Joint input into the Global Fund Strategy Development from key affected communities and civil society from Central and Eastern Europe and Central Asia

August 2020

Process of document development

This document is structured around questions proposed by the Global Fund for the Strategy Open Consultation process. Discussions were organised by the Eurasian Harm Reduction Association (EHRA) and involved key regional networks that unite key affected communities and civil society organisations working in the Central and Eastern Europe and Central Asia (CEECA) region. Initial focus-group discussion were held on June 25th during the Regional Partners' coordination call organised by the Regional Civil Society and Community Support, Coordination and Communication Platform – Eastern Europe and Central Asia (EECA).

The draft document was circulated for comment during August 2020 to the leaders of the following regional networks and organisations of civil society and key affected communities that unite hundreds of national community-based entities as well as civil society groups in 29 countries of the region:

- Eurasian Harm Reduction Association (EHRA)
- Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM)
- TB Europe Coalition (TBEC)
- Center for Health policies and Studies (Center PAS)
- Alliance for Public Health (APH)
- Eurasian Key Populations Health Network (EKHN)
- AFEW International
- Regional Expert Group on Migration and Health
- Sex Workers' Rights Advocacy Network (SWAN)
- Eurasian union of adolescents and young people Teenergizer

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APH	Alliance for Public Health
ARV	Antiretroviral
BSS	Behavioural Surveillance Surveys
CBO	Community-Based Organisation
CCM	Country Coordination Mechanism
CD4	Cluster of Differentiation 4
CEECA	Central and Eastern Europe and Central Asia
COVID	Coronavirus Disease
CPI	Corruption Perception Index
CRG	Community, Rights and Gender
CSO	Civil Society Organisation
CSS	Community System Strengthening
DAA	Direct-Acting Antiviral
DAC	Development Assistance Committee
DCR	Drug Consumption Room
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EKHN	Eurasian Key Populations Health Network
ENPUD	Eurasian Network of People who Use Drugs
EWNA	Eurasian Women's Network on AIDS
G20	Group of 20 (an international forum for the governments and central bank governors from 19 countries and the European Union (EU); the 19 countries are Argentina, Australia, Brazil, Canada, China, Germany, France, India, Indonesia, Italy, Japan, Mexico, the Russian Federation, Saudi Arabia, South Africa, South Korea, Turkey, the UK and the USA)
GBV	Gender-Based Violence
GDF	Global Drug Facility
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (German development agency)
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HLM	High-Level Meeting
KAP	Key Affected Population
LGBT	Lesbian, Gay, Bisexual, and Trans* gender
MDR	Multi-Drug Resistant
MIC	Middle-Income Country
MSF	Médecins Sans Frontières
MSM	Men-who-have-Sex-with-Men
NGO	Non-Governmental Organisation

ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development (an intergovernmental economic organisation with 37 member countries)
OST	Opioid Substitution Therapy
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PPE	Personal Protective Equipment
PrEP	Pre-Exposure Prophylaxis
PSE	Population Size Estimate
PWUD	People Who Use Drugs
SBF	Sustainability Bridge Fund
SDG	Sustainable Development Goal
STC	Sustainability, Transitioning and Co-funding
STI	Sexually Transmitted Infection
SW	Sex Worker
SWAN	Sex Workers' Rights Advocacy Network
TB	Tuberculosis
TBEC	TB Europe Coalition
TGP	Trans* Gender People
UHC	Universal Health Coverage
UMIC	Upper-Middle Income Country
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Overview of the CEECA region in the context of Global Fund programmes

The WHO European Region is the only region where the number of new HIV infections is increasing. Due to a staggering 75% rise since 2006, and lack of full access to treatment and care, the number of deaths due to AIDS-related causes is increasing. Despite significant investments from external donors such as the Global Fund, according to data from HIV/AIDS Surveillance in Europe 2017-2018, 79% of new cases in the WHO European Region were diagnosed in the East, which includes both Eastern Europe and Central Asia (EECA) (but not Central Europe)[1]. The annual number of new HIV infections continues to increase year-on-year in EECA. HIV disproportionately affects key populations, including men-who-have-sex-with-men (MSM), people who use drugs (PWUD), sex workers (SW), and trans* gender people (TGP). Migrants (both documented and undocumented) and prisoners[2] face additional barriers in accessing HIV and health services in general.

Due to inadequate levels of access to, and the slow uptake of, voluntary HIV testing and counselling in many countries – especially among key populations at higher risk of HIV infection – many people living with HIV in the region remain undiagnosed, and, thus, are not receiving life-saving treatment. Half (53%) of those diagnosed with HIV in the region are diagnosed at a late stage of infection (with CD4 cell counts below 350 per mm^3 of blood) and one third (32%) are diagnosed at an advanced stage (CD4 $<200/mm^3$)[3].

One-fifth of people living with HIV in the region are estimated to be unaware of their infection. The proportion is higher in countries of the EECA where more than one-quarter of people living with HIV are not yet diagnosed[4].

