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Case Study of Kazakhstan: Engaging TB-Affected Communities in the Development of the National Funding Request for Global Fund Grant Cycle 7

Executive Summary

This case study documents the engagement of TB key populations and affected communities in Kazakhstan during the development of the Global Fund TB funding request for Grant Cycle 7 (GC7). From October 2024 to January 2025, the EECA Regional Learning Hub, hosted by the Eurasian Harm Reduction Association (EHRA) under its "Country-level Engagement Support" activity, enabled a participatory and transparent community dialogue. EHRA supported rapid needs assessment, online and in-person consultations, the drafting of a Community Priorities Annex, and mentoring to respond to the Technical Review Panel (TRP) comments. All seven community priorities have been partially but successfully integrated into the funding request—contributing to approximately 26% of the total TB budget. The process not only strengthened country ownership and alignment with human rights-based TB responses but also proposed a replicable approach for other EECA countries.

Rapid engagement support: activities and methods

Background and Context

Kazakhstan's TB burden remains concentrated among key and vulnerable populations, including people who use drugs (PWUD), people living with HIV (PLHIV), migrants, former prisoners, and young men. According to 2023 data, TB incidence in prisons remains five times higher than in the general population (225 per 100,000 versus 40 per 100,000). The share of HIV-associated TB in the penitentiary system reached 38.8% in 2023. Nationally, HIV prevalence among TB incident cases was 6.2% in 2023, while TB cases among migrants represented 2.8% of all new TB cases[1]. Systemic barriers also hinder Kazakhstan's TB response, as outlined in the Funding Request to the Global Fund for 2026-2028. These include TB-related stigma and self-stigma, delays in diagnosis among PLHIV, discrimination faced by migrants affecting their employment and housing security, and cumbersome procedures to access social support. The 2024 TB Programme Review (attached as an annex to the Funding Request submitted to the Global Fund) conducted by the World Health Organization (WHO) Regional Office for Europe noted the fragmented and under-institutionalised role of civil society and community-based organisations in the national TB response. While examples of meaningful civil society organisation (CSO) involvement exist at the regional level — such as local non-governmental organisations (NGOs) providing psychosocial support and community-led monitoring — their contributions remain inconsistently integrated at the national level. Moreover, the review emphasised the limited mechanisms for sustainable CSO financing and coordination, particularly in the context of transitioning from donor to domestic funding.

1 *Kazakhstan TB Funding Request to the Global Fund 2026-2028.*

Importantly, the review also highlighted positive shifts: the nomination of a representative of TB-affected communities to the Country Coordinating Mechanism (CCM), the growing role of CSOs in advocacy and community mobilisation, and recent collaborations between CSOs and the National TB Programme to support active case finding and psychosocial care. These developments created a favourable environment for structured technical assistance and provided momentum for expanding community engagement in GC7 planning.

Key Findings on Community Engagement

From the 2024 WHO TB Programme Review, Kazakhstan

- Community engagement has expanded, especially through Global Fund grants and social contracting, with 30 CSOs involved in TB care across the country.
- Standardised approaches for TB-related non-medical services (e.g. psychosocial support, treatment adherence) are still lacking; national standards and costing tools are pending approval.
- Quality of service delivery varies, as TB-specific experience is not always prioritised in social contracting awards.
- The OneImpact community-led monitoring platform is active but underfunded and lacks a follow-up feedback mechanism to confirm resolution of reported barriers.
- CRG-related work is progressing, including stigma reduction efforts and legal frameworks, but stigma—especially in rural areas—remains a barrier.
- Capacity-building programmes for CSOs are not standardised or institutionalised; further training and mentoring are needed.
- Sustainability is a concern, with community-led services heavily dependent on donor funding and insufficient domestic support.

On December 16, 2022, Kazakhstan received its Allocation Letter from the Global Fund outlining the amounts allocated for HIV, TB, and building resilient and sustainable systems for health. During the meeting held on January 19, 2023, the CCM proposed allocating USD7,422,991 for the TB component based on a data-driven analysis of programmatic gaps and funding needs to maintain essential programmes. The proposal was unanimously approved by all members. The country dialogue process for development of the GC7 funding request was formally launched on September 4, 2024, inviting broad participation from TB survivors, key and vulnerable population groups, people living with HIV, NGOs, government representatives and international technical partners (such as the United States Agency for International Development (USAID), KNCV Tuberculosis Foundation (KNCV), and Partners In

