



SUCCESSFUL COMMUNITY-LED MONITORING PRACTICES IN THE EECA REGION

ALMATY, KAZAKHSTAN, 2020

SUCCESSFUL COMMUNITY-LED MONITORING PRACTICES IN THE EECA REGION

Almaty, Kazakhstan,
2020

AUTHORS AND ACKNOWLEDGEMENTS

The analysis was prepared by Elena Rastokina with the technical and financial support of the UNAIDS Sub-Regional Office for Central Asia. I should like to avail of this opportunity to express my gratitude and appreciation to the UNAIDS office staff and, in particular, Gabriela Ionascu, Aliya Bokazhanova and Inna Burmashova for their assistance in preparing the report.

We express our gratitude to the Kazakh Scientific Center of Dermatology and Infectious Diseases, the International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru), 100% Life, PLWH Forum in Russia, Eurasian Women's Network on AIDS (EWHN), Eurasian Harm Reduction Association (EHRA), Central Asian Association of People Living with HIV, Kazakhstan Union of People Living with HIV, Kazakhstan Harm Reduction Network, Kazakhstan Feminist Initiative «Feminita» as well as all colleagues who have shared their experience, vision, recommendations on community-led monitoring.

DISCLAIMER

The document is intended to assist the government agencies of the Republic of Kazakhstan in tackling the HIV epidemic.

The information contained herein has been obtained from open sources. The author gives no full guarantee regarding the accuracy of the data by third parties and may also not share the opinions of third parties cited herein. The conclusions and recommendations contained herein represent the views of the author and may not coincide with the views of other stakeholders.

The content of this report does not necessarily reflect the views and opinions of UNAIDS, government agencies in the EECA region or other partner organizations. It must be recognized that the results and conclusions of the community-led monitoring analysis presented herein aim at providing information in the form of best practices that AIDS Service Organizations and/or government agencies in the area of HIV prevention and treatment in the EECA region can benefit from.

CONTENT:

AUTHOR'S STAFF AND ACKNOWLEDGMENTS	3
DISCLAIMER	4
CONTENT	5
LIST OF ABBREVIATIONS	6
INTRODUCTION	7
METHODOLOGY	8
THE SITUATION IN THE REPUBLIC OF KAZAKHSTAN	10
EXPERIENCE OF EECA COUNTRIES	15
RUSSIA	15
UKRAINE	19
MOLDOVA.....	20
CENTRAL ASIA	22
THE REPUBLIC OF KAZAKHSTAN	25
KYRGYZSTAN	38
CONCLUSIONS AND RECOMMENDATIONS	44
LIST OF REFERENCES	45

LIST OF ABBREVIATIONS:

ARV, ART	Antiretroviral drugs
HIV	Human Immunodeficiency Virus
VHC	Viral hepatitis C
EECA	Eastern Europe and Central Asia
GVFMC	Guaranteed volume of free medical care
KSCDID	Kazakh Scientific Center of Dermatology and Infectious Diseases of the Ministry of Health of the Republic of Kazakhstan
KP	Key populations
PLHIV	People living with HIV
MSM	Men having sex with men
NLA	Normative legal act
PWID	People who inject drugs
PWUD	People who use drugs
LBQT	Lesbian, bisexual, queer, transgender
RK	Republic of Kazakhstan
CSW	Commercial Sex Workers
HD	Healthcare Department
CEFDW	Convention on the Elimination of all Forms of Discrimination Against Women (Convention on the Elimination of All Forms of Discrimination Against Women)

INTRODUCTION:

As HIV epidemic was developing in Kazakhstan, the quality of services provided by the state has increasingly become a priority. The Republic of Kazakhstan is the only country in Central Asia providing its citizens with ARVs through state budget. Back in 2010 the PLHIV community was worried whether it would be possible for the infected people to receive treatment on time and what was the available alternative in case of the need to change the treatment regimen, then nowadays practically all the global PLHIV treatment options are available, many of which come at a high cost for the government.

Despite the country's significant achievements in providing its citizens with antiretroviral therapy, new systemic difficulties have emerged, for example, the so-called «interrupted» delivery of antiretroviral therapy, viral load tests and CD4 testing, and the lack of access to medical services (HIV testing) for PLHIV in public organizations, following the imperfect legislation of the Republic of Kazakhstan that obstruct the development of this area as well as NGO's insufficient capacity to implement such projects.

NGOs implementing projects for PLHIV, as a rule, have members of the PLHIV community in their ranks, and often it is PLHIV activists who make a significant contribution, both to treatment adherence activities and to the development of the region and the country as a whole. Community-led monitoring is an example of such an activity. The basis for monitoring is both a desk analysis of existing documents and policies as well as client's feedback on a particular public service, its timeliness, quality and efficiency, and its compliance with the needs of each of the key population groups. Such material, collected upon reliable data, can become the foundation for changes in the regulatory area and policy drafting as well as the mobilization of NGO's institutional development community.

This document present the analysis of existing community-led monitoring practices in the Eastern Europe and Central Asia (EECA) region, which will lay the foundation for future changes required by the PLHIV community and civil society in general.

METHODOLOGY:

Community-led monitoring data were collected from open sources and presented in a single approved format, indicating the grounds for the monitoring, goals and objectives, methodology and characteristics of each case as well as the monitoring results.

Data from such areas as:

- analysis of the legal framework, policies, procurement and their implementation;
- monitoring of allocated public funds for HIV prevention and provision of services to key populations on the basis of NGOs;
- monitoring service delivery for key groups and PLHIV;
- analysis of the characteristics of the life of key populations, PLHIV.

The document includes examples of monitoring carried out by the following population groups:

- People living with HIV;
- People who use drugs;
- People who inject drugs;
- Men who have sex with men;
- Sex workers;
- LBQT women (lesbian, bisexual and queer) and T-men.

UNAIDS'909090 TARGETS

Since the announcement of the UNAIDS 90-90-90 targets at the 20th International AIDS Conference, they have been the starting point for a global effort to end the AIDS epidemic.



The goals reflect a fundamental shift in the global approach to HIV treatment, changing focus from the number of people with access to antiretroviral therapy to the importance of maximizing viral suppression in people living with HIV. This emphasis is driven by a deeper understanding of the benefits of suppressing the virus - such treatment not only protects people living with HIV from AIDS-related illnesses, but also significantly reduces the risk of transmitting the virus to others.

UNAIDS'90-90-90 targets mean that 90% of people living with HIV will know their status; 90% of all patients diagnosed with HIV infection will receive antiretroviral therapy, and 90% of all patients receiving antiretroviral therapy will achieve viral suppression.

Achieving the 90-90-90 targets is vital for all, and reaching these targets by 2020 was expected to end the HIV epidemic.

THE SITUATION IN THE REPUBLIC OF KAZAKHSTAN

The EECA region, including the Republic of Kazakhstan, actively participates in achieving global goals, joining the implementation of 90-90-90 targets.

In the first half of 2020, Kazakhstan has attained the following results as part of the 90-90-90 strategy¹:

- The estimated number of PLHIV is 33 000.
- There are 26 827 people living with HIV who know their status (81% of the estimated number).
- PLHIV on ART are estimated at 18 866 people (70% of the number of PLHIV who know their status).
- 13 489 people have undetectable viral load (71% of the number of PLHIV on ART).

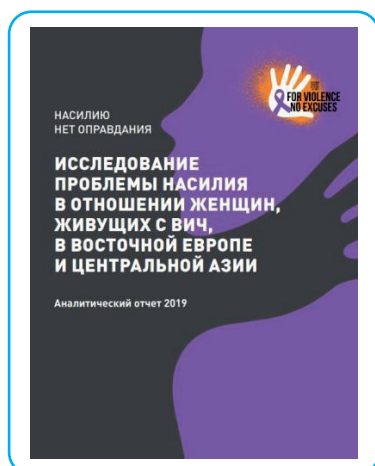
The incidence rate for 6 months of 2020 was 9.6 per 1 000 PLHIV (in 2019, 9.4 for 6 months). The number of new cases for 6 months of 2020 is 1 784 people. The main routes of HIV transmission in the country are sexual transmission in heterosexual couples (988 cases in 2020) as well as parenteral transmission through injecting drug use (552 cases in 2020).

ARV therapy has been purchased from the state budget since 2009. All treatment and medical examination services for PLHIV are included in the guaranteed volume of free medical care.

In Kazakhstan, prevention programs for key populations operate with the support of the Global Fund (in a fragmented way, in several areas) and through local funding in all areas: syringe exchange points for PWID, opioid maintenance therapy and private counselling rooms for CSW.

The country also has a practice of state financing of HIV prevention programs and provision of services to key population groups. The allocation of such funds is observed only in a few regions of the Republic of Kazakhstan.

REGION: EECA



Organization: The Eurasian Women's AIDS Network (EWHN) operates in 12 countries of the EECA region.

Project: Study on Violence Against Women Living with HIV in Eastern Europe and Central Asia 2019.²

¹As of June 30, 2020 as per the data of the Kazakhstan Scientific Center of Dermatology and Infectious Diseases

²http://www.ewna.org/wp-content/uploads/2019/11/EWNA_Report_RUS_preview_v5.pdf

The study analyzed the problems faced by HIV-positive women who were subjected to violence after they were diagnosed with HIV infection. The research is unique in that it was developed, organized and conducted by the community of women living with HIV and vulnerable to HIV as part of the regional campaign against gender-based violence "There is no excuse for violence!". The study encompassed 464 HIV-positive women survivors of violence and 120 female professionals from 12 countries in the Eastern Europe Central Asia (EECA) region.

Reasons for monitoring: Globally, violence is a key risk factor for HIV infection among women, including sex workers, women who use drugs, transgender and other women. According to global and regional estimates of the prevalence of violence against women and its health consequences, this problem is a significant obstacle to the effective delivery of public health services. Violence against women is a violation of human rights.

Purpose: Identification of the key characteristics of violence against women living with HIV and the specifics of organizing assistance to HIV-positive women and girls who have suffered from violence in 12 countries of the EECA region (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan, Estonia).

Tasks:

- Examine women's personal assessment of their life experiences in situations where they have experienced gender-based violence (GBV);
- To study the experience of women seeking help or not seeking help;
- Study the specifics of organizing assistance to victims of violence, in particular, access to shelters;
- Analyze existing barriers to receiving assistance;
- Develop recommendations for non-governmental organizations providing assistance to women survivors of violence.