Criminalisation, stigmatisation and discrimination of key affected populations (KAP) in the countries of Central and Eastern Europe and Central Asia (CEECA) are the main causes of low access to health and social care services and, thus, the reduced effectiveness of the existing HIV and Tuberculosis (TB) responses. In almost all countries of the region, severe challenges persist in the enabling environment that marginalise people who are already oppressed due to their gender, sexual orientation, sex work, and drug use, and the related increase in their vulnerability to HIV.[5,6]

Despite the fastest decline in TB incidence in the world - by an average of 5.3% per year since 2006 - our region bears the highest proportion of multi-drug resistant (MDR) TB globally, with only about half of such patients being successfully treated. Antimicrobial resistance is a growing concern not only for TB, but also for HIV and viral hepatitis, threatening the effective prevention and treatment of the conditions and increasing health-care costs.

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[1] ECDC, WHO, 2019 HIV/AIDS surveillance in Europe 2019 - 2018 data, p. XIV https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2019.pdf

[2] https://www.who.int/ru/news-room/detail/13-05-2020-unodc-who-unaids-and-ohchr-joint-statement-on-covid-19-in-prisons-and-other-closed-settings

[3] https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2019.pdf

[4] https://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/hivaids

[5] Global Commission on HIV and the Law: Risks, Rights and Health Supplement, UNDP. 2018. https://hivlawcommission.org/wp-content/uploads/2018/09/HIV-and-the-Law-supplement-FINAL.pdf

[6] Global Drug Policy Commission (2012). The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic. Global Drug Policy Commission, June 2012. Available at: http://www.globalcommissionondrugs.org/reports/the-war-on-drugs-and-hivaids/

Of the 30 countries of the world with the highest burden of MDR-TB, nine are in the WHO European Region (Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan)[7]. Of the estimated 71,000 people with drug-resistant TB among notified TB cases in 2016, only 52,000 (73%) were diagnosed. However, this achievement is being hampered by the COVID-19 pandemic which is significantly pushing back the progress that has been made. The remaining quarter of people with TB remain undetected due to limited access to rapid and quality-assured diagnosis, as well as individual and system-level barriers in access to care caused by a lack of support, stigma and human rights violations experienced by such people.

The WHO European Region has had a continuing growth in HIV-incidence among people newly diagnosed with TB. In 2017, one-out-of-eight new cases of TB was diagnosed with HIV co-morbidity. Despite the fact that during the last 20 years there has been a tremendous effort made to build health and civil society systems for effective HIV and TB responses with the support of international donors - together with domestic resources and the involvement of the coordinated efforts of UN technical agencies on HIV, TB and viral hepatitis C (HCV)[8] - the CEECA region remains the most problematic in terms of health care and social services for key affected and marginalised populations. Furthermore, the COVID-19 crisis has highlighted how weak the health and social care systems remain in CEECA countries.

Unfortunately, the CEECA region comprises mostly middle-income countries and, consequently, have been downgraded for international support, particularly by the Global Fund. Rapid exit strategies by the Global Fund jeopardise all of the existing investments that have been made in a country. The most recent losses of donor support in the region included GIZ, the 5% initiative and, finally, the downgrading of all CEECA countries by the Dutch international funding agency. Over recent years, a few countries of the region, such as Albania, Bosnia and Herzegovina, Bulgaria, and Romania[9], have lost the support of the Global Fund for the implementation of their respective HIV prevention programmes for KAPs and were unable to manage the transition to national funding which has resulted in an escalation of the HIV epidemic among KAPs in some of those countries. Cutting investments and leaving the region - without even support for advocacy actions and system changes - is happening despite the general understanding that countries are not ready for sustaining effective and evidence-based HIV and TB programmes without Global Fund support and international technical assistance.

At the same time, EECA countries have well developed, coordinated and capable civil society and KAP community movements at national and regional levels. Community-based organisations (CBOs) in many countries are providing services for KAPs as well as conducting monitoring of service quality and advocating for access to services and human rights protection. Community and civil society activists are united in advancing joint advocacy initiatives through several regional community networks, such as the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), the Eurasian Women's Network on AIDS (EWNA), the Eurasian Network of People who Use Drugs (ENPUD), the Sex Workers' Rights Advocacy Network (SWAN), and the TB Europe Coalition (TBEC), who are coordinating and supporting regional advocacy and knowledge sharing in public health and human rights protection for communities.

[7] https://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/tuberculosis-read-more

[8] https://www.euro.who.int/__data/assets/pdf_file/0005/382559/ibc-health-common-position-paper-eng.pdf

[9] https://harmreductioneurasia.org/letter-of-support-for-south-east-europe/

Summary of Responses

A. What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?

In summary, the key barriers to highlight in ending HIV and TB, and in achieving SDG 3, in countries of the CEECA include the following:

1. The ***lack of political commitment and the willingness of national authorities to implement evidence-based programmes and approaches*** to end HIV and TB among KAP.

   In general, national health spending in countries of the region is very low. HIV, TB and health care programmes for KAP are not prioritised within the health care sector. Civil society and community care providers are experiencing difficulties in providing sustainable support services, including peer support for key and vulnerable populations, because of the lack of effective service procurement and financial mechanisms from national budgets. Some governments are starting to use their own national budget to increase funding for services that include PWUD and other key populations. However, this transition is fragile and needs to be carefully managed and monitored. Punitive drug policies and other laws criminalising key populations are also major barriers to accessing such funding as well as to ending HIV, TB in the region in general. Due to the COVID-19 crises, this area of the health and social care could be downgraded even more.

2. ***Criminalisation, stigmatisation and discrimination of KAP and people living with HIV***.

