CCM approve the strategy, ideally at the meeting on May 24, 2023,
- Organize an online working meeting with leaders of communities and civil society organizations, as well as community activists in the regions to inform them on the GC7 FR development and opportunities it brings to the communities,
- M&E visits,
- Conclude the election process of community and CSOs representatives to the CCM (under the CCM evolution project).

No particular suggestions were provided on the approach to communication.

Additional highlights from the discussion:

- requirement to communicate with communities in “user-friendly” native language, it applies to national stakeholders who will be involved in the FR development as well as TA providers;
- treat communities as not just a source of information for experts to develop FR interventions but as true decision-makers who identify among the suggested interventions the priority ones, i.e., apply truly two-way communication mechanisms which allow communities be active and proactive in the FR development process;
- while using online and offline tools in communication with communities (for collecting data, discussion, getting feedback, etc.) be extra cautious with handling private personal information and keep in mind some local legislation specifics discriminatory to certain KAPs and risks it imposes to community members.

Group-work 2 Outcomes

The teams were asked to work and present on two tasks:

- develop a list of 5 to 7 interventions under CSS, HR and Gender domains and community led services within the HIV & TB essentials recommended for inclusion in the FR, with expected impact/outcome results;
- describe a mechanism to prioritize those interventions to be used within the constituency of communities and CSO in the CCM or/and country dialogue.

The objective was to get the participants ready to work on the CSO Priority Annex during the funding request development, so each team was provided with a set of hand outs to facilitate their group work: CSO Priority Annex template, and lists of HIV and TB program essentials.

Below are the summary of the presentations (in alphabetical order):

Armenia

<i>Intervention</i>	<i>Expected result</i>	<i>Mechanisms</i>	<i>National Dialogue</i>
PEP and PrEP	Decreasing new HIV cases	services decentralization; partially services provision by community organizations; amendment of clinical protocols	
Hepatitis B & C	Decreasing incidence and prevalence	community based testing; vaccination, treatment; increased awareness, and adherence to treatment	
Mental health services	Improving access to health services	psychological and psychoterapeutical aid, incl those at the community level	
Gender specific interventions	Gender sensitive approach across all interventions	research and developing packages for all KAPs	
Ammendments to legislation	Improved access to all services	advocacy, decriminalization, ddoption of antidiscriminatory legislation; adoption of legal gender	
Expanding the medical services package for trans people	Improved engagement; coverage of key medical needs	development of a protocol for hormone replacement therapy; gender-affirmative procedures	
<i>Better quality of life</i>			

Belarus

<i>Intervention</i>	<i>Expected result</i>	<i>Mechanisms</i>
Capacity building of the community of people affected by TB, incl training of activists, so they can promote women - centered interventions	At least one group of TB activists established in the regions	Discussion within and among communities, and CSOs; expert evaluation, at CCM level
Engagement and support to activists among PWID, MSM, sex workers, trans people to promote HIV/TB prevention services	Number and percentage of key populations reaching services	
Actualization of migrants health issues in the area of HIV /TB	Development of system of HIV/TB care, case management , and access	
Introduction of mental health services	Self support groups, individual and group counselling by trained professionals	
PrEP	Access of key populations to PrEP	
Community led and based research to identify needs of 50+ y.o.key popluations	Reserach conducted, its result inform the program interventions	

Kosovo*

<i>Interventions</i>	<i>Expected impact/ outcomes</i>	<i>Mechanism</i>
HIV		
HIV Prevention - PrEP	Declining HIV incidence and prevalence among MSM; number of MSM receiving PrEP, % of MSM eligible for PrEP are on treatment	Engagement of advocacy groups, non governmental and community based organizations, community activists, with involvement of health care professionals incl the Ministry of Health
HIV Prevention - harm reduction services	% of PWID who use sterile injection equipment	
Differentiated testing for key populations	% of PWID, MSM and sex workers who self tested for HIV and diagnosed	
Stigma reduction towards PLHIV and key populations	Number of health workers, social workers, and others who trained on HIV and how to work with PLHIV and key populations	
Community based and led research and advocacy		
TB		
Community and home based people centered services	Increased TB case detection, succesfull treatment outcomes	Engagement of advocacy groups, non governmental organizations, professional associations, TB community
Systematic TB screening for people with highest risks		
Stigma and discrimination reduction towards people with TB and affected by TB	Decreased stigma index, increased number of TB patients and affected by TB who know their rights	

Serbia

Interventions:

- Condoms and lubricants are available for those who are at increased risk of contracting HIV and for PLHIV;
- PrEP available for those who are at higher risk of HIV infection, and PEP – for those who are eligible;
- HIV testing services include safe testing, ethical safe index testing and social network testing
- Rapid tests are conducted by trained and supervised lay providers in addition to health professionals;
- Support is available to retain people across the HIV treatment cascade incl return to care;
- HIV services (prevention, testing, treatment, care) are available in health facilities incl sexual health and reproductive health institutions, and outside of health facilities - through community, outreach, pharmacy and digital platforms;
- Activities to decrease stigma and discrimination towards PLHIV and key populations are conducted in health care and other institutions.