Monitoring methods:

- For the study, two semi-standardized questionnaires were developed with a focus on two target groups. The questionnaire consisted of closed-type and open-ended questions. Most of the respondents answered the questions on their own, in writing, using a google form;
- The data collection period was from November 5 to December 5, 2018. The quantitative analysis of the data was carried out in an Excel table. Open-ended questions were analyzed by highlighting and grouping common topics;
- 20 HIV-positive women were denied permission to publish the data.

Results:

The results of the study made it possible to supplement the available international data on violence-related situation, to see the situation as a whole, and also to provide information to national civil society organizations for advocacy in the political sphere.



Organization: Eurasian Harm Reduction Association (EHRA).

EHRA is a membership-based non-profit public organization that brings together 303 activists and organizations working in the field of harm reduction in the Central and Eastern Europe and Central Asia (CEECA) region to ensure the rights and freedoms, health and well-being of people who use psychoactive substances.³

Project: Use of new psychoactive substances in the Republic of Kazakhstan: results of the 2020 study. A similar study was also carried out in Kyrgyzstan, Georgia and Serbia, Belarus and Moldova.

Purpose: The study is being implemented to obtain the most complete picture of the use of new psychoactive substances (NPS) in Kazakhstan as well as to develop a harm reduction and a law enforcement response to the emerging NPS in these countries.

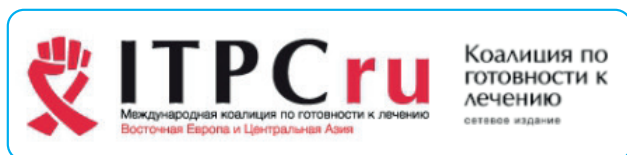
Monitoring methods:

- Collection and analysis of information on Kazakhstan's legal framework related to use, storage and sale of psychoactive substances, medical treatment of people who use drugs;
- Collection, processing and analysis of data from open sources within a desk research (official reports, media publications, peer-reviewed publications and sources not included in indexed medical databases, reports presented on the Internet as well as documents received from national and regional governments/international organizations);
- Interviews with specialists working in medical institutions and organizations providing harm reduction services;
- A focus group with PWUD;
- Comparison of the received data.

Results:

The results of the study made it possible to supplement the available international data on the use of NPS in countries, to see the situation as a whole, and also to provide information to national civil society organizations for advocacy in the political sphere.

³<https://harmreductioneurasia.org/>



Organization: International Treatment Preparedness Coalition in Eastern Europe and Central Asia/ITPCru.

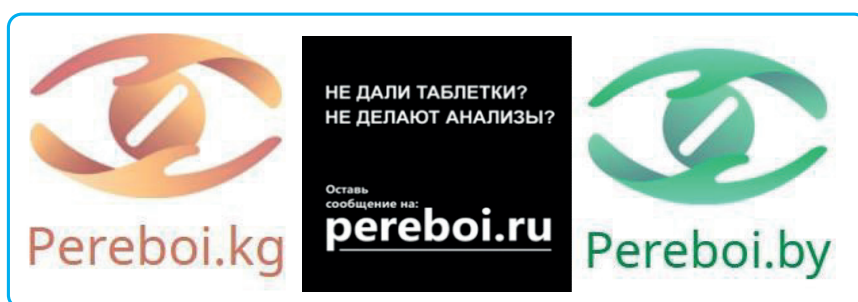
Before moving on to the activities of the next organization, I would like to provide a reference on the organization itself. In summary, the International Treatment Preparedness Coalition in Eastern Europe and Central Asia is a movement of people united by a common goal of achieving universal access to drugs for the treatment of HIV and related diseases, primarily tuberculosis and hepatitis C.

The coalition was founded in March 2003. Since 2005, the Coalition launched its work in the Eastern Europe and Central Asia (EECA) region, which includes the following countries: Armenia, Azerbaijan, Belarus, Georgia, Latvia, Lithuania, Moldova, Kyrgyzstan, Kazakhstan, Tajikistan, Uzbekistan, Russia, Ukraine, and Estonia.

The basic principle of the Coalition's work is the maximum involvement of people living with HIV and advocates of their interests in any decision-making process concerning their lives at the international, regional, national and local levels.

Three main areas of work of ITPCru:

- *Mobilization:* projects aimed at strengthening and uniting the patient community in the fight for their right to universal access to treatment;
- *Advocacy:* projects aimed at improving HIV and co-morbidity policies, strategies, systems, models;
- *Training:* projects aimed at increasing community knowledge about various aspects of HIV and co-morbidity treatment. We make every effort to ensure that the information is as objective and scientifically sound as possible.

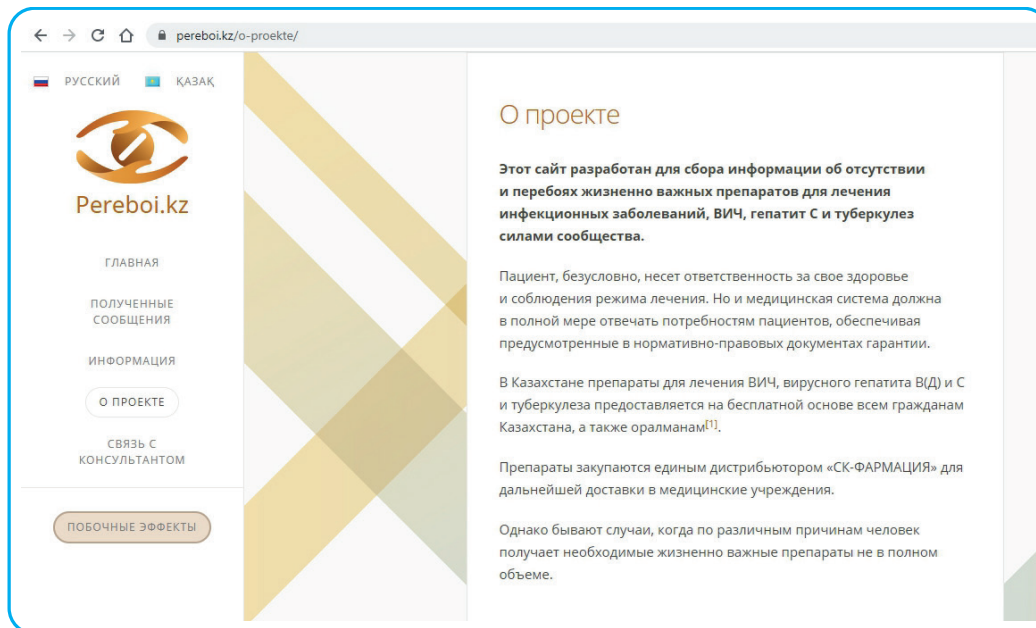


Project in Kazakhstan: Pereboi.kz

The site does not belong to any particular health care organization or community-led organization. The sites pereboi.ru/pereboi.kz/pereboi.kg/pereboi.by were developed with the support of ITPCru (Coalition for Treatment Preparedness in Eastern Europe and Central Asia) and contribution of the Central Asian Association of People Living with HIV.

At different points in time, the following organizations were engaged in the website operation: ALE "Kazakhstan Union of People Living with HIV", Council of Community Representatives, PF "AGEP'C", PF "Answer". The site's consultants are themselves community representatives.

Purpose: This site is designed to collect information on the lack of and interruption of essential drugs for the treatment of infectious diseases, HIV, hepatitis C and tuberculosis by the community.



Monitoring methods:

- Collection of information online from patients from different regions and cities of Kazakhstan, on the following:
 1. a drug for the treatment of HIV, tuberculosis, hepatitis C, or opioid dependence was not dispensed;
 2. the treatment regimen was suddenly changed;
 3. drugs were dispensed for a shorter period than usual;
 4. they gave out syrup instead of tablets or vice versa;
 5. a tablet was given that needs to be crushed or crushed;
 6. do not take tests for CD4 and viral load;
 7. has been denied medical care because of your HIV positive status or you have faced any other type of discrimination by your HIV positive status.
- The data in the communication can be entered anonymously or full name indication, at patient's discretion.
- Client's contact information is visible only to the site consultant. The site mentions only the region, the specified name and the message text.

Results:

- The information is analyzed annually and used in community advocacy for access to treatment.

EECA REGION EXPERIENCE

RUSSIAN FEDERATION

Organization: International Treatment Preparedness Coalition in Eastern Europe and Central Asia/ITPCru

ITPCru is one of the most important community-led monitoring organizations in EECA (ITPCru or International Treatment Preparedness Coalition in Eastern Europe and Central Asia⁴).

The first ITPCru procurement report was published in 2012 and has been published annually ever since. Following a similar principle, reports on Hepatitis C have also been compiled, which have been published annually since 2012. Using the ITPCru methodology, later reports were drafted in Kazakhstan, Kyrgyzstan, Moldova, Armenia, Georgia by patient organizations.

Intellectual property has become another research topic that appeared to be relevant for patients due to high prices for ARV drugs. This section has also become an annual topic in country's procurement reports (in Kazakhstan since 2018) and is based on the analysis of legal documents approved in the country and their comparison with international documents, experience and practice of purchasing more affordable drugs.

The peculiarity of the first edition of ITPCru on procurement is that it contains data from 2 studies at once: an analysis of procurements and a study within the framework of the «Simona +» project. Both studies were carried out by the community.



Project: «You can't refuse to treat»

1. «Analysis of the procurement of ARV drugs at the expense of the federal budget in Russia between 2009 and 2012».

Monitoring methods:

- Collection and analysis of information on the rules for organizing procurement from open sources;
- Collection and analysis of information on registered drugs;
- Collection and analysis of information from open sources on ARV drug auctions (number of pills per patient per year, cost per unit, cost per package);
- Collection and analysis of information on the number of patients on therapy and the number of regimens;
- Analysis of the adequacy of the schemes for the purchased drugs, the number of annual courses;
- Comparison of the received data;
- Comparison of prices for drugs in Russia and abroad.

⁴<https://itpcru.org/>

Project: «Simona +»

Purpose: study of access to treatment (612 questionnaires), study of access to testing (796 questionnaires), identification of problem areas in the provision of medicines for PLHIV and barriers to HIV testing in country's various regions by patients themselves.

In 2011 and 2012 "Simona +" identified disruptions in the supply of ARV drugs in the Russian Federation, existing barriers faced by a patient to receiving treatment and the most common treatment regimens.