   Politicians and decision makers support policing and keeping people imprisoned as an easier approach than funding for HIV or TB prevention, harm reduction, testing and treatment. Stigma towards, and social ostracisation of, people with TB, and of TB-affected communities, is still one of the main barriers to timely access to diagnostics and care.

3. The ***shrinking space for civil society, plus human rights violations, and the lack of support to communities in their advocacy and watchdog functions***.

   In middle- and upper-middle income countries of the region, the situation regarding civic space is even worse than in low-income countries: local civil society has no access to international or domestic funding due to conservative polices and laws. Domestic funding cannot cover 'watchdog' and advocacy functions of non-governmental organisations (NGOs) and CBOs in the countries of the CEECA region; they literally fall through the cracks and are on the verge of extinction.

   Existing civil society and community organisations, as well as community activists from KAPs, need to be mobilised and supported in building their capacity to register, to ensure their safety, to deal with illegal surveillance and bureaucratic harassment, as well as addressing the demeaning public statements and use of excessive force by law enforcement agencies. The meaningful involvement of civil society and key affected communities, particularly emerging activists, should be secured through nurturing environment, mentorship and technical support.

B. Do you think that the 4 Strategic Objectives of the Global Fund's current Strategy remain broadly relevant, but they need to be adapted to the current context and there are key areas where increased focus is needed to accelerate progress?

Agree: however, key elements in addressing health inequalities and the three diseases should include an increased focus and attention to be paid to the responses and innovation of key population-led organisations; promotion and protection of human rights; and gender equality.

Strengthening Programme Implementation

C. What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

1. Ensure the sustainability of the HIV and TB response measures.

The Global Fund should have a clear role in the political accountability of countries on the commitments that they have made. In fact, the Global Fund considers CEECA region as the last in priorities. The Global Fund should conduct an analysis of the effect of its existing approaches in implementing its Sustainability, Transitioning and Co-funding (STC) policy in the CEECA region where the consequences of its exit without any accountability is being born first and foremost by KAPs in countries throughout the region. No progress has been made in the HIV treatment cascade in countries of the region and no progress in reducing HIV cases among key groups. What leverage can the Global Fund have if we consider the country accountability mechanism with regards to their commitments? It has already been observed that national governments do not allocate (sufficient) funds for prevention services among key groups and community-based service delivery. Considering the forecast of an economic crisis, there will inevitably be even less domestic funding available for the HIV/TB response. As a key investor in the HIV and TB response in the majority of countries, the Global Fund has the resources for a stronger, and more continuous, level of support to communities of key populations as well as ongoing influence upon governments to implement their commitments, including transition and national development programmes.

2. Prioritise evidence- and needs-based, integrated HIV and TB prevention and care for key affected populations.

The HIV prevention and treatment cascade in the region is problematic, especially treatment coverage and the high level of viral load among communities of key populations. It is important to facilitate the allocation of funds for effective approaches to be implemented in each country so that there is a positive impact on the HIV cascade. HIV testing should be focused on KAP rather than the general population, as well as customised treatment and the scaling-up of opioid substitution therapy (OST) for key groups in accordance with WHO recommendations. National lists of key and vulnerable populations in relation to TB and HIV should be aligned wherever possible (based on the data from community, rights and gender assessments). This will help to promote an integrated approach to the active finding of people with TB who have been missed by the healthcare system and ensure integrated care and support services, as well as to make more efficient use of limited resources. In the new Global Fund strategy, there should be a focus on equal access to health for all, with those who are currently deprived of such services due to stigma and discrimination being prioritised.

It is important to ensure that countries of the CEECA that are transitioning, or have recently transitioned, from external donor support to national funding of harm reduction services, ensure that such services are resilient without interruption or degradation in quality. Harm reduction for PWUD, and comprehensive services for other KAPs, implemented by civil society and CBOs have been proven to be efficient, but governments have, thus far, lacked the political will and (often) sufficient funds to include these programmes into their sustainable national funding.

Furthermore, the current level of support for HIV and TB responses in the CEECA is insufficient to ensure the sustainable and balanced continuum of services. To enable services to have an impact on the two epidemics it is crucial to improve the quality, quantity and access to prevention and care services for key populations that are often ignored in national responses – in particular, trans* gender people (TGP), MSM, PWUD, SW, migrants, adolescents and young people, and prisoners. At the same time, it is important to support not just good practices, but to also have innovative approaches and methods of work in response to the changing drug scene and public health threats for KAPs.

3. ***Remove barriers to accessing medicines, diagnostics and treatment for all people affected by HIV, TB and hepatitis, including provision of policy and programme support to strengthen medicine procurement systems****, including:*

- Consolidation of efforts by Global Fund recipient countries to advocate for reduced prices for medicines (antiretrovirals (ARVs), TB, direct-acting antivirals (DAAs), OST, etc.) through the removal of barriers to registering them in each country so that, following transition, each government is able to procure the necessary amounts of affordable quality drugs and ensure sufficient coverage for all those people in need of treatment. Also, to advocate for affordable and quality-assured medicines, sustaining good practice pooled procurement, and WHO pre-qualification (of TB medicines);

- Control of medicine prices, especially for new and more effective medications, and to support communities in undertaking negotiations for price reductions;

- Facilitation of procurement bids through international mechanisms (such as the Green Light Committee initiative for TB, the Global Drug Facility (GDF) for TB medicines, WHO pre-qualification, and UNICEF and MSF pre-qualification for HIV medication) that reduce the cost of treatment and increase the transparency of procurement procedures;

- Strengthening of national capacities in planning and the organisation of procurement (also with the purpose of reforming the current legal framework) and to develop and introduce a simplified drug registration procedure for medicines purchased within Global Fund projects.

