



BRINGING CIVIL SOCIETY TOGETHER  
TO END THE TUBERCULOSIS EPIDEMIC

[WWW.TBCOALITION.EU](http://WWW.TBCOALITION.EU)

[@TBECOALITION](https://twitter.com/TBECOALITION) [f/TBEUROPECOALITION](https://www.facebook.com/TBEUROPECOALITION)

## **Webinar**

# **Opportunities for civil society and TB communities from EECA region within the Global Fund Allocation Cycle 2020- 2022**

**April, 30 2020**

---

**CRG responses to COVID-19:** meaningful  
engagement of communities and civil society,  
human rights in times of COVID, and  
available support

---

30 APRIL 2020

# #Unite2Fight

1. COVID-19 pandemic is having a catastrophic impact on the most vulnerable communities worldwide and threatens progress against HIV, TB and malaria.
2. The Global Fund's response to the pandemic makes available up to US\$1 billion through [grant flexibilities](#) and the [COVID-19 Response Mechanism](#).
  - Grant flexibilities (a total of up to US\$500 million): up to 5% of approved grant funding to help protect and treat vulnerable communities, through redeploying underutilized assets, repurposing grant savings and, in exceptional cases, reprogramming funding from existing grants. Activities include (but are not limited to) epidemic preparedness assessment, laboratory testing, sample transportation, use of surveillance infrastructure, infection control in health facilities, and information campaigns.
  - Response Mechanism (initial allocation of US\$500 million): eligible countries, regional/multi country implementers, requests coordinated by CCMs. Applications asap and ideally by 31 May 2020; written responses within 10 days of submission. 3 categories of eligible programming: a) interventions to mitigate the impact of COVID-19 on HIV, TB and malaria disease programs; b) actions to reinforce the response to COVID-19; and c) initiatives to make urgent improvements in health and community systems, including laboratory networks, supply chains and engagement with vulnerable communities.



70 countries, 5  
multicountry programs

# GF Guidance

1. Global Fund investments and advice to Principal Recipients and implementers strictly follow WHO guidelines
2. In addition to guidance from technical partners, GF has produced operational country guidance on considerations for GF support for HIV, TB, malaria and RSSH in context of COVID-19 (available at <https://www.theglobalfund.org/en/covid-19/technical-guidance/>)
3. GF guidance on how to host a virtual dialogue that is inclusive and transparent (available at: [https://www.theglobalfund.org/media/9536/covid19\\_virtualinclusivedialogue\\_guidancenote\\_en.pdf?u=6372334121600000000](https://www.theglobalfund.org/media/9536/covid19_virtualinclusivedialogue_guidancenote_en.pdf?u=6372334121600000000))
  - Tips and tools for a virtual country dialogue
  - Points to consider when choosing tools and platforms
  - Guidance on repurposing Country Coordinating Mechanism funds for supporting virtual country dialogue
4. GF guidance on human rights in times of COVID (available at: [https://www.theglobalfund.org/media/9538/covid19\\_humanrights\\_guidancenote\\_en.pdf?u=6372334124000000000](https://www.theglobalfund.org/media/9538/covid19_humanrights_guidancenote_en.pdf?u=6372334124000000000))

# Meaningful engagement

1. The meaningful engagement of communities and civil society must continue during COVID-19. The CCM Eligibility Requirements remain unchanged.
2. Regardless of the IT capacity in a country, crucial to invite participants to the dialogue and to transparently and publicly share how and when to participate, and drafts of funding requests
  - In the current crisis, an increase is expected on the investment focused on Civil Society in addition to the 15% required in the CCM Funding Agreement.
  - Documenting lessons learnt and input from affected communities should inform priorities in new GF funding proposals.
3. Need for data privacy and protection when engaging with communities and civil society via virtual platforms (platforms with end-to-end encryption, such as WhatsApp, should be favored given the risk of criminalization, discrimination, and persecution)
4. Community networks should be supported to deliver services, including informal systems to avoid treatment disruptions and provide peer virtual support
  - Community outreach workers, community treatment supporters, peer educators should be provided with phone or data credits to be able to provide remote support.
  - Ensure psychological, wellbeing and rights of patients and people with TB symptoms are protected; including addressing the stigma aspects related to the diseases and the possible need of isolation.
  - Ensure continuity of comprehensive HIV / HCV and other low-threshold services through take-home dosing and flexibility in dosing and adapting NSP programs to be less reliant on hand to hand distribution.