Uzbekistan

Interventions:

- Activities in human rights and gender equality areas,
- Activities to reduce stigma and discrimination,
- Activities to improve legal literacy,
- Conduct analysis and develop proposals to amend discriminatory legislative norms,
- Expanding HIV prevention service package for all key populations, incl introduction of self-testing and PrEP,
- Expand capacities of mobile health units (currently serving palliative oncology patients) by adding HIV services.

2. Evaluation

At the end of the event the participants were asked to fill in an anonymous questionnaire to provide their feedback to the organizers. 23 people filled out the form which means that besides the 21 country representatives, some speakers and/or facilitators provided their feedback as well.

The achievement of the objectives was rated as the follows in the scale between 1 and 10 (10 being the highest rating):

Build the capacity of communities and civil society, incl CCM members from EECA countries on the Global Fund GC7 Funding Request processes	8.5
Improve understanding of new GC7 elements and community's roles and responsibilities as CCM members, country dialogue participants, writing team members, in GC7 funding request processes	9
Facilitate the exchange of experience and discuss the approaches and good practices for meaningful community participation in country dialogue processes	8.2
Facilitate the development of action plans to ensure that the essential components of the community-led response to HIV and TB are included in country proposals: CLM, human rights, gender equality, sexual and reproductive health, community systems strengthening	8.6
Facilitate the development of activities under the essential components of the community-led response to HIV and TB (CLM, human rights, gender equality, sexual and reproductive health, community systems strengthening) for further inclusion in country proposals	8.9

The meeting's various aspects received good ratings. Still, several shortcomings and recommendations were made by the participants:

- Better time management
- Agenda structure and timing should have been followed. More time for questions and discussions is needed
- There were some very similar topics that could be avoided; otherwise, everything was quite important
- Few presentations lasted too long; allocated time was sufficient to allow expressing the important issues
- The meeting agenda was too intense for two days, in the future, similar events shall be for three days
- More group work, and more experience exchange is needed
- Insufficient time to discuss practical issues, one more day was needed
- Insufficient time for experience sharing; no time allocated for informal communication
- Room does not have a natural light
- It's worth of considering to conduct meeting not in a downtown hotel
- The list of participants with their contact info will be useful

Meeting agenda (completeness, duration, clarity, etc.)	8.6
Information materials	8.9
Facilitation and selection of different working methods (discussions and group work, instructions)	9.3
Interactivity: opportunity to express your opinion and participate in the discussion	8.8
Logistics (travel, accommodation, informing, responsiveness of EHRA staff, etc.)	9.8
Venue, catering, technical support	9.6

In addition, the participants were asked to

(1) indicate which results/information of the meeting they considered the most important:

- Presentations,
- GF strategy and technical assistance instruments,
- New GF strategy and new ways and approaches to design CSO activities,
- Building the capacities of communities and civil society,
- New information received, and new ideas generated,
- The group-work was well organized and the results will be used while launching the national dialogue, prioritizing interventions, etc.,
- The developed ideas from all countries' representatives during the group work regarding a better inclusion of civil society and community priorities,
- Assistance in the new funding request development and activities' prioritization; training by leading specialists prior the application development,
- Improve understanding of new GC7 elements,
- Importance of community engagement concept and tools,
- How to engage communities in prioritization of interventions,
- Community concept became clearer understandable,
- Communication and experience sharing,
- Presentations by experts; links to guiding documents; opportunity to learn and discuss activities of other countries; learning on prioritization of interventions,
- Presentations, additional materials and experience of other countries,
- Group work and lessons learned from Grant Cycle 6,
- All materials are quite important, especially on community mobilization;

(2) list the key steps they planned to undertake as a result of the participation in the event:

- Conduct working meetings with representatives of KAPs to inform them on novelties in the GF strategies and approaches, and collect data on their needs in HIV and TB areas,
- Prepare proposals to a new funding request,
- Organize the CCM meeting to discuss all topics from the current event and initiate the creation of the working group,
- Inform the CCM, form a working group and start process on proposal drafting with all communities' representatives who actively participate,