4. ***Support for the integration of different infectious disease prevention and treatment interventions, particularly access to TB and HCV prevention and treatment as part of programmes for people living with HIV and key affected populations.***

5. ***Ensure continuation of regular data collection with the engagement of civil society and communities for population size estimations and HIV and TB prevalence among KAP.***

It is important to ensure the sustainability of behavioural surveillance surveys (BSS) and community size estimation surveys among key affected groups for the effective planning and monitoring of HIV and TB response programmes. We urge the Global Fund and countries to

support community-led organisations in data collection and participation in population size estimates (PSE), especially for SW groups, as such data for SWs has been an issue for SW community groups for some time, but has largely remained unaddressed. Community groups should be considered experts and their expertise should be supported.

6. ***Provide funding to targeted HIV and TB prevention and treatment programmes for migrants and persons without citizenship in countries of the CEECA region.***

Develop and promote bilateral and multilateral agreements in the area of HIV and TB infection between countries of the CEECA region as well as ensure implementation and monitoring with the broad participation of civil society in those countries that have such agreements.

7. ***Focus on effective programmes targeting KAPs and migrants in the Russian Federation.***

Specific attention from a programmatic and political perspective is required with regards to the HIV and TB response in the Russian Federation. Russia is home to 77% of people living with HIV (PLHIV) in the EECA region[10]. Coverage of PLHIV with HIV treatment was about 42% in 2018[11]. About 70% of all HIV cases in Russia are associated with injecting drug use, with HIV prevalence among people who inject drugs at between 48.1% and 75.2%[12]. Coverage of HIV prevention services among PWUD is less than 1%, with harm reduction and OST banned. Legislation against homosexual and drug related propaganda prevents the sharing of any life-saving information and harm reduction services for KAPs. In its forthcoming strategy, the Global Fund should recognise that the Russian Federation is an influential political player in the region that not only determines the epidemiological situation but also political decisions that not only affect the HIV and TB epidemics in the region, but also the political decisions of other countries of the region, including legislative initiatives on so-called drug and homosexuality propaganda. Furthermore, Russia is host to 12.6 million cross-border migrants according to the World Migration Report 2020. Such people have neither access to HIV nor to TB services. If HIV or TB is diagnosed, the migrant is subject to deportation with a ban on re-entering Russia. According to the Russian Federal AIDS Centre, migrants present only 3% of new HIV cases per year but many undocumented migrants avoid testing in fear of deportation. The HIV and TB service needs of cross-border migrants remain largely unaddressed and has to be a focus of attention for civil society and international donors, including the Global Fund.

D. *As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries to build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to UHC?*

The unique role of the Global Fund is the strengthening of, and support for, the sustainability of participation by key affected communities and civil society in national decision-making on HIV and TB responses and to build resilient community systems. It is important to support Country Coordination Mechanisms (CCM) as unique governance bodies for making transparent and joint decisions in

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[10] ECDC, WHO, 2019 HIV/AIDS surveillance in Europe 2019 - 2018 data, p. XIV https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2019.pdf

[11] https://medvestnik.ru/content/news/Ekspert-ohvat-lecheniem-VICh-inficirovannyh-sostavlyaet-ne-bolee-50.html?fbclid=IwAR3c_KOMBmojpQsde_75ZnPupZHrJr44EQ8uW_ECTuPanQJHGgN30grUvOw

[12] Results of 2017 IBBS conducted in seven cities of Russia; https://harmreductioneurasia.org/hiv-situation-in-russia/

countries of the region after the withdrawal of the Global Fund. The Global Fund can leverage its financial position that allows the voices of civil society and the community to be heard, and that such groups are able to participate as equal partners in dialogue and in accountability processes both at the country and regional levels. In addition, the Global Fund provides community groups with access to technical support and funding for capacity building around CCM processes in order to ensure that their participation is meaningful.

The Global Fund is uniquely placed to foster the ability of health systems to implement integrated interventions and rights-based, age-, gender- and people-sensitive, models of care, and to explore the possibility to maintain community-based, low-threshold services based on the needs of KAPs. The Global Fund should be forward looking and respond to the public health challenges - HIV, TB, viral hepatitis and COVID-19, among others - that are more acute for certain communities.

E. What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programmes?

To prevent human rights violations, criminalisation and persecution of the representatives of KAPs, such as TGP, SW, MSM, PWUD and PLHIV, in its new strategy the Global Fund needs to:

1. ***Stimulate efforts for the inclusion into Global Fund country and regional proposals of decriminalisation, the reduction of stigma, and the removal of legal barriers to service access, together with explicit support for a community, rights and gender focus in all aspects of national and regional actions that utilise Global Fund resources.***

   It is crucially important for effective HIV and TB responses in the CEECA region to prioritise and support activities aimed at decriminalisation of HIV transmission, the use and possession of drugs, sex work and homosexual relations. The issue of criminalisation of key groups, including the PLHIV, needs to be a main priority in the HIV and TB response in the CEECA region.

   Stigma and discrimination is one of the key reasons why the HIV and TB epidemics have not been stopped or reversed in the CEECA region. Therefore, it is important to focus on substantially reducing stigma and discrimination, as failing to do so means the situation will stagnate, resulting in no, or little, progress in achieving SDG 3.