# Human Rights in times of COVID

1. GF remains committed to human rights and gender equality, including in its decision-making around COVID-19. Rights-based and gender-responsive approaches will enable countries to best respond to COVID-19
2. Any COVID-related changes will strive to ensure barriers to health services are not exacerbated and health needs and human rights of those most vulnerable are met.
3. PRs/SRs must continue to adhere to the five minimum human rights standards in grant agreements
4. Programs to remove human rights and gender-related should be maintained/strengthened and tailored to provide support to COVID-19 response and those most affected, including health care providers.
  - Monitoring human rights violations and referring to support and mechanisms of redress
  - Access to legal support
  - Managing GBV/IPV
  - Safety and security of program implementers and clients

# Available support

1. CRG SI Technical Assistance to support to civil society and community organizations to meaningfully engage in the Global Fund model (for more, access <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>)
2. CRG regional platforms – EHRA in EECA
3. Global and regional networks of key and vulnerable populations
4. Let us know – your country team, CRG, CCM Hub

# EECA regional priorities with emphasis on community, rights and gender approaches

Andriy Klepikov

Developing Country NGO Delegation to the Global Fund Board



[focalpoint@developingngo.org](mailto:focalpoint@developingngo.org)



[developingngo.org](http://developingngo.org)



[facebook.com/developingNGOs](https://facebook.com/developingNGOs)



[twitter.com/developingNGOs](https://twitter.com/developingNGOs)



[instagram.com/developingngos](https://instagram.com/developingngos)



## STRATEGIC OBJECTIVE #3: PROMOTE AND PROTECT HUMAN RIGHTS AND GENDER EQUALITY



OPERATIONAL OBJECTIVE IN STRATEGY	WHAT IT MEANS FOR US
Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights	This means that women and girls are central in the Global Fund strategy, particularly where they face disparate health risks, such as the high rates of new HIV infections among adolescent girls and young women in sub-Saharan Africa and the difficulties they face accessing services.
Invest to reduce health inequities including gender- and age-related disparities	This means programs should focus on addressing the gender and age related risks and barriers to services that result in negative health outcomes. This affects women, men, girls, boys and gender non-conforming communities, and differs depending on the context and disease.
Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.	This means that we should be prioritizing programs which reduce stigma and discrimination, reform or repeal laws and policies which criminalize or marginalize certain groups, and ensure gender equality, informed consent and confidentiality.
Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related process	This means that we must engage in the National Strategic Plan development processes as well as grant monitoring, data collection and implementation. The Global Fund and its partners will provide support for this. Do not hesitate to request technical assistance!
Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes	This means that meaningful engagement with affected communities and without discrimination must be part of whole Global Fund grant process, from designing grants to their implementation, management, monitoring, and evaluation.

# Programmes to remove human rights barriers

For HIV and TB, the seven key programs recommended by UNAIDS and supported by the Global Fund are:

1. stigma and discrimination reduction;
2. training for health care providers on human rights and medical ethics;
3. sensitization of lawmakers and law enforcement agents;
4. reducing discrimination against women in the context of HIV and TB;
5. legal literacy;
6. legal services
7. monitoring and reforming relevant laws, regulations and policies

# **Programmes to remove human rights barriers**

For TB, three additional program areas supported by the Global Fund:

1. ensuring confidentiality and privacy;
2. mobilizing and empower patients and community groups;
3. addressing policies regarding involuntary isolation or detention for failure to adhere to TB treatment, and making efforts to remove barriers to TB services in prisons

# **Reducing TB-related stigma and discrimination**

The following programs can address TB-related stigma and discrimination:

- Assessing stigma and discrimination.
- Addressing stigma and discrimination in the community and workplace.
- Addressing stigma in health care settings.
- Addressing stigma and discrimination in education.