Monitoring methods:

- Survey of patients in 23 regions of Russia, 7 new respondents (2 non-ART, 5 ART) monthly. Two short questionnaires on HIV testing and treatment were used to collect data. The survey was carried out by regional correspondents who were sending questionnaires to the project's sociologist on a monthly basis.

Advantages of the selected data collection method:

1. It is now possible to trace the time dynamics of various indicators, including interrupted deliveries of drugs and test systems.
2. It was possible to identify the cases of interrupted deliveries and their timeframe.
3. It was possible to understand that the problem of interrupted delivery, though serious, is only a part in a bunch of problems in the area of HIV testing and treatment of HIV infection, and the identification and articulation of existing problems and trends were also made possible.
4. It was possible to achieve large overall sample sizes.

Limitations of the chosen data collection method:

1. Since the data collection was carried out on a monthly basis, the researchers tried to limit the time and other costs of regional correspondents for data collection, which caused the shortness of the study period and, accordingly, limited the amount of data obtained.
2. As a result, the authors of the study observed that the problem existed, however, without finding out the underlying reasons.
3. The use of two different tools for problem identification associated with the testing of HIV-infected people and problems associated with HIV treatment although allowed, on the one hand, to identify fairly unambiguous trends in each of the research areas, however, the impossibility of combining the two databases has rendered the results interpretation ambiguous.

Result: The findings and recommendations from the two studies formed the basis for further advocacy for access to antiretroviral treatment and HIV testing.



Another example from an organization: ITPCru : International Coalition for Treatment Preparedness in Eastern Europe and Central Asia).

Grounds for monitoring:

In 2008, the International Treatment Preparedness Coalition in Eastern Europe and Central Asia for the first time took part in an independent assessment of the Russian HIV policy as a group of civil society networks. In 2011 we prepared an independent study on this topic. Both reports were made for the UN General Assembly Special Session on HIV/AIDS (UNGASS) as an alternative to the official view of Russia's progress towards the goals of universal access to HIV

services. In this report, we would like to analyze the Russian HIV policy from a slightly different perspective - its economic feasibility and the efficiency of allocating limited resources for HIV. The need for such an assessment perspective is mainly triggered by three instances:

1. From 2006 to 2011, Russia made significant investments in the HIV area. Nevertheless, despite a significant amount of funding allocated for combating the HIV/AIDS epidemic in the Russian Federation, it continued to be among the world countries with the highest rates of growth of HIV infection and AIDS-related deaths.
2. International donors also stopped increasing or even reduced funding for HIV prevention programs in the Russian Federation. During this period, a critical reassessment of investment efficiency of HIV programs was required.
3. The arguments of the expert community regarding the epidemiological and clinical ineffectiveness of the methods existing at that time were not always reflected in the Russian HIV policy.

Thus, this report differs from the procurement analysis in that it is an overview and comparison of the country's most basic documents required to ensure the success of the ongoing work, with statistics, prevention approaches, and epidemic's general trends. The report reveals shortcomings in the government policy from a scientific and economic point of view. At this stage, the details of each auction for each of the 83 entities have not yet been used. The figures in the study are given throughout the Russian Federation per year.

Monitoring methods:

- Analysis of the data from the federal budget and the implementation of budgetary allocations in the field of HIV, which were published in the open sources;
- Analysis of epidemiological statistics on HIV/AIDS;
- Analysis of civil society reports and media publications on Russian HIV policy;
- Interviews with 12 experts - public health professionals, economists, drug supply specialists, advocates for the rights of people living with HIV;

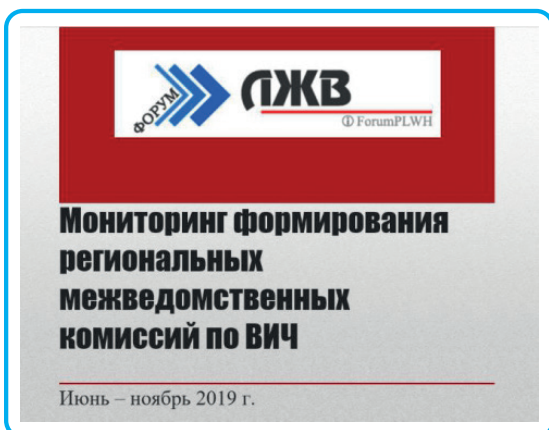
- Analysis of scientific publications on the cost-effectiveness of HIV interventions. The geographic focus of the countries reviewed for the cost-effectiveness of HIV programs was mainly Russia and other BRICS countries (excluding South Africa) as well as Ukraine and the United States.⁵

Specific features:

1. We tracked what percentage of the prevention budget is spent on the activities with vulnerable groups;
2. What percentage of tests were carried out among PWID (1%);
3. ARV drug prices have not decreased;
4. We compared the number of purchased "treatment plans" (two basic drugs) with the number of "third option drugs"

Result: The monitoring results confirmed that the strategy to prevent the spread of HIV infection in the Russian Federation does not work, funds are spent inappropriately, and the interests of patients living with HIV are not reflected in HIV treatment budget planning.

Community-led monitoring experience is also available in other non-governmental organizations in Russia. In 2018, the first meeting of the Forum of People Living with HIV (PLHIV) was held. It is a communication platform for people living with HIV, created to promote the development of HIV/AIDS prevention, treatment, care and support systems in the Russian Federation.



Project: Monitoring the establishment of regional interagency commissions on HIV.

Tasks: Monitoring the implementation of orders of the government of the Russian Federation on the ground in line with the State Strategy and the Action Plan for its implementation as well as approved methodological recommendations for prevention in KP.

Monitoring methods:

- Sending inquiries to 70 constituent entities of the Russian Federation with the highest HIV prevalence in order to monitor the implementation of orders of the government of the Russian Federation on the ground;

The responses from the regions contained the following information: the presence of a regional interdepartmental commission on HIV infection, the representation of NGOs in the said commission; availability of regional interdepartmental HIV prevention program, participation in the development of this program by NGOs; the budget of the approved program.

⁵International Treatment Preparedness Coalition in Eastern Europe and Central Asia - ITPCru (2012). Black Box: Russian HIV Policy and Its Economic Efficiency. - St. Petersburg. <https://itpcru.org/monitoring/>

- Analysis of the information received, identification of gaps in the work of the regions.

Results:

- The conclusions and recommendations made have become the basis for the PLHIV advocacy in the regions.
- Based on the findings, recommendations were sent to eliminate the shortcomings in the regions.

UKRAINE



Organization:

Charitable Institution «All-Ukrainian Network of PLHIV»

Project: «Strengthening the capacity of Network’s regional offices to monitor and analyze public procurement in the health sector at the regional level»

In 2016 alone, Ukraine’s regional medical institutions spent more than \$35 million on procurement of drugs and medical supplies. Almost half of these funds were spent through non-transparent and non-competitive procedures. Given the high level of corruption in the healthcare sector of Ukraine, the above actions of medical institutions indicate a high probability of a corruption component in procurement and create obstacles in providing patients with the necessary drugs, limiting access to treatment.

After the amendment to the public procurement legislation and the introduction of the unique electronic system called ProZorro, patient organizations started to utilize e-procurement systems and took the position of the watchdogs behind the budget spending. To note, the patient community is not a party to the procurement process and, therefore, is unable to objectively and professionally analyze the procurements and to launch interventions to optimize the procurement process, liquidate the breaches or influence the public procurement policy making. я на формування політик в сфері публичних закупок.

Purpose: Improving the efficiency of procurement by healthcare institutions in Kropyvnytskyi city carried out using the ProZorro system.

Monitoring methods:

- Procurement monitoring was carried out in real time between January and June 2017;
- All tenders, without exception, were analyzed, the total number of tenders, the number of completed and failed tenders, the number of competitive procedures and their savings were determined, after which the positive and problematic aspects of each medical institution were identified separately. The items bought, their quantity and their costs were investigated;

- The rating of customers is shown by various indicators: the number of procedures, the percentage of competitive procedures, the percentage of savings;
- During the monitoring, the customers that had violations during the procurement process were revealed, and the persons responsible for the procurement procedures were identified;
- The public and the media were informed about the monitoring and analysis results: monthly analytical articles were published in the press to give a detailed description of specific situations identified in the monitoring process.

Results:

- Based on the results of this work, the «Policy Note 2017: Monitoring of Procurements of the Kropyvnytskyi UZ» was drafted;
- Training for more than 30 persons responsible for the procurement at the city level and the region was carried out;
- Improved quality of procurement procedures at the City Health Department;
- Attention was drawn to the public procurement of health departments in the region with 125 publications, 10 broadcasts, 26 analytical materials.

MOLDOVA



На здании парламента Республики Молдова появилась символика, о которой стоит знать всем гражданам

Organization: UNAIDS Moldova together with the Public Association “Positive Initiative” and other civil society organizations in the framework of the regional project “Sustainability of services for key groups in the Eastern Europe and Central Asia region” (#SoS_project), jointly implemented with the Alliance for Public Health of Ukraine and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Frontline AIDS as well as with the support of the Open Contracting Partnership, under the auspices of the National TB, HIV Program Management Unit, and API.

Project: Scorecard/HIV Scorecard is a tool for regular performance monitoring at the following levels: epidemiological, programmatic, budgetary, procurement and advocacy.

Data sources: data is provided by both government agencies and civil society organizations.

Purpose:

- Monitoring results in a number of areas and indicators - epidemiological, programmatic, financial and human rights;
- Displaying the results for all selected indicators in an easy-to-read and user-friendly format on the open source platform with a comparative analysis of the actual results for the tasks outlined;
- Open, transparent and collective approval of indicators at the national level;
- Training of all participants in the HIV movement, including civil society, in the use of a scorecard;
- Institutional establishment of a rapid response mechanism based on the results identified by the scorecard.

Monitoring methods:

- Analysis of the most important epidemiological and programmatic indicators collected by national partners in accordance with the country report in the framework of the global AIDS reporting (GAM), and priorities for the scorecard. Comparison of results with expected goals and visualization of progress against goals at a certain point in time;
- Analysis of the progress of procurement processes for medicines and services provided by NGOs in comparison with the institutional algorithm in the regulations;
- Monitoring the drug market, prices, including by comparing procurement sources;
- Monitoring the efforts of non-governmental organizations and the results obtained;
- Monitoring indicators related to human rights violations, especially those derived from the REACT platform;
- Monitoring of the regulatory and legal adjustments identified during the assessment of the HIV regulatory framework.