   Stigmatisation concerns not only people with HIV or key groups, but is now being seen in relation to those infected with COVID-19. Stigma and discrimination based on behaviour or disease in the countries of the CEECA needs to be addressed through specific support services, including legal and para-legal counselling, and specific advocacy activities to change the legislative environment and policing practices. Medical interventions, or the training for medical staff, is not enough to overcome criminalisation and stigma.

   Furthermore, the stigma of TB is huge in the CEECA region. Some progress has been made through use of Global Fund support, including, for example, *Community, Rights and Gender* (CRG) tools, and the *Stigma Assessment Tool* jointly developed with TB Partnership - which has been included in the list of new Global Fund indicators. However, TB-related stigma remains high. Recent CRG assessments in countries of the CEECA region are already providing initial results such as the need to promote patient-oriented approaches, including those that increase patient confidentiality. In addition, the case of TB and as well as COVID-19, people do not seek medical help because they are afraid that other people will learn of their status. However, approaches

that help people to access treatment at a convenient location and time help to strengthen the level of confidentiality.

2. ***Develop effective mechanisms to respond to human rights violations and gender-based violence (GBV).***

Effective political and programmatic responses to GBV and human rights violations, specifically by the police, need to be supported within Global Fund programmes. There should be increasing opportunities for women to participate in political and programmatic decisions, and support for the initiatives of women using psychoactive substances, as well as helping to protect the social and economic rights, and other interests, of women, all of which should be of the highest priority.

It is important to scale-up support for community-based monitoring and protection of human rights within the context of the three diseases, as well as for community based monitoring of the quality of services; programme indicators and the increase in coverage should not be achieved at the expense of the quality of services which affects sustainability. In addition, it should be mandatory for CCMs to monitor human rights violations and the discrimination of key populations within the context of Global Fund programmes.

3. ***Prioritise the reduction in discrimination against youth and teenagers in their access to services and in human rights protection.***

In the CEECA region is one of only two regions where overall HIV prevalence has not declined in recent years. 43,000 young people aged 15-24 lived with HIV in EECA in 2018, among them 22,000 are young girls. Adolescents' vulnerability is also signalled by a region-wide ART coverage rate of just 37% among all people living with HIV over the age of 14, a rate far below the global one of 59%[13]. The full extent and consequences of the lack of effective, quality HIV prevention and treatment services for adolescents are unknown because many countries do not publish HIV estimates (according to UNICEF data).

Many young people across the region become sexually active at an early age - according to country progress reports in eight countries, from 2.0% (in Tajikistan) to 11% (in Kyrgyzstan) of surveyed young people (aged 15–24) had sex before the age of 15, while very few of them could correctly indicate ways of HIV transmission.

Experience shows that the treatment effectiveness of adolescents living with HIV is very often lower than within other groups of population:

- stigma strictly influence the health condition of adolescents, especially those who are in lack one or both parents or living below poverty. Such teens usually unsocialized, closed inside of themselves, have no life motivation, which leads them to interrupt the ARV treatments, and finally, these teens are living with mental health conditions and suicidal moods. Moreover, isolation, regime breaks, and informational pressure cause anxiety and panic among youngsters who lack support. It is very important to ensure relevant psychological support during isolation for YPLWH using support experience in work youth.

- the risk of treatment failure and resistance is higher for young people than for other groups, as young people in their adolescence are faced with additional complications, related to treatment regime.

[13] https://www.cdc.gov/hiv/group/age/youth/index.html

- the lack of quality information about HIV and Comprehensive Sexuality Education in school for all adolescents.;

-some important service providers (such as rehabilitation centers for IDUs) are not ready to deliver services for adolescents (with particular focus on teenage girls) due to lack of qualification of its staff to correspond to needs of this target audience;

-AIDS Centers and NGOs usually have a lack of expertise related to HIV+ status reveal for children and adherence formation for young people;

-some medical services are not available for adolescents due to revertible barriers, for instance, HIV testing and getting of the results of testing without parental permission is not allowed until age of 18 in EECA countries, etc.

Since young people usually stays aside national efforts to overcome AIDS epidemic in our region, it is necessary to continue supporting and development of the youth movement and to disseminate the best experience of adolescents mobilization in EECA.

F. *Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?*

Global Fund programmes at the national level in countries of the CEECA region are exemplary for addressing challenges in healthcare in context of access to UHC for the most marginalised groups. In the context of the COVID-19 crisis, low-threshold, integrated services for KAPs could be used for a more effective response to the pandemic. In particular, the Global Fund could prioritise the following actions:

1. ***Maintain the revised, integrated and client-centred approaches to the provision of medicine***, such as delivering ARV medicines to patients for longer periods, and in providing longer term take-home doses of OST medications for clients.
2. ***Support to, and the further development of, the provision of remote/online/digital prevention and care services.*** This includes the transfer of counselling, and the provision of information, online; the delivery of sufficient quantities of consumables through vending machines and/or mail/courier services, including needles, syringes, condoms, and face masks. Cyber security and personal data protection issues will be increasingly relevant in the event of online advice and training. Online counselling and training will require the development of new skills among medical doctors, nurses, social workers and psychologists. In addition, the development of such forms of service delivery should be reflected in both public and Global Fund monitoring and evaluation systems and approaches to ensure that the services provided are cost-effective and monitored properly.
3. ***Expansion, and improved quality, of harm reduction and other targeted prevention services, adapted to new realities:*** harm reduction programmes must now include services to ensure the safety of the community and social workers (both in terms of communicable disease prevention and online safety); access to food; access to shelter, or a place for temporary accommodation; shelter for victims of GBV; employment opportunities; and other social services for people in need who use different and new psychoactive substances. In the aftermath of the COVID-19 crisis, harm reduction services, social assistance to the unemployed, as well as HIV, hepatitis, and TB testing and treatment, must be maintained.