## **Monitoring and reforming policies, regulations and laws that impede TB services**

- Actions to combat involuntary isolation, coerced or compulsory treatment.
- Reforming intellectual property regulations and laws and regulatory frameworks for medicine registration.
- Improving policies, practices and laws affecting care for mobile populations such as refugees and other migrants.
- Enabling legal and policy framework.
- Improving workplace/occupational policies and laws
- Improving prison conditions and policies

## **Monitoring and reforming policies, regulations and laws that impede TB services**

- Addressing MDR-TB
- Sustainability, Transition and Co-financing
- Access to medicines (up-to-date regimes, affordable prices)
- Strengthening community and civil society engagement, community networks
- Human rights and gender.
- Supporting communities and civil society



## **Monitoring and reforming policies, regulations and laws that impede TB services**

**Out of the 30 countries with the highest estimated numbers of incident MDR-TB cases, 30% or 9 countries are EECA countries.**

### **The top 20 by estimated absolute number**

Bangladesh  
China  
DPR Korea\*  
DR Congo  
Ethiopia  
India

#### **Kazakhstan**

Kenya\*  
Indonesia  
Mozambique\*  
Myanmar  
Nigeria  
Pakistan  
Philippines

#### **Russian Federation**

South Africa  
Thailand\*

#### **Ukraine**

#### **Uzbekistan**

Viet Nam

**The additional 10 by estimated rate per  
100 000 population and with a  
minimum number of 1000 cases per  
year:**

Angola\*

#### **Azerbaijan**

#### **Belarus**

#### **Kyrgyzstan**

Papua New Guinea\*  
Peru\*

#### **Republic of Moldova**

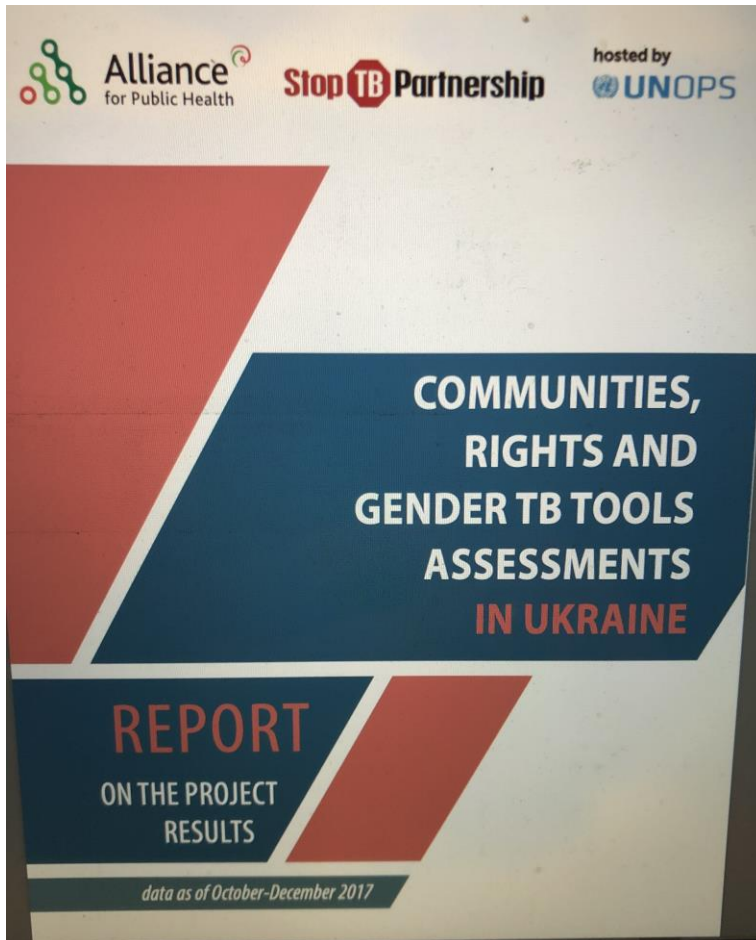
Somalia\*

#### **Tajikistan**

Zimbabwe\*



# Suggestions based on Ukrainian experience



Based on the results of the project “Communities, Rights and Gender TB Tools Assessments in Ukraine”, barriers to access to TB services for the Roma population and malware were studied. Planned activities aimed at reducing these barriers.