Results:

Understanding by representatives of the government and non-government sectors, including representatives of key populations, of the epidemiological, programmatic, budgetary situation, the country's realtime procurement and human rights situation, informing the responsible institutions and immediately responding to the problems identified using the scorecard.

REGION: CENTRAL ASIA



Organization: Central Asian Association of People Living with HIV.

It was set up by a number of national networks of PLHIV in 2009. The Association was created to support national PLHIV associations in order to ensure access to necessary medical and social assistance for PLHIV in Central Asia and to integrate PLHIV into the life of society as active and significant members. The Association is actively working in such countries of the region as Kazakhstan, Kyrgyzstan and Tajikistan.

Project: Indicator of the level of stigma of people living with HIV in Kazakhstan, 2015.⁶

HIV-related stigma and discrimination are major barriers to PLHIV's access to prevention, treatment and support. To protect the rights and interests of PLHIV, it is very important to have information that gives an idea of the real situation: what challenges and difficulties people face, and how this affects their own lives and the lives of their relatives and friends. To obtain such information, an international initiative was launched in 2005 to collect data for the study of the level of stigma and discrimination in different world countries (www.stigmaindex). The initiative was introduced by international organizations working in the field of PLHIV rights' protection: [International Planned Parenthood Federation \(IPPF\)](#), [Global Network of People Living with HIV/AIDS \(GNP +/GNP +\)](#), [International Community of Women Living with HIV/AIDS \(ICW\)](#) and [Joint United Nations Program on HIV/AIDS \(UNAIDS/UNAIDS\)](#).

Purpose: to obtain information about the challenges of PLHIV related to stigma, discrimination and violation of rights.

Tasks:

- Collect information on various events related to stigma and discrimination in connection with HIV status that PLHIV face within a specific community;
- Compare the impact of a particular challenge on the life of PLHIV in a particular country and in other world countries;
- Track changes (improvement or deterioration) of a situation in a particular society (country) over time;
- Provide an evidence base for making changes to the programs of social and medical support of PLHIV.

⁶https://capla.asia/images/Kazakhstan_Stigma_Index_Russian_Final.pdf



Kazakhstan signed the National Plan to Combat Stigma and Discrimination of People Living with HIV

Monitoring methods:

- Questionnaire methodology developed and recommended by the Global Network of People Living with HIV (GNP+), International Society of Women Living with HIV (ICW), International Planned Parenthood Federation (IPPF), Joint United Nations Program on HIV/AIDS (UNAIDS).
- Data collection was carried out using a standardized questionnaire containing both closed-type (with pre-formulated answers) and open-ended questions. It included the following blocks of information: respondent profile; experience of stigma and discrimination by others; job opportunities and access to education and health services; internal stigma and fear; awareness of rights, laws and regulations in the field of PLHIV protection; seeking help because of stigma or discrimination; experience in HIV testing and diagnosing; information disclosure and confidentiality; HIV treatment; reproductive behavior (having children). A significant part of the questions in the questionnaire related to the period of past 12 months (since the methodology provides for annual measurements of the index).
- The survey was conducted by interviewers only from among PLHIV, through face-to-face standardized interviews, between August and September 2015. The average interview duration was about 40 minutes. The interview was conducted anonymously and confidentially.
- PLHIV from three Central Asian countries - Kazakhstan, Kyrgyzstan and Tajikistan - took part.
- Data analysis according to the developed methodology.

Results:

- Based on the findings of the study, recommendations were developed that became the basis for further advocacy;
- The National Plan to Combat Stigma and Discrimination for 2018-2019 in the Republic of Kazakhstan was developed and approved (see photo above).



Organization: Central Asian Association of People Living with HIV.

Project: Security diagnostic test systems to determine markers for HIV infection, immune status (CD4), viral load (HIV RNA), drug resistance in the Republic of Kazakhstan in 2017-2019.

This study is the first study on the procurement and provision of tests for HIV, CD4, VL, drug resistance in the Republic of Kazakhstan as well as the first of its kind in Central Asia.

Purpose: The main goal of the study is to compare the levels of needs and provision of Kazakhstani citizens with tests to determine HIV infection, CD4, VL and DR levels, and compliance with the recommendations of the World Health Organization.

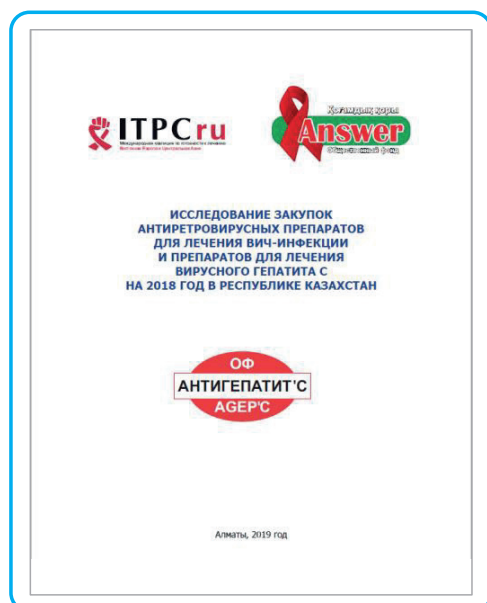
Monitoring methods:

- The research was conducted using open source data: <https://www.ndda.kz/> , <https://goszakup.gov.kz/> , <https://aidsreportingtool.unaids.org/> , <https://aidsinfo.unaids.org/> , <http://adilet.zan.kz/rus> , <http://www.kncdiz.kz/>, sites and reporting data of regional/city AIDS centers.
- The analysis of data on the epidemiological situation and the studies conducted on CD4, VL and LN between 2017 and 2019 in the Republic of Kazakhstan.
- Clinical protocols for the treatment of HIV infection in the Republic of Kazakhstan in terms of diagnostics are compared with the latest WHO testing recommendations.
- The analysis of regulatory documents regarding the procurement of test systems has been carried out.
- Procurement data were formatted and analyzed. Such regions as Pavlodar, Zhambyl, Atyrau, Kyzylorda, SKO, Kostanay regions as well as the data from Almaty and KSCDIZ (Kazakh Scientific Center for Dermatology and Infectious Diseases) are fragmentarily reflected, since the information and methods of publishing tenders of these regions differ.
- According to the research methodology, only data on completed tenders were included in the processing.
- Trade names for rapid HIV tests are most difficult to determine when public procurement data are collected from open sources, since the protocols fail to indicate the manufacturers of the tests and their names.

Results:

- The conclusions and recommendations of the report are presented to decision makers.
- The conclusions and recommendations of the report formed the basis for advocacy on the centralization of procurement of test systems, the formation of maximum prices for test systems.

THE REPUBLIC OF KAZAKHSTAN



Organization: PF “Answer”, registered in 2009 by people living with HIV, is a service organization with 6 branches in Kazakhstan.

Project: Study of procurement of antiretroviral drugs for the treatment of HIV infection and drugs for the treatment of viral hepatitis C for 2018 in the Republic of Kazakhstan.

It is one of the regular studies taking place in Kazakhstan under the ITPCru-developed and with their full technical support since 2017. The first report enabled significant changes to the regulatory framework of the Republic of Kazakhstan, including a normative legal act with regard to procurement through the UNICEF mechanism, the pricing of generic drugs, and also influenced the

reduction in the number of therapy regimens prescribed in the Republic of Kazakhstan. For the first time, the issue of overpriced domestic producers was raised.

This version of the report combined information on the procurement of ARV drugs and drugs for the treatment of viral hepatitis C; for the first time, the topic of intellectual property and its impact on the formation of prices for drugs in Kazakhstan was analyzed.

Purpose: Drafting conclusions based on the analysis of the data from the monitoring of public procurements of ARVs and drugs for HCV treatment in 2018, and the development of recommendations to improve the situation with drug supply in the Republic of Kazakhstan.

Monitoring methods:

- During the report drafting, the legislation on the examination, registration of medicines, budget application formation and purchasing process of ARV and HCV treatment drugs were studied.
- We analyzed the data at the end of December 2018 provided by the Single Distributor (SK-Pharmacia) as well as the data provided by the Republican Center for the Prevention and Control of AIDS of the Ministry of Health of the Republic of Kazakhstan.
- Open information sources were used: <https://medelement.com/>, <http://www.dari.kz/>
- National clinical protocols for the treatment of HIV and HCV were compared with the latest current WHO recommendations for treatment regimens.
- The analysis of the existing procurement mechanisms, the difference in prices for drugs supplied by original and generic manufacturers, the cost of an annual course of therapy within existing schemes was carried out.
- Analysis of messages received on pereboi.kz website for the specified period for both infections.

- With regard to intellectual property, legal regulations that impede access to generic drugs in Kazakhstan were analyzed. The norms were compared with the provisions of the TRIPS Agreement (Agreement on Trade-Related Aspects of Intellectual Property Rights) ratified by Kazakhstan.

Results:

- The conclusions and recommendations of the report formed the basis for further advocacy activities of the community.



Organization: "Kazakhstan Union of People Living with HIV"

It was registered in 2005 and unites 22 NGOs created by PLHIV and their relatives on the territory of Kazakhstan.

Project: Analysis of funds allocated for the prevention of socially significant diseases (HIV and drug addiction) and for the provision of services to population groups vulnerable to HIV, within the framework of public procurement of social services and state grants in 2016.⁷

Purpose: Assessment of the current situation on the allocation of public funds within the framework of public procurement of social services for NGOs for harm reduction programs and provision of services to groups vulnerable to HIV, amid reduced funding from international donors.

Analysis tasks:

1. Collect and analyze information on available public procurements of social services and state grants aimed at vulnerable groups of population (PWID, PLHIV) at the ministries and local executive bodies (akimats of the regions and districts) for 2016;
2. Prepare a summary table of the lots with public procurements of social services for 2016, with a breakdown by departments and offices of each region, indicating the amounts of the lots;
3. Carry out a mapping of public procurements of social services and the estimated number of vulnerable groups across the regions of the Republic of Kazakhstan;
4. Conduct a mapping of public procurements of social services and the Global Fund means allocated for programs for vulnerable groups in each oblast of the Republic of Kazakhstan;
5. Prepare the results of the analysis in the indicated areas with the description of the main challenges/opportunities of the public procurement of social services.