4. The growing number of ***cross-border migrants must be given full access to HIV and TB prevention, testing and treatment services provided by CSOs*** owing to their inability to return to their home country due to COVID-related restrictions.

5. ***Provide flexibility in the re-programming of funds for emergency situations*** to include the purchase of hand sanitisers, masks and other forms of personal protective equipment (PPE). In addition, introduce flexibility for community emergency responses, such as in the provision of shelter and food, as well as the continuation of prevention programmes and in addressing increased policing, fines and the stigmatisation of SWs and PWUD.

G. What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?

Governments of countries in the CEECA region currently provide less than 15% of the funding for programmes that are needed by KAPs, indicating that the region is highly dependent on international donors. At the same time, many countries of the CEECA region are not eligible to receive donor funding due to an increase in per capita gross domestic product (GDP). Investments are required to improve the quality of social support and the level of coverage by harm reduction programmes, and to ensure a "responsible transition"[14] as the tasks of government, donors and technical agencies. Governments and local authorities in countries of the CEECA region are responsible for ensuring stable financing of quality services. By 2019, a number of states in the region that have previously relied solely on international donors had to switch to domestic funds to cover HIV prevention among key populations, including people who use psychoactive substances. In most countries of the region, domestic funds are distributed through so-called 'social contracting', which implies market competition among NGOs through an open tendering process in which national or local governments procure services to reach health targets. Countries of the CEECA region score poorly in the Transparency International Corruption Perception Index (CPI)[15], and the majority of government tenders in the EECA region are subject to massive fraud and corruption. Social contract procurement of HIV services is constructed in a way that inhibits community-led organisations from competing, or pushes them to lower the quality of services. Tender processes in many CEECA states lack the requirement to provide gender and age sensitive services and to ensure quality of services. To the contrary, funding allocation decisions are based on the lowest price principle and does not account for the track record and history of service delivery experience, leading to decreased service quality, weakening of community systems and wastage of funding.

The Global Fund needs to ensure that the following strategically important steps are taken in countries of the CEECA region:

1. ***Improve the existing - and/or introduce additional - mechanisms to encourage countries to remain adherent to the commitments made and reflected in their concept notes to co-fund Global Fund-supported programmes***, and to implement the agreed sustainability plans to ensure the continuation of supported programmes and health activities beyond the termination of Global Fund grants.

2. ***Ensure that community groups have an equal voice in transition planning and are meaningfully involved in all processes related to it***, especially considering that following transition, many community groups, especially SW, PWUD and lesbian, gay, bisexual, and trans* gender (LGBT)

14 https://eecaplatform.org/wp-content/uploads/2017/12/Regional-Consultation-Report-for-GFS-ENG.pdf
15 https://www.transparency.org/en/cpi/2019

groups, are unlikely to obtain government funding and thereby their participation in transition planning is crucial in order to ensure that services are tailored to community needs.

3. ***Ensure effective mechanisms of contracting communities and civil society for the HIV response.***

   In connection with the issue of transition, the Global Fund should pay attention to new mechanisms on how NGOs work with governments, using various methods including social contracting or other service procurement methods, such as health/social insurance mechanisms, so that following the withdrawal of the Global Fund, NGOs will have access to domestic funds provided by the state. Governments of countries in the CEECA region have signed the 2016 Political Declaration on HIV/AIDS that calls to "ensure that at least 30% of all service delivery is community-led by 2030"[16], which means that not less than 30% of public funds for harm reduction services should be available to community-led organisations and that state funding mechanisms should be available and accessible for such organisations to provide HIV response services.

4. ***Revisit the Global Fund country eligibility criteria to ensure responsible transitioning.***

   Many middle-income countries (MICs) are not yet ready for a successful and sustainable transition from Global Fund support to domestic funding and will not be ready until at least one more Global Fund allocation period. Making such countries ineligible for support jeopardises their successful graduation from Global Fund assistance. This is why it is essential that the Global Fund reconsiders its criteria for countries to be eligible to apply for Global Fund resources. More sensitive criteria should be developed to go beyond epidemiological and economic indicators and consider such factors as the willingness of a country to invest in the implementation of good practices for disease control, and the ability to do so. In particular, as outlined below, revisions are being recommended with regards to the existing Global Fund eligibility policy which could contribute to improved support for countries in transition from Global Fund financing.

   4.1. ***Ensure access to transition funding for countries moving to high income status****.*

   Evidence demonstrates that in upper-middle income countries (UMICs) where the Global Fund has abruptly transitioned out, governments do not automatically step up and fund life-saving services for criminalised and marginalised populations who have elevated vulnerability to the three diseases and face barriers to accessing services. Rather, experience shows that people who inject drugs, MSM, TGP, SW, migrants, the homeless and other key populations are being left behind, with limited to-no-access to health services and support.