Health (PiH)). This participatory planning process helped define priorities for the 2026–2028 TB funding request. To ensure a meaningful engagement of communities and civil society, a civil society coalition led by Alliance of Legal Entities (ALE) "Kazakh's Union of People Living with HIV" (KazSoiuz) in August 2024 requested technical assistance (TA) from the Global Fund's Community Engagement Strategic Initiative (CE SI) TA programme. The aim of the request was to ensure that TB-affected communities were not only consulted but substantively involved in developing the TB funding request for Grant Cycle 7. Due to the relatively late submission of the TA request, the Global Fund CE SI Team, in discussion with EHRA, decided to use resources from the EECA Learning Hub "country-level engagement support" budget line to ensure a timely and rapid response to community needs. While this mechanism involves smaller funding amounts, it offers greater flexibility and agility, enabling the rapid deployment of a regional consultant to support meaningful community engagement in the country dialogue process. The consultant was selected by EHRA through an open tendering process and in consultation with the Global Fund and national partners who requested support.

The consultant took up their work in October 2024 at a pivotal moment when the country sought to align its strategic priorities with the Global Fund's commitment to rights-based and people-centered approaches. This was the first-time that rapid engagement support was provided specifically for TB-affected communities and TB civil society organisations in Kazakhstan.

Figure 1. Timeline for rapid engagement support

Objectives of the Country Engagement Support

The hired consultant aimed to support the transparent and meaningful participation of representatives of key populations and communities affected by TB in the country dialogue process related to the development of Kazakhstan's new TB funding request to the Global Fund. The specific objectives of the mission were:

1. To conduct a rapid assessment of the needs of TB-affected communities using an online questionnaire;
2. To facilitate a series of up to three online consultations with representatives of TB key populations to identify and prioritise community-driven interventions for inclusion in the national funding request;
3. To consolidate validated recommendations into the annex entitled, "Funding Priorities for Civil Society and Communities Most Affected by HIV, TB and Malaria", and obtain its formal approval by the national working group; and,
4. To analyse the draft version of the national funding request to verify whether community priorities were reflected, and support communities in understanding and advocating for the inclusion of any excluded interventions into the Prioritised Above Allocation Request (PAAR).

This structured support process acknowledged that meaningful inclusion of civil society requires both consultation and capacity-building components, enabling participants not only to voice their concerns but also to navigate technical documents and funding frameworks effectively.

Key Process and Activities for Community Engagement

Rapid Assessment and Community Survey

The TA began with a rapid needs assessment conducted in October 2024 through an online survey disseminated by KazSoiuz. The questionnaire, designed by the consultant in coordination with EHRA, received 22 responses representing TB survivors, peer educators, outreach workers, and frontline CSO staff. The survey identified systemic challenges, including limited access to diagnostics in rural areas, inconsistent application of people-centred approaches — such as tailoring care to individual needs of people in TB treatment — insufficient psychosocial support, and inadequate legal protections against discrimination.

One respondent from the South Kazakhstan region noted:

> ***"It's not only about pills. People need food, shelter, someone to talk to when they feel hopeless. And the system doesn't see that."***

Online Consultations and Validation of Findings

Two online consultations were conducted on October 21 and 23, 2024. The first session included 10 participants representing people with imprisonment history, PLHIV, people who use drugs, and individuals with lived TB experience. The second consultation brought together 7 participants from CSOs involved in the TB response and TB-affected individuals. These consultations were focused on identifying and refining priority interventions based on the findings from the rapid needs assessment.

The Community Priority Annex

The Community Priorities Annex was a mandatory attachment to the Global Fund grant request in Grant Cycle 7 (GC7). Its full title is: 'Annex of Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria'. The Community Priorities Annex aimed to capture the highest-priority interventions and needs identified by civil society and affected communities, even if these were not included in the main funding request due to budget constraints or other reasons. It was expected to reflect the community's independent voice and priorities.

Why was it important?

- To ensure meaningful community engagement;
- To assess the quality of country dialogue;
- To inform future funding opportunities; and,
- To support advocacy.

Following these sessions, the first version of the Community Priorities Annex was developed and shared on October 29, 2024, with all consultation participants and additional relevant stakeholders who could not attend. Feedback was gathered via email and collaborative comments.