Use of STC principles before the official start of the "transition". Advocacy on issues of financing psycho-social support for TB / RTB patients from state / local budgets. NGOs can collect information on patient access to TB drugs during the transition to state funding, including via OneImpact. Decrease in prices for TB drugs. Implementation of digital adherence technologies (DAT) as an alternative to DOT. Advocacy of community based treatment.



## Several tools to practically enforce CRG issues in EECA



**STC** - Advocacy on issues of financing psycho-social support for TB / RTB patients from state / local budgets. NGOs can collect information on patient access to TB drugs during the transition to state funding, including via OneImpact.

**Advocacy** - Decrease in prices for TB drugs. Implementation of digital adherence technologies (DAT) as an alternative to DOT. Advocacy community based treatment. Regarding the rights of patients, NGOs provide feedback from patients to the central level (MoH): here they have access to TB drugs, adherence to infection control in TB facilities, stigma and discrimination by health workers. This also includes working with risk groups for TB (PWID, homeless people, migrants / refugees, minorities, prisoners / released from places of imprisonment). Also it includes the study of the number of groups, and advocacy of their rights, and patient routes at the stage of TB diagnosis, taking into account the special characteristics of each group. When advocating for patient-centered approaches to TB care, special attention is given to children, as this category has special needs. Examination of legislation / regulations regarding stigmatizing provisions for TB patients. Advocating for changes in labor laws regarding the ability to work for patients with active TB.



# Several tools to practically enforce CRG issues in EECA



# REACT

CITIES **ZERO TB** PROJECT

Rights –Evidence –ACTion(REAct)  
is a tool to:

- ✓ record KPs human rights violations
- ✓ monitor and manage information
- ✓ ensure prompt support to the victim

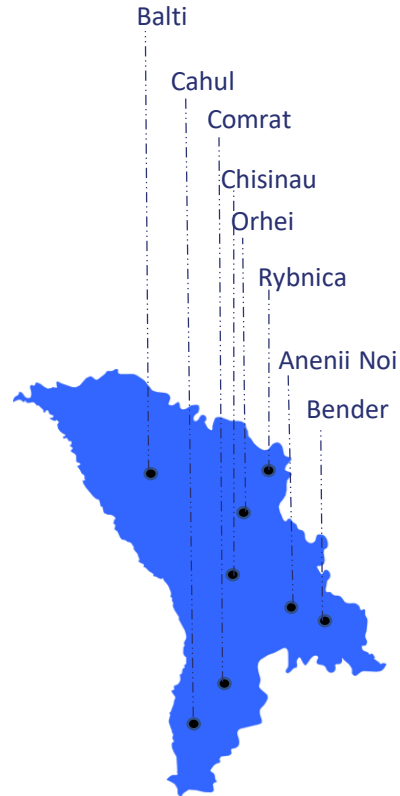
**Zero TB Cities** initiative is active in EECA with Almaty, Bishkek, Belts, Kyiv, Chisinau, Odesa, Osh, Svetlogorsk, Tbilisi already joined. It is promoting community engagement and human rights based approaches