Monitoring methods:

- Requests for the republican and regional executive bodies with regard to the names and amounts of lots in the public procurement of social services by regions and districts for 2016;

⁷http://plwh.kz/wp-content/uploads/2018/10/Analiz-sredstv-gos.sots.zakaza_KazSoyuzLZHV.pdf

- Collection and analysis of information provided in the open public procurement portal goszakup.gov.kz

Results: The conclusions and recommendations of the report formed the basis for further advocacy activities of the community on the allocation of state funding for harm reduction programs and provision of services to HIV-vulnerable groups.

The analysis of access to rapid HIV testing is yet another example of community-led monitoring by the Kazakhstani Union of PLHIV.



Project: Access to NGO-Based Rapid HIV testing in Kazakhstan.⁸

The analysis was prepared within the framework of the project "Access to NGO-Based Rapid HIV Testing in Kazakhstan" implemented by the ALE "KazSoyuz PLHIV" with the support of EFCA (a program to counteract the AIDS epidemic in Kazakhstan funded by USAID under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)).

When the project was launched back in 2014, Kazakhstan had no legal basis to introduce NGO-based rapid HIV testing. There was no detailed analysis of the policies and legal barriers impeding the introduction of an NGO-based HIV testing service. There were no methodological manuals describing the algorithm for conducting express HIV testing. Individual NGOs, though, had experience and resources and, in cooperation with the PC "AIDS", set up drop-in points that offered HIV testing in their offices (PF "Alternative", Ekibastuz). Despite the universal testing coverage of Kazakhstan's population (more than 10% of the population of the Republic of Kazakhstan), the share of key groups in the structure of the tested population is 1.4%, while the percentage of HIV infection detection among this group is 1.04% and 0.08 among the general population of the Republic of Kazakhstan without the members of the key populations.

Objective of the project: Establishing the enabling legal environment for access to timely diagnosis of HIV infection through the drafting and introduction of the basic documents on rapid HIV testing at NGOs in the Republic of Kazakhstan for the enhanced access of members of key populations to this service.

Monitoring methods:

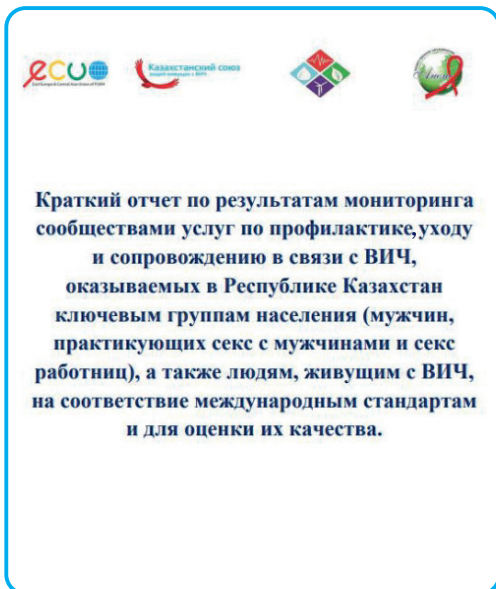
1. Analysis of the barriers impeding the introduction of rapid testing at NGOs;
2. Setting up a working group for the drafting and introduction of the basic documents on access to NGO-based rapid HIV testing in the Republic of Kazakhstan.

Result:

1. The analysis of barriers was carried out and a report was provided, including the main conclusions and recommendations for the introduction of NGO-based rapid HIV testing in Kazakhstan;

⁸http://plwh.kz/wp-content/uploads/2018/10/Analiz-barerov-vnedrenie-ekspress-testov-na-VICH-na-baze-NPO-v-RK-OYUL-KazSoyuzLZHV_2016.pdf

2. A methodological manual on the HIV counseling and testing algorithm was developed using NGO-based rapid testing;
3. NGO-based rapid testing is included in state regulations (Rules for Voluntary Anonymous and (or) Confidential Medical Examination and Counseling, Clinical Protocol for Diagnosis and Treatment of HIV Infection in Adults).



Organizations: ALE «Kazakhstan Union of People Living with HIV» in a consortium with the public association «Human Health Institute» and the public association «Amelia» within the framework of the ECUO Regional Program for PLHIV carried out in partnership with EHRN «Partnership for Equal Access to HIV Services for All Those Who Need It in the EECA Region”.

When working with the PLHIV community, the researchers focused on the monitoring of the adherence-related services, service provision quality and compliance with international standards, in view of the gender characteristics. In turn, monitoring services for MSM and SW focused on services available

in the field of HIV prevention, diagnosis and treatment, their compliance with international standards and their focus on the communities’ existing needs.

Project: A brief report on the results of community-led monitoring of HIV prevention, care and support services provided in the Republic of Kazakhstan to key populations (men who have sex with men and sex workers) as well as people living with HIV, for compliance with international standards and assessment of their quality, 2017.

Purpose: Monitoring of the provision of the services to PLHIV, MSM, SW for further development of recommendations on the improvement of services provided to target groups.

Monitoring methods:

- Analysis of documents, reports, orders, etc.;
- Focus group with community representatives;
- Semi-structured interviews with all monitoring participants. The interview consisted of thematic blocks (content and organization of services, factors that help/hinder the receipt of services) and contained a list of questions to which the answers were required;
- The analysis was carried out in several regions;
- The following questions were asked during the monitoring:
 - To what extent do the existing services for PLHIV, MSM, SW in the Republic of Kazakhstan correspond to the best international standards and practices?

- To what extent do the existing services for PLHIV, MSM, SW in the Republic of Kazakhstan meet the needs of the communities?
- What factors help/hinder the receipt of services for PLHIV, MSM, SW?
- Throughout the monitoring, attention was paid to the compliance of the assessed services primarily with the recommendations of WHO and UNAIDS;
- The field stage of the study was carried out in spring-summer of 2017 in the following cities:
 1. PLHIV groups in the cities of Petropavlovsk, Almaty, Karaganda, Pavlodar, Ust-Kamenogorsk;
 2. MSM groups in the cities of Astana, Almaty, Shymkent and Ust-Kamenogorsk.
 3. RS in Temirtau, Ust-Kamenogorsk, Almaty, Taldykorgan;
- A total number of 139 respondents were interviewed within this study.

Results:

Based on the monitoring, recommendations were developed and presented for each specified key group in the field of service standards at the national level.



Organizations: ALE "Kazakhstan Union of People Living with HIV", PF "Fund of Women Living with HIV in Kazakhstan", PF "Answer", PA "My House", PA "Amelia", Public Charitable Fund "Shapagat".

Project: A shadow civil society report on the human rights situation with women representing key populations.⁹

In Kazakhstan, poor attention is paid to the protection of the rights of women and girls living with HIV, women who use drugs. There is no public discourse on these problems. Many women suffer that their close environment does not accept their HIV status and this, in particular, leads to cases of domestic violence, violation of property and other rights, loss of family and home. From a legal viewpoint, the state guarantees the availability and quality of medical examination, observation, the provision of psychosocial, legal and medical advice, medical assistance and drug provision within the guaranteed volume of free medical care, social and legal protection, and the prevention of any forms of discrimination on the basis of the nature of the disease. In practice, models of medical delivery, social, legal and other services fail to take into account gender norms, stigmatization within the society and among service providers, especially in rural areas (Gender Analysis of the National Policy on HIV and AIDS in the Republic of Kazakhstan, 2015). In its concluding observations on the combined third and fourth periodic reports of Kazakhstan, the CEDAW Committee expressed concern that, although the proportion of the population living with HIV/AIDS is small, the growth rate of new HIV infections greatly outperforms the population growth rate, and women remain at significant risk of contracting HIV.

⁹http://www.ewna.org/wp-content/uploads/2018/10/Final_KZ_CEDAW_ru.pdf



At the Pre-session Working Group of the 74th UN CEDAW Meeting held on March 11th in Geneva, representatives of the community of women living with HIV, women who use drugs and female commercial sex workers from Kazakhstan for the first time presented a shadow report of the civil society on violations of the rights of women from the key groups.

It should be recalled that last July the civil society organizations submitted to the UN CEDAW the shadow report of the civil society on discrimination and violence towards women living with HIV, women who use drugs, female commercial sex workers and women in prison. The report was informed by the studies and cases of violations of the rights as registered by non-governmental organizations in 2015-2017.

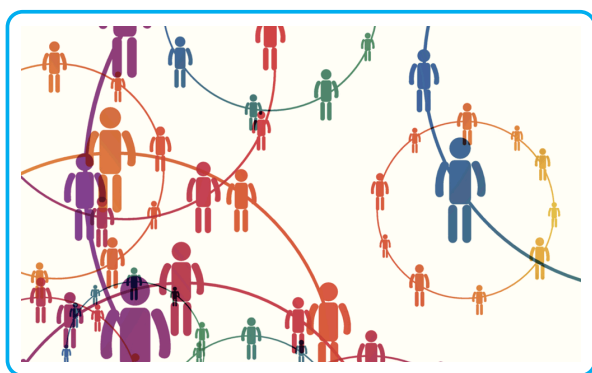
Project objective: highlight the systematic discrimination against women living with HIV and women who use drugs in Kazakhstan, by requesting the members of the CEDAW Committee for a thorough study of implementation of the provisions of the Convention in relation to women from particularly vulnerable groups and make appropriate recommendations to the government of the Republic of Kazakhstan in the Final Comments.

Monitoring methods:

1. National meeting of representatives of the key groups (report drafting training, discussion of the report drafting plan, identification of groups and statement of problems for the report);
2. Establishment of 4 working groups from among activists for drafting of a report on women living with HIV, women who use drugs, women in prisons and sex workers;
3. Collection of data by members of working groups with the analysis of studies, documents, focus groups, and description of examples;
4. Preparation of a shadow report and its publication on the CEDAW Committee website;
5. Participation of representatives of key groups at the pre-session and the 74th session of the CEDAW Committee meeting (presentation to the committee members, preparation of additional information for the 74th session).

Result:

1. A civil society shadow report on discrimination and violence against women living with HIV, women who use drugs, sex workers and women in prisons was prepared and published.
2. Relevant recommendations for the government of the Republic of Kazakhstan were received in the concluding comments. Currently, the Government of the Republic of Kazakhstan is preparing a report on the implemented recommendations of the CEDAW Committee. In particular, recommendations on the topic of health and HIV will be presented in 2021.



Organization: Initiative group «Kazakhstan Harm Reduction Network»

It was established in December 2018 and brings together like-minded people with the aim of protecting people using psychoactive substances, mobilizing the community, advocating for services and preventive risk reduction programs based on community needs, and striving to replace repressive drug policies with more humane ones.