Participants highlighted the consultative process as inclusive and impactful, enabling community voices to shape funding priorities from the ground up. According to one participant of the process – a TB survivor:

> ***"I saw my words written down in the final version. It means I was not just there to fill a seat."***

Finalising the Community Priorities Annex

Between October 29 and November 4, 2024, the consultant and CSO representatives worked intensively to translate identified priorities into actionable interventions aligned with the Global Fund Modular Framework. These were grouped under key modules such as: Key and

Vulnerable Populations; TB Diagnosis; Removing Human Rights and Gender-Related Barriers; and RSSH.

A final validation round occurred online, and the revised version of the Annex, incorporating these suggestions, was shared on November 4, 2024, with 29 representatives of CSOs and TB-affected communities for final review. Following its validation by 29 representatives of civil society and TB-affected communities, the Community Priorities Annex was shared with the national funding request development working group for review. The Annex was reviewed alongside the draft proposal, and key interventions were compared and discussed in relation to their feasibility, budget requirements, and alignment with the national TB programme. While the majority of the priorities were accepted and included—either within the main allocation or the PAAR—some proposals were adjusted due to budgetary limitations or reformulated to better align with the structure of the Global Fund template. There were no major objections raised by the working group or Principal Recipient (PR) representatives, and the Annex was included in the final submission of the funding request to the Global Fund in February, 2025.

The finalised Community Priorities Annex (Annex 1) included the following recommendations:

Nr	Priority	Base allocation (USD)	PAAR (USD)
1.	Small grants for NGOs to conduct community-based TB screening and awareness among key populations using differentiated models according to regional TB burden.	1,332,488	523,889
2.	Small grants for NGOs to implement and scale up people centred care approaches among TB patients from KVPs through psychosocial support, distributing social support and educating patients on treatment adherence practices, preparation for ambulatory treatment and returning to work or studies.		
3.	Develop and implement a standardised social support package for TB patients that takes into account the minimum needs of patients during the entire course of treatment.	29,288	14,644
4.	Elimination of stigma and discrimination.	122,681	11,273
5.	Increase accountability mechanisms led and implemented by local community-led organisations to improve accessibility, acceptability, affordability, quality (AAAQ) and impact of health services.	172,021	95,910
6.	Strengthen and ensure sustainability of civil society organisations, especially those that are community-led (informal and formal).	47,851	0
7.	Strengthen mechanisms for public financing of provision of standardised non-medical services for TB.	4,825	0

These interventions were assigned activity numbers within the funding request and tied to costed lines in the base allocation and PAAR.

Follow-up and Clarifications

The rapid engagement support concluded in January 2025 with the finalisation and submission of the Community Priorities Annex that included the amounts distributed among base allocation and PAAR according to the latest budget available for submission to the Global Fund in February 2025. However, some mentoring and support to respond to the Technical Review Panel (TRP) comments were provided by the consultant to CSOs, as per their requests.

Earlier discussions between PR (National Scientific Centre of Phthisiopulmonology of the Ministry of Health of the Republic of Kazakhstan) representatives and community stakeholders to strengthen collaboration had taken place in December 2024 under facilitation of the consultant. These engagements helped maintain momentum for community advocacy; for example, by building relationships between CSOs and the PR, and preparing community actors to participate in follow-up dialogue around TRP comments. While this session supported the broader community engagement agenda, it went beyond the official support provided through EHRA.

This distinction is important to ensure accurate attribution of rapid engagement support and transparency about the contributions and limitations of the technical support provided during the 2024 GC7 preparation phase.

The rapid engagement support through EHRA laid the groundwork for deeper inclusion of community voices in Kazakhstan's GC7 TB grant. Below are the key results and impact that this process has achieved.

Key Results and achievements

The most tangible achievement of the rapid engagement support was the inclusion—at least partially—of all seven community-defined priorities in Kazakhstan's TB funding request submitted to the Global Fund. The final Community Priorities Annex reflected a comprehensive set of community demands, spanning TB diagnostics, psychosocial support, stigma reduction, and community-led monitoring.

According to the funding distribution documentation, these community-led interventions were integrated into the main budget and PAAR submitted in February 2025 to Global Fund, as follows:

- **USD1,709,154** of activities informed by civil society and community input were included in the base allocation (from the total USD7,422,982).
- **An additional USD645,716** was reflected in the Prioritised Above Allocation Request (PAAR) (from the total USD2,203,276).

While all seven priorities were acknowledged in the final funding request, most were reflected only partially—either through limited geographic scope, scaled-down activities, or inclusion of components rather than full intervention packages. For example, support for TB survivors and stigma reduction campaigns were noted in multiple modules but implemented through narrower pilot formats.