   Gross National Income (GNI) per capita – which is used by the Global Fund as one of the key eligibility criteria – is a poor measure of a country's wealth since it masks the internal income inequality of a country and sheds no light on how much of the income goes to health and responses to the three diseases in particular, nor to addressing social inequalities and injustice. It is important to have a multiple criteria framework for eligibility and to take into account fiscal space and heath expenditures that are devoted to the three diseases and targeted for key populations.

[16] https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

Thus, restricting access by countries to transition funding because of a World Bank decision to change their income status without taking into account their readiness to sustain the response to the three diseases is considered as an irrational and unfair punishment of people affected by the diseases who have already suffered as a result of their own government's lack of political will.

4.2. ***Do not restrict access to funding for the HIV, TB and malaria responses of UMIC G20 countries with high disease burden.***

The requirement that UMIC G20 countries must have an 'extreme' disease burden in order to be eligible for Global Fund support is purely political, absent of any rational approach to eligibility. Thus, this requirement should be completely eliminated. In particular, it would make sense to consider the intention to simplify/remove the five disease burden categories and replace them with a single threshold for UMICs. All UMICs with at least a 'high' disease burden that are members of the G20 (including those not on the OECD- Development Assistance Committee (DAC) list of Official Development Assistance (ODA) recipients) should become eligible to receive an allocation from the Global Fund for any disease component.

The requirement of meeting eligibility criteria for two consecutive years should also be modified, if not removed. It is inhumane and ineffective from an economic standpoint for UMICs to wait for the second year if new epidemiological data shows an increased burden and they have been classified as UMIC for the last two years. Epidemics do not disappear over one year. Moreover, the epidemiological data arrives with a delay of one or more years after the burden increases due to data analysis and verification.

5. ***Flexibility in ensuring support to countries.***

For those countries where governments are able, but unwilling, to support programmes for key populations, the Global Fund needs to either expand the implementation of the so-called "NGO rule‟ (provision 9b of the current Eligibility Policy), or develop and enforce other appropriate funding mechanisms to allow NGOs to continue their work with key populations. Specifically, this concerns countries with shrinking space for civil society, growing conservatism, and draconian drug policies, which are included as being eligible for funding regardless of their economic ranking. These funding mechanisms should focus not only on services, but also on solidifying the *Community Systems Strengthening* components and in reducing legal barriers. Global Fund regional grants could be one effective mechanism to support community-driven responses and national level advocacy. For systematic changes in health and community systems, one multi-country grant to respond to one disease is insufficient.

6. ***To develop fruitful cooperation with international partners and contributors to ensure international donor investments in continuation of support for community and civil society advocacy efforts and effective and responsible transition to domestic funding.***

In particular, the Global Fund should continue its strategic cooperation with other donor organisations on the development and implementation of the different modalities of Sustainability Bridge Fund (SBF) mechanisms — the approach to be introduced to ensure that countries have the required capacity to maintain and scale-up their response to end the three epidemics after they are no longer eligible for international funding and, additionally, to also mitigate the damage of failed transition if, and when, they arise. The SBF should be complementary to the existing donor transition efforts and could also work as a mechanism for

coordination and communication among relevant donors during and after transition. Piloting of the SBF mechanism in a few Balkan countries in 2018 – 2019 showed some good results in terms of the applicability of this approach as well as its contribution to the sustainability of regional/national NGOs[17] and this work should be expanded.

Supporting Stakeholders and Partnerships

H. What can the Global Fund do to better support you in your work to fight the 3 diseases?

Based on the Global Fund's key principles of values, strategy and guiding documents, it could play the most important role in supporting national HIV and TB response by providing clear guidance, delivering strong messages in negotiation with national governments, and in setting funding priorities for national and regional support. A stronger Global Fund position on prioritising evidence-based and community-led approaches in negotiating national grants could help national partners, health experts and civil society to be more effective in the delivery of the HIV and TB response. The Global Fund should support community-led organisations in advocacy for decriminalisation, and recognise and support community expertise and knowledge around health, prevention and programming.

I. Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund's model could be strengthened to improve partnership with communities and strengthen impact?

1. ***It is critically important that representatives of the community of people who use psychoactive substances, LGBT, SW, migrants and ex-prisoners influence decisions on the financing of targeted prevention, testing, treatment and care services through their meaningful involvement and participation in collegial decision-making processes and oversight bodies.*** This could be achieved through support for, and a focus on, the strengthening of CCMs and other national coordination bodies in providing equal weight to the knowledge and experience that communities bring to decision-making.

2. ***The Global Fund is encouraged to avoid completing the transition from Global Fund to domestic funding unless the meaningful involvement of NGOs, including CBOs, is reflected in national responses to the three diseases.*** Any transition should only be considered successful if a country has a sustained national system in place (e.g. governmental and/or municipal social contract mechanisms, government grants and/or taxation benefits for businesses and individuals) to support NGOs providing services to vulnerable groups, including prevention, testing, care and support, and in addressing stigma and discrimination, etc., through national investment.