Project: Study «Do harm reduction programs operating in Kazakhstan today meet the needs of people who use synthetic psychoactive substances», 2019

New psychoactive substances have significantly changed the drug arena in Kazakhstan, reducing the effectiveness of prevention programs aimed at opiate users. The main recipients of harm reduction services in Kazakhstan are people who used or still use opioids. Access to a group of people using other substances, including those not injecting, is difficult even for the staff of HR projects. The existing HIV prevention programs and their services do not attract this group, and the services provided fail to match people's real needs.

Purpose: The study is being implemented to obtain the most complete picture of the use of new psychoactive substances (NPS) in Kazakhstan, to develop a harm reduction response, and to examine the relevance of existing harm reduction programs to the needs of people using synthetic psychoactive substances.

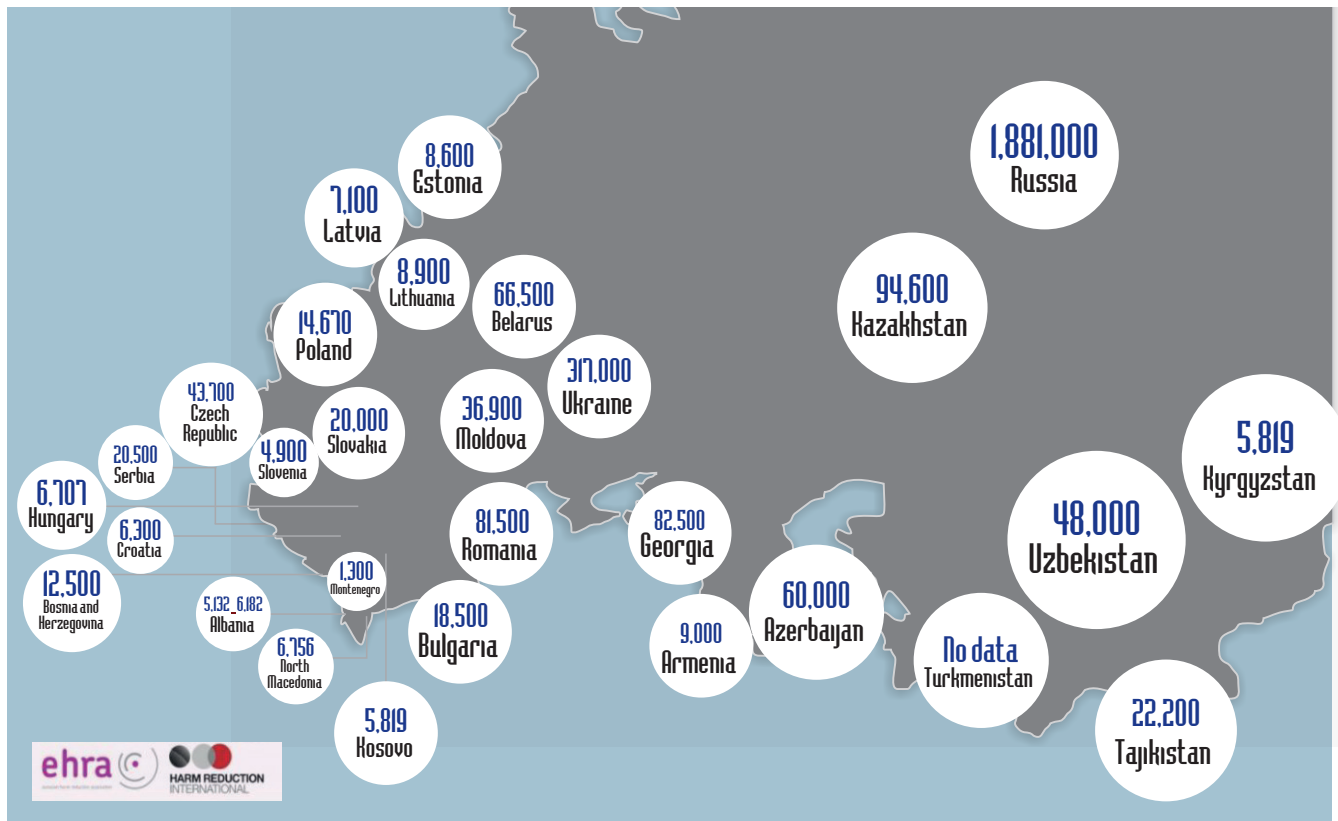
Monitoring methods:

- Survey on the basis of a structured questionnaire. The data was entered by the respondents in a Google form (the form enabled the recording of responses, data confidentiality and initial processing of information). The link to the questionnaire was disseminated in messengers' thematic groups;
- Online conversations with respondents who refused to fill out a survey form. These are members of groups in telegram channels dedicated to the reduction of risk of using new psychoactive substances;
- The study was carried out in the Karaganda region (Karaganda, Zhezkazgan, Temirtau, Satpayev), Almaty, Petropavlovsk, Ust-Kamenogorsk, Taraz, Taldykorgan and Kostanay.

Number of People who Inject Drugs

Between 7% to 19% of people who use drugs in the world are addicted and/or require treatment.

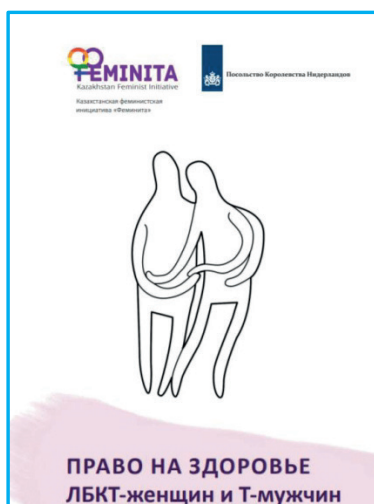
World Drug Report 2020



Results:

- A memo has been developed for the users of new psychoactive substances to reduce the risks of drug use.
- The results of the study made it possible to supplement the available data on the use of NPS in Kazakhstan, to get the full picture, and also to provide information to national civil society organizations for further development of programs with a focus on the needs of users of new psychoactive substances.





Organization: Kazakhstan Feminist Initiative «Feminita».

Project: The right to health of LBQT women and T-men¹⁰.

The LBQ (lesbian, bisexual and queer) group of women and trans people is a diverse group of people with a wide range of sexual identity, sexual behavior, sexual practices and risk behaviors. Despite the fact that the health problems of LBQ women as well as trans people, is an acute issue for many, a lot of studies and programs leave the topic of health and access to medical services for LBQT women and T-men poorly attended.

This continued neglect of the problem further renders the entire population group invisible and enhances discrimination against LBQT women and T-men. The main health problems faced by LBQT women and T-men are the risks of STIs (sexually transmitted infections), HIV, reproductive health issues, mental well-being, and cancer in the context of sexual orientation, gender identity and expression (SOGIE).

The first study that looks at LBQT women and T-men in relation to the right to health in Kazakhstan, this study calls for the provision of LBQT women with full access to comprehensive services using an intersectional approach.

Purpose: Identification of specific problems and difficulties of LBQT-women and T-men.

Monitoring methods:

- The pilot study started in March 2019;
- The study covered 187 respondents and respondents from 19 cities and urban-type settlements in Kazakhstan;
- The research team was presented by female and male representatives of the key group that was a target for the research;
- Female and male participants for the study were recruited through social networks like VKontakte and Instagram, personal acquaintances, and also using the snowball method;
- Female and male researchers faced difficulties in attracting female and male participants due to the closed nature of the community, low trust in strangers, lack of a research culture, and lack of understanding or lack of interest in the research topic;
- The research consisted of questionnaires as well as in-depth interviews and focus groups with interested respondents;
- The questionnaires consisted of 5 blocks: socio-demographic information, STIs, HIV, SOGI-related oncology and reproductive health. The questionnaire contained a total of 76 questions, both closed-type (with options) and open-type (respondents had to enter their answers) ones;

¹⁰<https://feminita.kz/wp-content/uploads/2020/10/LBQT-Health-Rights.pdf>

- All questions were written by a research team that included the representatives of the target group, that is, LBQT women. An HIV expert was also involved in the development of the questionnaire and analysis;
- The questionnaires were piloted among female and male researchers and adjusted;
- In-depth semi-structured interviews were conducted at the request of the respondents themselves, if they wanted to provide more details on their responses to the questions presented in the questionnaire;
- For ethical reasons of personal data safety and “do no harm” principles with regard to female and male participants, all data was encrypted with a 15-digit code, all audio recordings of interview transcripts were used only by the research team and were not transferred to the third parties;
- A written informed consent was obtained from respondents prior to each survey session. The study encompassed female and male participants over 18 years old, that is, those who could give their consent to the use of their data for research purposes.

Results:

1. Based on the study, the specific needs and problems of LBQT-women and T-men were considered;
2. The developed recommendations formed the basis for advocacy work to prevent stigma and discrimination against LBQT women and T-men as well as to include this group in prevention programs.



Organization: AFEW Kazakhstan

Project: «Accelerating response to HIV/TB epidemics among key populations at risk in the cities of Eastern Europe and Central Asia»¹¹.

Five cities were selected to participate in the project, subject to the burden of disease, the capacity or willingness of the authorities to cooperate and allocate resources (monetary or in-kind), and the likelihood of effective implementation of the pilot project. The list included the following cities: Almaty (Kazakhstan), Balti (Moldova), Odessa (Ukraine), Sofia (Bulgaria), Tbilisi (Georgia). In each city the activities were coordinated by a public organization, while the international charitable foundation «AFEW Kazakhstan» administered it in Almaty.

The project goal was to develop the models of sustainable urban responses to HIV and TB among key populations that significantly contribute to the achievement of the 90-90-90 HIV/TB targets for key populations.

On World AIDS Day in 2014, city mayors from around the world gathered in Paris, France, to sign a declaration to end the AIDS epidemic in their cities. By signing the Paris Declaration, the mayors pledged to introduce robust security regime in their cities to eliminate the epidemic through a number of measures. These commitments include achieving the UNAIDS '90-90-90 goals.

¹¹<http://afew.org/ru/projects-ru/previous-projects-ru/tbhiv-responses-eecca-cities-ru/>

One of the approaches to this project implementation is the signature of the Paris Declaration.