Despite these limitations, the community felt a strong sense of ownership. From the early stages, TB-affected community representatives and CSOs were engaged not only as participants but as co-designers of the process: they contributed to the design of the needs assessment, led outreach to their peers, and validated each draft of the Community Priorities Annex. Importantly, the consultant used familiar platforms and communication channels and ensured that feedback was reflected transparently. One community representative commented:

> ***"This was the first time we saw our vision not only discussed—but submitted, attached, and budgeted. Even partially—it was a breakthrough."***

Making inclusion of community priorities in the request for funding a reality required technical competence as well as political maneuvering. After the Annex was agreed, the CSOs, with the consultant's mentorship, mapped each proposed intervention against the Global Fund modular framework, so they could participate more effectively in budget and proposal discussions. This technical correspondence was supplemented with sustained advocacy: CSOs built on existing relationships with the PR (National Scientific Centre of Phthisiopulmonology) as well as active membership in the working groups involved in grant-making.

Importantly, the allocation letter received by Kazakhstan, as usual in allocation letters to countries, clearly specified the base amount and ceilings, but does not disaggregate funding lines for community systems or human rights interventions. This made it difficult for civil society to estimate the potential scope of their financial share.

IMPACT SNAPSHOT

7 community priorities
reflected in the FR

$1.7m
included in base allocation

$645k
in PAAR

29 CSO Reps
validated the annex

26%
of TB budget tied to community priorities

CSO interviewees emphasised that clearer upfront communication on eligible ceilings would have allowed for more focused prioritisation. Still, stakeholders recognised the symbolic and strategic value of having all community-prioritised interventions acknowledged across the funding request and PAAR, marking a step toward institutionalising community involvement.

A crucial enabler of this progress were the active efforts of the TB Constituency on the Country Coordinating Mechanism (CCM). The constituency representative ensured community issues were raised in every working group meeting, officially signed off on the Annex in the CCM, and rallied support from other technical and civil society members. Consistent coordination with the consultant and CSOs facilitated harmonisation of messaging and approach. The final funding request narrative also included references to the consultation process and its outcomes—demonstrating increased alignment between technical and community stakeholders.

A few things made this process different from previous grant cycles. First, the consultant served as a neutral link, arranging for systematic dialogue among the PR and CSOs, so there would be understanding among all parties of technical vocabulary as well as community realities. Second, the application of tangible tools—such as aligning the Community Priorities Annex with the Global Fund modular framework—managed expectations and made it simple for the PR and technical partners to understand how community input links to the overall grant logic. As one PR staff member summarised:

> ***Before, engagement happened in silos. This time, we saw real co-production."***

Emerging Concerns on GC7 Implementation and GC8 Prospects

Although the TA was delivered prior to official announcements regarding the evolving funding environment, concerns about the continuity of essential community-based services became prominent during the grant-making stage. In April 2025, the Global Fund Secretariat issued a deferral notice, advising countries to pause non-essential spending. This was followed by a reprioritisation and revision exercise of GC7 grants starting in July 2025.

These announcements came right in the middle of the grant making process for Kazakhstan, which paused its finalisation and raised concerns about the feasibility of implementing all proposed activities. On June 5, 2025, the PR presented to the CCM two options for reduction of the allocation amount by 8% and 32%. In both cases, all activities included in the grant were to be impacted more or less proportionally.

> ***"It's like building a house during an earthquake",***

noted the PR representative, describing the difficulty of finalising plans without clarity on which components might be defunded.

Following new guidance and an official 16% reduction in the GC7 TB allocation, confirmed in a Global Fund letter issued on June 30, 2025, the PR presented revised budget scenarios to the CCM. A working group session held on July 9, 2025, reviewed updated interventions and budget cuts totaling approximately USD 1.19 million.

While many modules were proportionally affected, several activities from the Community

Priorities Annex were either significantly reduced or fully excluded from the revised budget. Notably:

- **The advocacy meetings** with local authorities (Activity 5.2.2) and the development and dissemination of TB informational materials (Activity 4.1.6) were entirely cut.
- **Funding for non-medical TB support services,** such as protective equipment for CSOs (Activity 4.1.4) and community-led stigma reduction campaigns (IOMs), were also fully excluded.
- **The operational research** on TB-related stigma (Activity 5.1.1) was dropped.
- On a positive note, **the budget** for small grants to CSOs (Activity 4.1.1) **was increased by nearly USD 100,000,** signaling continued support for community-based service delivery through 2028.