- Key plan is to continue the ongoing empowerment of key populations,
- Meeting with the CCM; engaging in all process related to the new funding request development; community mobilization,
- As a CCM member, I bear responsibility to follow up and check on whether the CCM Secretariat is planning the national dialogue, and I am going to develop a roadmap for the country dialogue and be actively engaged in the process,
- To ensure the best approaches of inclusion of community,
- Mobilize the community which I represent, and start discussion with the CCM on plans and timeline of the development of a new funding request,
- Focal point; TA; focus groups with KAPs,
- Introduce the concept to the working group drafting the new FR, and to the Advocacy group; engage TA,
- Meet the CCM Working group and de-brief,
- Give contribution to the CCM Working group,
- Inform the CCM members on the meeting outcomes; to create a chat with CCM members, CSOs and TA providers,
- Necessity to ensure the communities engagement in the FR development and incorporation of the communities' priorities in the FR; community engagement in all steps of the FR development and submission; importance of CLM,
- Return to the presentations and meeting documents to extract the most valuable points; inform communities on the meeting outcomes; create a calendar plan to develop the FR draft in a timely manner,
- Inform the CCM members with the meeting materials; start developing a road map for drafting the funding request,
- Create a focus group to explore the needs of PWID community; regular participation of the communities' representatives in the country dialogue so they can share their vision of the situation,
- The meeting gave me new knowledge and understanding owing to communications with colleagues from other countries,
- Some activities on community mobilization,
- Introduction of mobile equipped multifunctional ID complexes;

(3) advise on next most important step to be done by the organizers and the Global Fund Secretariat as follow up to the meeting:

- Meetings similar to the present one should be conducted in parallel for other national stakeholders, incl government officials; it would be more efficient to have a joint meeting of government, communities and CSOs representatives,
- Promote more actively the communities' interests with the Global Fund,
- Distribute the materials of the present event and be in constant contact with its participants,
- Organize regular online meetings in order to keep countries accountable and on track with dates,
- For EHRA – continue the great work you do! For the Global Fund – listen to the communities and consider their need no matter what fairytales the governments tell them,
- Monitoring; countries to report to the Global Fund,

- To EHRA and GF Secretariat – from time to time to conduct monitoring on how effectively the participants apply the knowledge received during the training,
- Support the team to identify and engage TA,
- Establish an online platform for further communication and support,
- Identify the most effective strategies and distribute information in them,
- Country's specifics shall be taken into account in review of FRs,
- A brief conceptual note with key results and recommendations of the meeting,
- Continue the capacity building of communities,
- Create a document with description of the group work outcomes, highlights of the common problems and goals with following communicating those outcomes and issues to the GF Secretariat.

Additional comments/ questions to the organizers and Global Fund:

- Kosovo* delegation expressed concerns regarding their country's absence in all EECA regional projects funded by the Global Fund, and asked for the reasons of such situation;
- There was a call to the Global Fund to tailor its requirements and expectations to the country specifics as "one approach doesn't fit all";
- Participants would have been ready to spend more time for group work and following discussion as they saw practical value of those sessions for their future work on the funding request and CSO Priority Annex;
- Participants would have appreciated their FPMs' presence at the meeting.

3. Annex 1 - List of Presentations

Global Fund:

[The Global Fund Strategy 2023-2028](#)

[Snapshot of the regional HIV and TB responses and Strategic investment priorities in EECA for 2023-2025](#)

[Preparing for the 2023-2025 Allocation Period](#)

[Ensuring meaningful community engagement during the development of national funding requests for Global Fund Grant Cycle 7](#)

[Community Engagement in Grant Cycle 7](#)

[Community Engagement SI: Short-Term Technical Assistance for GC7](#)

[Gender Equality in the 2023-2028 Strategy](#)

[Focus on human rights in Funding Requests Key concepts and guidance](#)

[Community Systems and Responses \(CS&R\) in Global Fund GC7 Grants](#)

EECA community and civil society organizations:

[General overview of the findings of the assessment on states' commitments to sustainability of HIV response among KAPs in the context of transition in 9 EECA countries](#)

[Lessons learnt for CS in Kosovo from the implementation of GC 6](#)

[Transition of Armenia from Global Fund's Support to Domestic Funding](#)

[Technical assistance to ensure meaningful community engagement in the preparation of the Tajikistan HIV and TB funding request \(NFM4\): Achievements and lessons learned](#)

[“Reality check” -working with the CCM on developing the funding requests](#)

[TB Europe Coalition \(TBEC\)→Technical Assistance](#)

[Women-led gender assessment: How countries address barriers to HIV services for women living with HIV, sex workers and women who use drugs.](#)

[Human Rights Interventions: What can be done to overcome legal barriers to HIV services?](#)

[TBEC: Human Rights Component Integration into the Global Fund Grants.](#)

[REAct Project: Right-Evidence-Act](#)

[Building Capacity, Accountability, and Partnership through Community-Led Monitoring in CEECA](#)