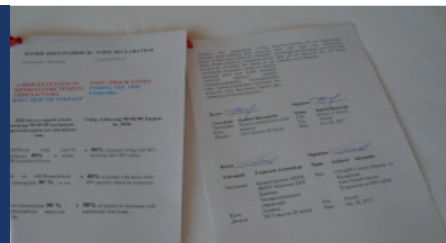
When describing this project, the participation of the community and NGOs is important at each stage of implementation, and the fulfillment of above items enabled the signature of the Paris Declaration in the city of Almaty.

Methods:

- familiarization and clear understanding of all the goals and objectives of the Paris Declaration by the project team;
- strategy development with UNAIDS;
- an official request for the text of the Declaration in English and Russian;
- an official letter of initiative to the akimat on behalf of UNAIDS, a donor, AFEW Kazakhstan;
- meetings and continuous operational interaction with responsible persons of the city health department and akimat for the promotion of the signature of the Paris Declaration;
- AFEW Kazakhstan positioned itself as an ally and technical partner for the akimat;
- Akim's clear understanding of responsibility and perspective was built;
- text of the declaration examined by the following departments: legal, state language, international, protocol etc. (independent translation by NGOs is not applicable);
- AFEW Kazakhstan officers took an active part in drawing up the program of the Paris Declaration signature ceremony, making of the list of participants, the event scenario etc. and ensured their approval with the city akimat.

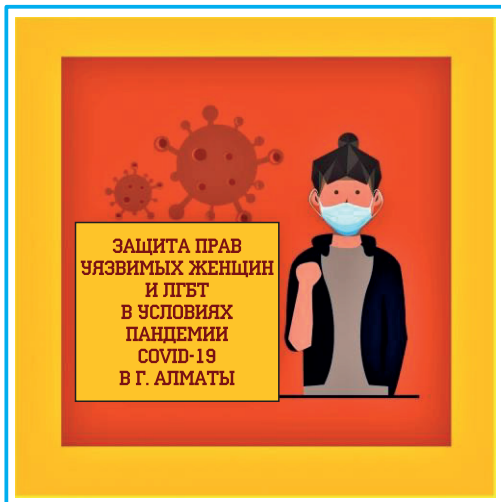
**Almaty,
June 20th, 2017**

**Akimat of Almaty signed
the Paris Declaration**



Results:

1. Akim of Almaty city signed the Paris Declaration, thereby assuming responsibility for further prevention of the spread of HIV epidemic in the city. This implies the prioritization of this area in the bulk of activities and potential effect on the funding of HIV programs.
2. A working group on HIV/TB was set up to include representatives of NGOs, key populations and international organizations. The group was approved by the order of the head of the Health Department of Almaty in 2017.



Organization: AFEW Kazakhstan.

Project: «Protecting the rights of vulnerable groups of the population (vulnerable women and LGBT people) in the context of the COVID-19 pandemic in Almaty»¹².

The Covid-19 crisis is highlighting and exacerbating existing inequalities in Kazakhstan. The disease especially affects those who live with underlying and concomitant diseases. At the same time, social restrictions lead to enhanced gender (domestic) violence as well as decreased income, restricted access to housing, food, and hygiene for the most disadvantaged groups.

Amid citywide quarantine and mobility restrictions, the project provides all activities such as psychological counseling or legal advice online through phone calls, social networks, WhatsApp, Telegram and other instant messengers.

The project provides legal assistance by trained para-lawyers, with the support of a mentor/lawyer.

 <p>ПАРАЮРИСТЫ 2020</p> <p>ЗАЩИТА ПРАВ УЯЗВИМЫХ ГРУПП НАСЕЛЕНИЯ СУЯЗВИМЫХ ЖЕНЩИН И ЛГБТ) В УСЛОВИЯХ ПАНДЕМИИ COVID-19 В Г. АЛМАТЫ</p> <p>КОЗЛОВА АННА 8 707 323 23 74</p>	<p>ПАРАЮРИСТЫ 2020</p> <p>ЗАЩИТА ПРАВ УЯЗВИМЫХ ГРУПП НАСЕЛЕНИЯ СУЯЗВИМЫХ ЖЕНЩИН И ЛГБТ) В УСЛОВИЯХ ПАНДЕМИИ COVID-19 В Г. АЛМАТЫ</p>  <p>УСЕН 8 708 105 22 93</p>	<p>ПАРАЮРИСТЫ 2020</p> <p>ЗАЩИТА ПРАВ УЯЗВИМЫХ ГРУПП НАСЕЛЕНИЯ СУЯЗВИМЫХ ЖЕНЩИН И ЛГБТ) В УСЛОВИЯХ ПАНДЕМИИ COVID-19 В Г. АЛМАТЫ</p>  <p>ЯКУПОВА ЛЮБОВЬ 8 747 372 50 17</p>
--	--	--

¹²<http://www.afew.kz/ru/projects/zashchita-prav-uyazvimih-grupp-naseleniya-uyazvimih-zhenshchin-i-lgbt-v-usloviyah-pandemii-covid-19-v-galmati>

<p>ПАРАЮРИСТЫ 2020</p> <p>ЗАЩИТА ПРАВ УЯЗВИМЫХ ГРУПП НАСЕЛЕНИЯ СУЯЗВИМЫХ ЖЕНЩИН И ЛГБТ) В УСЛОВИЯХ ПАНДЕМИИ COVID-19 В Г. АЛМАТЫ</p>  <p>ВАЛЕРИЙ 8 771 448 84 26</p>	<p>ПАРАЮРИСТЫ 2020</p> <p>ЗАЩИТА ПРАВ УЯЗВИМЫХ ГРУПП НАСЕЛЕНИЯ СУЯЗВИМЫХ ЖЕНЩИН И ЛГБТ) В УСЛОВИЯХ ПАНДЕМИИ COVID-19 В Г. АЛМАТЫ</p>  <p>АБДУРАХМАНОВА ВЕНЕРА 8 747 928 96 50</p>	<p>ПАРАЮРИСТЫ 2020</p> <p>АСЫЛ ТУЛЕГЕНКЫЗЫ 8 707 481 01 55</p>  <p>ЗАЩИТА ПРАВ УЯЗВИМЫХ ГРУПП НАСЕЛЕНИЯ СУЯЗВИМЫХ ЖЕНЩИН И ЛГБТ) В УСЛОВИЯХ ПАНДЕМИИ COVID-19 В Г. АЛМАТЫ</p>
---	--	--

Also, a psychologist with extensive experience in psychological counseling for target groups and psychosocial therapy in crisis situations was engaged in the project implementation. To help more people, the project’s psychologist describes psychological mechanisms and tools that can be used to improve the psychological state. This information is published on @AFEW.KZ social networks.

Monitoring methods:

- Registration of cases of offense;
- Legal/psychological support for registered cases;
- Analysis of registered offenses, recommendations for the state developed.

Results:

- The developed recommendations were presented at the Country Coordinating Committee’s meeting.

KYRGYZSTAN



Organization: Association «Partner Network».

Project: Monitoring of public procurements in AIDS centers of the Ministry of Health of the Kyrgyz Republic.

Purpose: The purpose of the monitoring is to analyze public procurement by AIDS services in the Kyrgyz Republic to identify gaps and weaknesses in the public procurement system, and to make recommendations that will help improve the efficiency of public funds spending on the procurement of goods, works and services, and compliance with the price and quality principle.

Monitoring methods:

- Analysis of public procurement in all regional divisions of the RC «AIDS» for 2019-2020, compliance with the Law of the Kyrgyz Republic «On Public Procurement» during the procurement process, including that of medicines.
- During the monitoring, information from the Electronic Public Procurement Portal <http://zakupki.gov.kg/> was used, including procurement plans, procurement methods, tender documentation, procedures for evaluating bidders' bids, and choosing a winner.
- A selection of the entire list of purchases of medicines in these institutions was carried out and, based on the opening protocols, the volumes of purchases, the final total cost of the lot and the price per unit were determined.

Results:

- A number of deficiencies were identified in the public procurement system for AIDS Centers.
- Training activities were carried out with representatives of AIDS centers and procurement departments.
- Methods and procedures for submitting tender documents and the selection of suppliers, procurement planning were explained and clarified.



Project: Monitoring public procurement of TB Centers, 2020

Purpose: The purpose of the monitoring is to analyze the public procurement system of the Tuberculosis Control Centers in the Kyrgyz Republic to identify gaps, weaknesses in the public procurement system and to develop proposals that will help increase the efficiency of public funds spending on the procurement of goods, works and services, and compliance with the price and quality principle.

Monitoring methods:

- Analysis of public procurement in the city and regional Tuberculosis Centers for 2018-2019.
- Analysis of compliance with the Law of the Kyrgyz Republic «On Public Procurement» in the procurement area, including that of medicines.
- During the monitoring, information from the portal of electronic public procurement <http://zakupki.gov.kg/> was used.
- Plans and methods of public procurement plans and methods, tender documentation drafting, bids evaluation and winner selection procedures were reviewed.
- A selection of the entire list of purchases of medicines in these institutions was carried out and on the basis of the opening protocols, the volume of purchases, the final total cost of the lot and the price per unit were determined.

Results:

- The monitoring of procurement in 12 Tuberculosis Centers showed that there are shortcomings at almost every stage that affect the efficiency of the use of public funds, the validity of procurement volumes, the efficiency and timeliness of the execution of contracts signed by TB Centers. This is partly due to the lack of a clear understanding of the principles behind tender documentation and training and qualifications of employees of the procurement departments.
- Based on the findings and recommendations, a training seminar was held with the participation of the heads and the staff of the procurement departments of TB centers.



Project: Analysis of the HIV care cascade and defining strategies for detecting new HIV cases in the Kyrgyz Republic, 2020

Purpose: Analyze the HIV care cascade and identify strategies to increase the detection of new HIV infections. Study the current HIV care cascade, bases for monitoring the HIV care cascade, existing mechanisms for monitoring the care cascade, analyze regulatory documents.

Monitoring methods:

- Desk analysis of documents included as part of the legislation of the Kyrgyz Republic, other regulatory legal acts, orders of the Ministry of Health, the Ministry of Internal Affairs and others.
- The available assessments and reviews on ensuring the accessibility and quality of services for people living with HIV, including key populations, were analyzed.
- The epidemiological situation of HIV infection was analyzed in dynamics for 2015-2019 in the country as a whole as well as by regions, disaggregated by sex, age, belonging to key population groups.