As one CSO representative put it:

> ***"It took months to be heard and to shape a programme that serves our people. Now we hear rumors of cuts. Will the parts serving our communities be the first to disappear?"***

Despite widespread reductions, the final budget scenario aimed to minimise the impact on community-prioritised activities. In total, USD28,795 was cut from community-related interventions, representing only 2.4% of the overall USD1,193,511 reduction. This demonstrates a measured approach that sought to preserve the integrity of the community engagement component, even under financial constraints. Stakeholders noted that priority was given to interventions with direct service delivery impact, particularly those targeting TB key and vulnerable populations.

Interviewees voiced concern that the very interventions they had fought to include—community-led outreach, stigma reduction campaigns, OneImpact CLM, and social support—might now be at risk of being deprioritised.

A TB survivor and community advocate echoed fears that reduced budgets could affect service reach:

> ***"We have mobile X-ray units coming. But will they be used in hard-to-reach settings? Or will they be parked in big cities when the money shrinks?"***

In response, civil society groups began preparing to defend essential services during anticipated reprogramming discussions. This atmosphere of uncertainty has intensified discussions about sustainability and domestic financing. One interviewee from the TA-requesting organisation emphasised:

> ***"We cannot afford to start from scratch every three years. Community-led services need stability, not one-time pilots."***

Others stressed the importance of integrating TB services into broader health and social protection frameworks, noting that donor funding cannot remain the sole foundation for community systems support.

These developments make the Kazakhstan experience even more relevant: the structures, networks, and evidence base created through this process now serve as a foundation for advocacy and adaptive planning in the face of a changing funding landscape.

- The structures established included the alignment of community priorities with WHO recommendations and national TB goals which helped formalise their role in strategic decision-making.
- The consultancy also helped the strengthening and expansion of functional networks among CSOs, TB-affected communities, and technical stakeholders, including the PR, CCM members, and the NTP.
- The evidence base was generated through the rapid community-led assessment, validated by 29 CSO and community representatives. This participatory process ensured broad ownership and reflected the lived experiences of key populations.

Lessons learned and recommendations

Lessons Learned from the Process

Although the rapid engagement support was requested by a national HIV network due to their previous experiences with the CE SI, the focus on TB allowed its expansion to new actors involved in the TB response – TB survivors, representatives of key and vulnerable populations for TB, and NGOs working only in the TB response. This marked an important precedent for the Kazakhstan TB community. The request for engagement support was grounded in a shared understanding that the effectiveness of TB interventions depends not only on the availability of biomedical services, but also on how well these services respond to the lived experiences of people affected by TB — underscoring the critical importance of ensuring that services are not only accessible, but also delivered in ways that are inclusive, respectful, and responsive to community needs.

Tips for Success: Lessons from the Kazakhstan in-country CS experience

- Work with a trusted, locally knowledgeable, consultant to build rapport and navigate institutional dynamics.
- Ensure early, structured engagement with clear timelines and expectations for all stakeholders.

- Create psychologically safe spaces for communities to speak openly—especially first-time participants.
- Provide technical mentoring to help CSOs align their priorities with Global Fund structures and terminology.
- Use practical tools (e.g. modular mapping, costed annexes) to connect community needs with grant logic.
- Validate community inputs through transparent revisions and inclusive review sessions.
- Maintain communication continuity through accessible, commonly used platforms.
- Translate between technical and grassroots perspectives to foster mutual understanding and buy-in.

At the same time, many stakeholders reflected that involvement of TB-specific organisations could have been broader. CSO and community respondents stressed the need for targeted capacity strengthening to enable TB organisations and survivor groups to lead such processes themselves in the future. One participant noted:

> ***"We were lucky this time. But TB communities need to be ready to lead next time—not wait to be invited."***

The rapid engagement support was designed to empower communities to articulate their needs, translate them into technically sound proposals, and influence national funding priorities. As one CSO representative reflected:

> ***"It's not just about adding our opinions to a report. It's about shaping what gets funded and what doesn't. That's real power."***

Several factors contributed to successful community engagement. A central success factor, frequently mentioned by interview respondents, was the selection of a consultant who had deep familiarity with Kazakhstan's TB response landscape and pre-established working relationships with key national stakeholders. This allowed for smooth communication, culturally and politically sensitive facilitation, and trust-building throughout the process. As one PR respondent put it:

> ***"It made all the difference that the person guiding us already knew who we are and how things work here."***

The clear structure and timing of consultations, the supportive tone, and the responsiveness to participants' feedback helped build a sense of ownership over the process. Moreover, technical mentoring and follow-up communication enabled CSO representatives to grow their

understanding of Global Fund processes, TRP expectations and budget structuring. As one TB CSO leader noted,

> *"I learned how to talk the language of the funding request—and not just speak from the heart, but also make the case convincingly."*

Other success factors mentioned by participants included:

- The use of familiar communication platforms (e.g. WhatsApp, Google Docs) for ongoing coordination;
- Early validation and transparent revisions of the Community Priorities Annex;
- Regular updates on progress and alignment with the funding request team; and,
- The ability to adapt messaging for both technical and community audiences.

However, several challenges were also observed, but were addressed in a timely and efficient manner:

Respondents consistently cited that it would have been beneficial to understand how much of the total budget could realistically be allocated to community-led interventions. The lack of clarity on this point created confusion and disappointment when only a fraction of proposed activities could be funded.	The consultant helped CSOs map their priorities to GF modular frameworks and emphasised strategic framing. This approach increased the chances of partial inclusion, even without upfront budget ceilings.
The timeframe for delivering TA, from October to early December, was very tight. As a result, several community members noted that some potentially valuable contributions were excluded simply because the process moved too quickly.	Priority was given to high-impact, feasible interventions; a rapid validation process and online tools helped maximise participation within the short window.
Another limitation (acknowledged by the community as flexibility) stemmed from the format of the TA: the consultant was contracted directly by EHRA, and while coordination with KazSoiuz and the consultant was efficient, not all members of the CCM Secretariat were fully informed or aligned with the planning of the TA. This gap created moments of duplication and missed opportunities for synergy.	The consultant maintained regular contact with KazSoiuz (which is part of the CCM) and shared updates broadly, although deeper CCM Secretariat engagement is flagged as a future improvement.
Some local CSOs lacked internet access or familiarity with GF procedures, requiring more intensive facilitation.	Extra support was provided via phone, simplified materials, and mentoring from better-connected peers; core messages were reinforced through WhatsApp and follow-up calls.

Recommendations and conclusion

The Kazakhstan experience provides several important recommendations for improving technical support for community engagement in Global Fund processes in the future.

Firstly, stakeholders across the board emphasised the importance of transparency and early communication. Information about available TA opportunities for civil society and communities should be included in the Global Fund allocation letter package sent to CCMs. This would ensure that CSOs and TB-affected communities can begin planning early, organising consultations, and submitting a well-timed TA request before funding proposal timelines become too compressed.

Secondly, it is crucial to establish clearer communication from national and regional coordination bodies regarding the scope of TA and the approximate share of the budget likely to be available for community-led activities. This transparency would allow CSOs to better prioritise and design feasible interventions.

The experience also underscored the value of continuity and alignment. TA processes should include structured engagement with CCM Secretariat and the PR from the start to ensure that outputs from TA are directly linked to proposal development workflows and national decision-making structures.

Capacity-building should not be viewed as a one-off. Establishing ongoing mentoring programmes, peer exchanges, and technical review groups at national level will help to ensure the permanent presence of community voices beyond any single Global Fund cycle.

Lastly, the Kazakhstan example showed that local ownership and co-creation processes foster sustainability. Empowering community actors to lead their own consultation processes—while offering them expert facilitation and tailored tools—results in more authentic, accepted, and strategic prioritisation.

These lessons and recommendations are particularly timely as the region will soon prepare for GC8. Kazakhstan's experience shows that with the right conditions—early information, targeted engagement support, and empowered communities—meaningful engagement is not only possible, but transformative.

One of the tasks of the EECA Regional Platform for Communication and Coordination (also known since 2024 as EECA Regional Learning Hub) is to raise awareness among civil society and communities about technical assistance opportunities available under the Global Fund Community Engagement TA Programme, to create a demand for such assistance and, if necessary, to help with preparing a quality request for TA. Therefore, if you have questions about how to fill in the form, or need a consultation on the possible content and/or quality of the request, please contact the EECA Regional Platform for assistance.

Moreover, starting from 2021, it is mandatory before submitting the application for TA to the Global Fund to provide the Regional Learning Hub with it for the review.

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