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CIVIL SOCIETY OFFERS RECOMMENDATIONS TO TAJIKISTAN CCM FOR HIV, TB CONCEPT NOTES

Representatives from 15 Tajik civil society groups on 6 August presented a series of recommendations on how to ensure key populations are the focus of HIV prevention activities to the country coordination mechanism (CCM), as it prepares its concept note submissions to the Global Fund.

Tajikistan has been allocated some \$52.2 million under the new funding model (NFM) to support the execution of the national strategic plan for HIV and TB; the funds are divided almost equally between the two diseases.

The civil society recommendations to the CCM emerged from a meeting organized by the Eastern Europe and Central Asia Union of People Living with HIV (ECUO) at the end of June. The meeting was funded as part of the technical assistance being provided to countries by the Global Fund as they move through the NFM process, which began in Tajikistan in late 2013.

A draft NSP to guide the Tajik HIV response from 2015-2017 has been circulating since June, when it was first presented in a national forum to government and non-governmental stakeholders including civil society.

National data have registered some 5,843 people in Tajikistan living with HIV, although UNAIDS estimates suggest that number could exceed 14,000. There are 1,372 people enrolled in anti-retroviral treatment programs, partially supported by the Global Fund.

The majority of people who inject drugs were infected through the use of previously used and contaminated needles when injecting drugs. Cross-border migration is also thought to be fuelling the

spread of the disease, although national data suggest that the number of reported new cases has stabilized since 2012, to under 1,000 new infections reported annually.

Spin Plus, a local NGO representing people living with HIV, told Aidsplan that despite the illegality of injected drug use and national stigma against economic migrants from around the region, it is these populations who must be at the heart of future Global Fund-supported programming.

Ensuring that Tajikistan uses its concept note to fully express its funding requirements based on real needs, rather than tailoring the concept note to the allocation, is another critical recommendation from civil society.

“Key populations are excluded from state-finance programs so we need to ensure that they are covered by activities funded by the Global Fund,” said Pulod Jamalov, executive director of Spin Media and a member of the Tajik CCM. “Addressing the needs of injected drug users, MSM, sex workers and so on will target the major routes of transmission. Funding of harm reduction programs by the Global Fund is also very important.”

Tajikistan is the poorest country in Central Asia, with high youth unemployment and a highly mobile population. It relies heavily on external funding to support its response to AIDS, TB and malaria and has the lowest ratio of health workers to population in the entire Eastern European and Central Asian (EECA) region.

The country has made some notable progress in bringing the number of new HIV infections under control; however, it continues to have the highest burden of TB in EECA with an incidence rate of 193 per 100,000 population.

Unlike some other countries in the region, including its main financial backer, Russia, the Tajik government has endorsed opioid substitution therapy (OST) as an effective approach to the scourge of injected drugs, and is directing state funds as well as donor funds towards a scale-up of OST.

A needle-exchange program was launched in 2010 in the Tajik prison system, with financial support from the Global Fund. A pilot OST program is also planned for one of the two prisons in the capital, Dushanbe.

Aleksandra Volgina, the senior advocacy officer of ECUO and a participant in the civil society workshop, said that the CCM has already responded to the civil society recommendations but cautioned that many of them may not be implemented due to funding constraints. A prioritization of the recommended activities is now underway, with ECUO lobbying for community system strengthening to remain at the top of the list, in order to ensure that gender and human rights concerns are addressed. Other top priority programs for ECUO in Tajikistan include mobile testing and diagnostics and peer counselling support.

Meanwhile, discussions on the best way to innovate in the national TB response as Tajikistan moves away from hospital-based treatment to a community-based approach have also continued. A coalition of civil society groups assembled with financial support from the World Health Organization, to be paid by the Global Fund, and led by the local NGO Youth Movement of Tajikistan has sought an entry point into strategy discussions led by the Ministry of Health on how to ensure the doubling of state funds for TB leads to innovative and high-impact programming and for effective TB control in Tajikistan.

The greater involvement of civil society in strategic discussions about health programming represents a sea change for Tajikistan, which emerged battered and with low institutional capacity and decimated infrastructure from a civil war in 1991 that followed its independence from the Soviet Union.

Such institutional shortcomings drove the decision by the Global Fund to choose non-governmental principal recipients in early rounds of funding: the UN Development Program (UNDP) and Project Hope

have been PRs since 2003. Now, however, with extensive capacity- and skills-building underwritten by the Fund among others, government is developing the confidence and the ability to take over PR responsibilities. It is anticipated that government could become a PR under the NFM.

The CCM, too, has undergone a significant overhaul following [a 2012 audit](#) by the Office of the Inspector General, which recommended improvements to the CCM's oversight capacity of the grant implementation process and more assiduous monitoring of conflicts of interest within the CCM.

A mission in July 2014 by Grant Management Solutions (GMS) aimed to review the CCM's compliance on eligibility for NFM and also to support the CCM in developing a performance improvement plan. Submission of the HIV and TB concept notes are expected in October.

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