- Analysis of access to HIV prevention, diagnosis and treatment services.
- Consultations were held with representatives of AIDS centers, civil society, PLHIV communities and key populations.

Results:

- The conclusions and recommendations prepared as part of this activity helped to reduce the cost of ARV drugs purchased both within the framework of the procurement of the GF/UNDP grant and within the framework of the public procurement system.
- In 2019, the public budget and the GF grant savings on ARV drugs procurement exceeded USD 600,000.
- In 2020, the Republican AIDS Center purchased TLDs for \$7.2 a pack (in 2019, TLDs costed \$15.5 under public procurement system) and velpanat for \$230 as a 12-week treatment (in 2019 year, this drug costed \$453 for a 12-week course under public procurement system).
- In 2020, the state budget saved more than \$100,000, which enabled the purchase of an increased volume of ARV drugs.



Project: Findings from the assessment of barriers to scaling up HIV treatment coverage, 2018.

Purpose: Study of the challenges associated with the connection of PLHIV to ARV therapy and low adherence to ARV therapy among PLHIV receiving treatment for the development of further recommendations for their elimination.

Monitoring methods:

- A combination of qualitative and quantitative research methods was used, which included reviewing relevant documents, conducting in-depth interviews with key stakeholders, in-depth interviews with healthcare workers, a survey among PWID/PLHIV, and in-depth interviews with NGO representatives.

Results:

- The results of the study showed adherence to HIV treatment in only 22% of PWID/PLHIV.
- The factors influencing the development of adherence are determined.
- Based on the findings and recommendations, an Action Plan to improve adherence to treatment for 2018-2021 was developed. This plan was approved by the order of the Ministry of Health of the Kyrgyz Republic No. 892 dated 20.12.2018



Organization: Tais Plus is an organization run by female and male sex workers (self-organization) that has been operating in Kyrgyzstan since 2000. The mission is to strengthen the community of female and male sex workers in order to achieve more decent living and working conditions for the community.

The main areas of work of the organization:

1. strengthening and empowering the community;
2. prevention, treatment, care and support related to HIV and tuberculosis;
3. defending human rights and advocating for the meaningful involvement of female and male sex workers and their allies in decision-making processes.

Project: Community-Led Monitoring (CLM) started in 2016 and is ongoing. Between 2016 and 2020, the CLM was supported within 2 projects: an UNDP Project, Global Fund's funding, «Strengthening Community Systems and Overcoming Legal Barriers» component, and the SWAN Network Project¹³ funded by the Robert Carr Foundation. Since 2021, this project is also supported by NSW¹⁴ as funded by the Global Fund under the Community, Gender and Rights Initiative.

Purpose: Community-led monitoring data are a required component of the national M&E system, the basis for developing programs for sex workers.

Approaches: Community-led monitoring rests upon SWIT, a guidance for implementing comprehensive HIV/STI prevention programs with sex workers¹⁵. SWIT is the benchmark, and we strive to ensure that programs with sex workers match it by constantly comparing what we have today and what situation we want to see tomorrow.

Methods:

- Development of the monitoring tools for each of the 6 SWIT sections: questionnaires for focus groups with NGO staff, interviews with medical professionals, and interview plans developed for the meetings with sex workers to set a scene for more informal communication.
- The program of each visit includes:
 1. focus group with employees of organizations on a specific section of SWIT;
 2. development of proposals for improving their own work in NGOs as well as proposals for government agencies and international organizations;
 3. training component: detailed discussion of a specific section of SWIT, exchange of experience, and how specific SWIT recommendations can be implemented in the context of a given city;

¹³SWAN - Sex Workers Rights Advocacy Network in Central and Eastern Europe and Central Asia

¹⁴NSWP - Global Network of Sex Work Projects

¹⁵https://www.who.int/hiv/pub/sti/sex_worker_implementation/ru/

4. meetings with sex workers on specific topics;
 5. interviews with medical specialists, representatives of the AIDS service;
- Preparation of a monitoring report, which is then sent for approval to the NGO to which the visit was made.
 - Sending a consistent report to the stakeholders: international organizations that fund or provide technical assistance for programs with sex workers, government agencies, so far it is mainly the AIDS service.
 - Most of the activities with sex workers are carried out by NGOs, therefore, monitoring was carried out primarily with NGOs that work with sex workers, and since 2020, representatives of the AIDS service and medical institutions providing STI services have been included in the CLM program.
 - The team consists of representatives of the sex workers' community who receive training prior to each visit. Allies and representatives of other communities are also sometimes part of the monitoring team. The participation of other communities as part of a team is a good opportunity to develop solidarity and mutual understanding between the communities.

Results:

- Community monitoring tools developed to monitor 5 SWIT sections
- Between 2019 and 2020, **nineteen representatives** of the sex workers' community were trained and participated in the monitoring as part of the monitoring team.
- The results of community-led monitoring were used for the drafting of the new country proposal to the Global Fund for 2021-2023, which enabled the inclusion of the costs of STI services.

Completing the examples of community-led monitoring, I would like to post here a definition of what community-led monitoring is as presented on the PEPFAR Solution Platform website¹⁶.

Community-led monitoring is a technique initiated and implemented by local community-led organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups, or other community entities that gather quantitative and qualitative data about HIV services. The focus is on getting input from recipients of HIV services in a routine and systematic manner that will translate into action and change.

Community-led monitoring shares important methodologies with research – and can generate research – ready information. But, community-led monitoring is distinct in that it is focused on improving service quality rather than generating generalizable knowledge. Community-led monitoring can be thought about in a general cycle in five parts: data collection, analysis and translation, engagement and dissemination, advocacy, and monitoring.

¹⁶<https://www.pepfarsolutions.org/tools-2/2020/3/12/community-led-monitoring-implementation-tools>

CONCLUSIONS BASED ON THE PRESENTED BEST PRACTICES OF THE EECA REGION:

1. In general, the challenges of the health system monitoring is not a new or innovative approach, nevertheless, the understanding that the community (representatives of key populations) themselves control the provision of services for testing, prevention and treatment of HIV infection, monitor the quality and timeliness of services provided, means that the community knows its rights and plays an active role in ensuring access to health services and treatment;
2. Community representatives, based on the assessment/analysis results, contribute to the promotion of changes in existing policies, work algorithms, and/or regulatory legal acts related to work with key populations;
3. In Kazakhstan, as in other countries of the EECA region, community-led monitoring is successfully practiced, the abovegiven examples have triggered the amendments to the legislation and the work algorithms of public institutions;
4. As a non-stakeholder, the community can independently monitor services, procurements, policies etc., provided it possesses the capacity and skills for conducting a research/assessment and then advocating for changes to the work of the public agencies.

LIST OF REFERENCES:

1. 1. Research on Violence Against Women Living with HIV in Eastern Europe and Central Asia. Analytical report, 2019. Eurasian Women's AIDS Network (EWHN). http://www.ewna.org/wp-content/uploads/2019/11/EWNA_Report_RUS_preview_v5.pdf
2. «The use of new psychoactive substances in the Republic of Kazakhstan: research results». Eurasian Harm Reduction Association (EHRA), 2020. https://harmreductioneurasia.org/ru/harm-reduction/new-psychoactive-substances/npv_kazakh_rus/
3. «You can't refuse to treat.» A report on the findings of a community-led study by the community of people living with HIV. Saint Petersburg, 2012 <https://itpcru.org/#>
4. International Treatment Preparedness Coalition in Eastern Europe and Central Asia - ITPCru (2012). Black Box: Russian HIV Policy and Its Economic Efficiency. - St. Petersburg. <https://itpcru.org/#>
5. COMPILATION OF SUCCESS STORIES: Strengthening the capacity of Merezha regional representatives in healthy monitoring and analysis of public procurement from healthcare protection system at the regional level. The State Institution for Analytics and Advocacy within the framework of the project "Strengthening the capacity of regional representatives of Ukraine for monitoring and analyzing public procurements from healthcare protection system at the regional level" <https://network.org.ua/wp-content/uploads/2017/12/Posibnyk-uspishnyh-kejsiv-predstavnytstv-Merezhi-LZHV-ta-partnerskyh-organizatsij.pdf>
6. Indicator of the level of stigma of people living with HIV in Kazakhstan. Central Asian Association of People Living with HIV. Almaty, 2015. https://capla.asia/images/Kazakhstan_Stigma_Index__Russian_Final.pdf
7. "A brief report on the results of community monitoring of HIV care prevention and support services provided in the Republic of Kazakhstan to key populations (men who have sex with men and sex workers) as well as people living with HIV, for compliance with international standards and to assess their quality". ALE «Kazakhstan Union of People Living with HIV» in consortium with NGO «Human Health Institute» and NGO «Amelia», 2017
8. «Analysis of funds allocated for the prevention of socially significant diseases (HIV and drug addiction) and the provision of services to groups of the population vulnerable to HIV, within the framework of public procurement system and state grants in 2016». Kazakhstan Union of People Living with HIV, 2017 [/http://plwh.kz/wp-content/uploads/2018/10/Analiz-sredstv-gos.sots.zakaza_KazSoyuzLZHV.pdf](http://plwh.kz/wp-content/uploads/2018/10/Analiz-sredstv-gos.sots.zakaza_KazSoyuzLZHV.pdf)
9. «Study of procurement of antiretroviral drugs for the treatment of HIV infection and drugs for the treatment of viral hepatitis C for the year 2018 in the Republic of Kazakhstan.» PF «Answer», 2019. <https://pereboi.kz/2020/10/12/otchet-po-monitoringu-zakupok-preparatov-dlya-lecheniya-vich-infektsii-i-virusnogo-gepatitav-kazahstane-v-2019-godu/>
10. Research «Do harm reduction programs operating in Kazakhstan today meet the needs of people who use synthetic psychoactive substances.» Initiative group «Kazakhstan Harm Reduction Network», 2020. https://harmreductioneurasia.org/wp-content/uploads/2020/09/Annex-No.-3_Kazakhstan.pdf

11. «The right to health of LBCT women and T-men». Kazakhstan Feminist Initiative «Feminita», 2019.
12. Monitoring of public procurement in AIDS centers of the Ministry of Health of the Kyrgyz Republic
13. TB Centers Public Procurement Monitoring, 2020
14. Analysis of the HIV care cascade and defining strategies for detecting new HIV cases in the Kyrgyz Republic, 2020
15. Findings from the assessment of barriers to scaling up HIV treatment coverage, 2018.