3. ***Support should be given by the Global Fund to the development of Community System Strengthening (CSS) components as part of national and regional responses.*** It is important to facilitate the introduction of clear and specific CSS indicators, including those of a qualitative nature, at the national level. Under the CSS component, the Global Fund could encourage larger-scale and more effective involvement of donors and technical partners in the provision of structured support to CBOs in order to increase their capacity and to foster further development. There should also be an emphasis on psycho-social support to key populations and to the staff of service providers including, for example, strategies to prevent burnout, and opportunities for

[17] Sustainability Bridge Funding: Case Study from Bosnia and Herzegovina, Montenegro and Serbia. EHRA 2019. https://eecaplatform.org/wp-content/uploads/2019/10/ehra_sbf_rev_1-6.pdf

personal development, etc. Grant-making for community groups should be understandable, accessible, and focused on building resilient communities and community responses.

4. ***Expand regional programmes to increase the capacity of CBOs*** in the countries of the CEECA region.

5. ***Address health inequalities and ensure that community groups are meaningfully involved in UHC processes.***

J. How could the Global Fund work more effectively with development, technical and other partners to support countries to fight the 3 diseases and achieve SDG 3? How would this strengthen impact?

It is very important to implement the commitments made for all diseases and political will should be reflected in the Global Fund strategy. The Global Fund should work more effectively with decision makers through different mechanisms to strengthen political will such as with parliamentarians and through the creation of an environment for civil society. The emphasis should be placed on the intersection between health and related issues, such as the greater involvement of the Ministry of Social Affairs. This is especially important for the development of standards of support and the provision of TB services and is also connected to transition planning. National legislation and policies should be aligned with WHO guidelines and the UN common position paper on ending HIV, TB and viral hepatitis in Europe and Central Asia and to strengthen intersectoral collaboration. Based upon such guidance, countries are already signing strategic plans until 2030 for all three diseases.

In addition, the Global Fund should ensure that normative guidelines are promoted and implemented at the country level by all stakeholders.

Furthermore, the Global Fund should provide political support for advocacy efforts in support of decriminalisation and to allow community groups to address legal barriers and punitive laws through their grants.

K. How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG 3?

The SDG 3 stream of work should be supported by the Global Fund with the development/sustaining of intersectoral national mechanisms, such as the CCM, and the use of community monitoring tools for oversight and advocacy at the country and regional level on the fulfilment of commitments made in political declarations of UN member states (for example, the UHC declaration; the UN High-Level Meeting (HLM) and political declaration on TB, 2018, etc.). Human rights and gender equality should be at the centre of all grants, ensuring that the 3 diseases are addressed through rights-based approaches and with the highest level of community involvement.

Delivering Results and Innovation

L. What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?

1. Adjust management, financial control and monitoring and evaluation systems and recommendations to allow the implementation of innovative services, such as digital and remote provision of services.
2. Invest in operational research and community-led assessments of the quality of services and programmes.
3. Undertake a strategic initiative for improved quality and innovation of the HIV and TB response, allowing for the piloting of innovative services for key and vulnerable populations.
4. Recognise community expertise and ensure that communities have the financial and technical support to develop their capacity as well as recognise community responses in addressing the three diseases. In addition, community-led organisations should be supported in leading monitoring activities.

M. What can the Global Fund do to facilitate the uptake of new technologies, innovations and address market bottlenecks?

1. The Global Fund is capable of promoting people-centred approaches to care and to promote approaches that are most convenient for people, such as outpatient treatment models that allow patients to be at home, or to receive medication in a comfortable environment, and to have greater control over their own treatment process, such as the receipt of take-home methadone for OST.
2. Provide support to service providers in implementing digital prevention and care services without compromising its quality and effectiveness.
4. Support community-led responses, including monitoring and innovation.
5. Support the strengthening of health systems and the promotion of UHC in partnership with civil society.
6. Support the full inclusion of cross-border migrants and stateless persons in HIV, TB and viral hepatitis services provided both by CSOs and by national governments. In addition, support advocacy efforts of civil society groups for the decriminalisation of HIV-positive migrants and migrants affected by TB.
7. Widen the possibilities for support of the continuum of health and social support services for KAPs, such as harm reduction for PWUD.

Currently, access to the full scope of quality harm reduction services in countries of the CEECA region is very limited. The existing harm reduction programme interventions in many countries do not include the distribution of naloxone, drug checking, access to sexual and reproductive health services, and social services. As a result, harm reduction programmes are limited in their ability to reduce overdose mortality, to protect against HIV and other blood-borne infections, to ensure access to HIV, hepatitis B and C, TB and STI treatment, and to provide social support and social integration of people who use psychoactive substances. While HIV is not the only health issue that people who use psychoactive substances face, HIV prevalence, incidence and treatment outcomes are important indicators for the measurement of the accessibility and quality of harm reduction services.

It is critical to ensure that countries of the CEECA region have access to quality and effective harm reduction services based on the needs of people who use psychoactive substances and for them to

take into account changes in the drug scene. It is important that different groups of people who use psychoactive substances have access to harm reduction interventions, including women, youth and adolescents, as well as people with physical and mental health issues, PLHIV, people with viral hepatitis, and those with TB.

It is important to provide support for the implementation of innovative harm reduction services in the countries of the CEECA region that have proven their effectiveness throughout the world, such as - but not limited - to HIV treatment, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), drug checking, safe drug consumption rooms (DCRs), gender-sensitive services, and community naloxone programming.

Best Ideas for Change

N. If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG 3 targets, what would it be and why?

1. To be consistent with key principles, values, strategy and guiding documents in cooperation with national governments and setting funding priorities for national and regional support.

2. To robustly address legal barriers, health inequalities in access to health care and human rights abuses in all of its work.