**Gender Academy** is regularly conducted by EKHN to support gender sensitive programming in EECA within SoS\_project

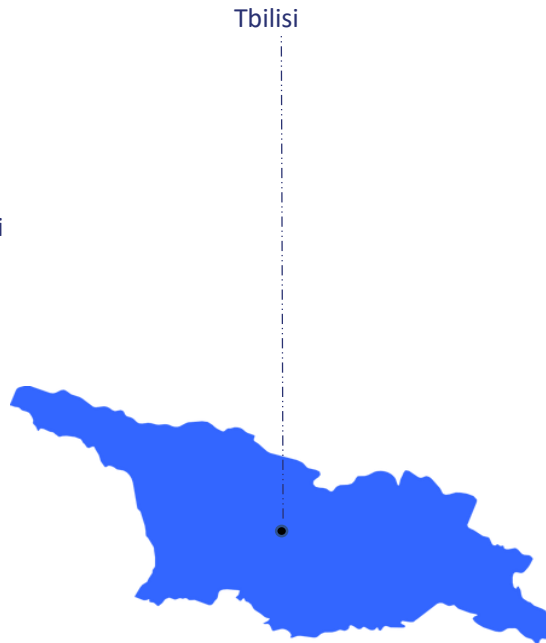
# Implementation Scale

**Countries: 4**  
**Cities: 20**  
**NGOs: 54**



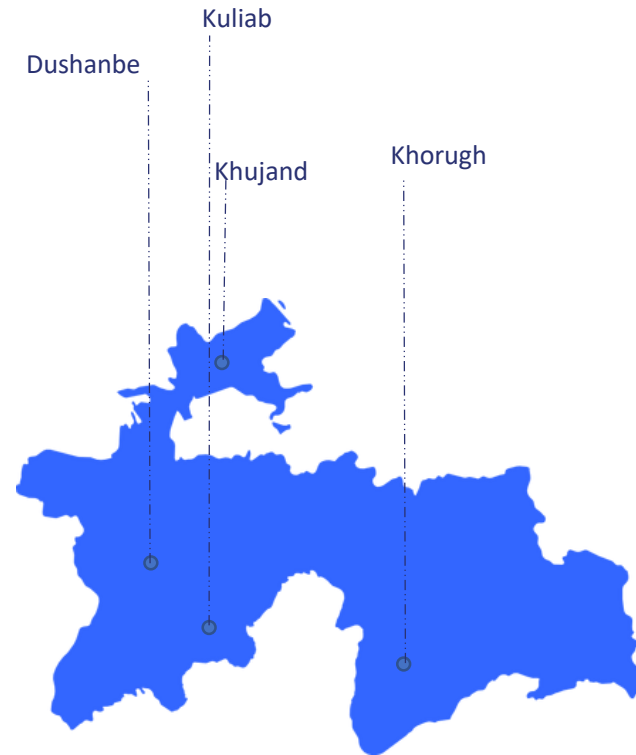
**MOLDOVA**

**15 NGOs – 8 cities**



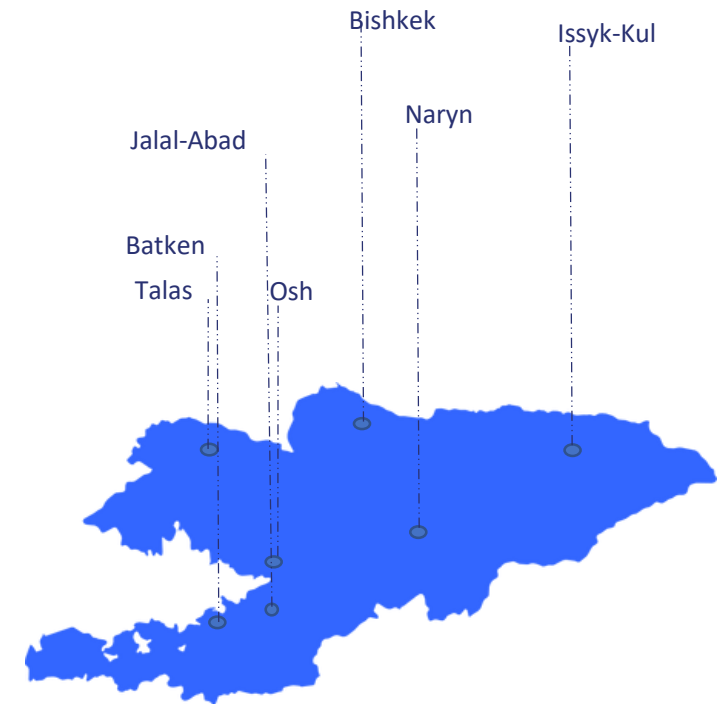
**GEORGIA**

**12 NGOs – 1 city**



**TAJIKISTAN**

**14 NGOs – 4 cities**



**KYRGYZSTAN**

**13 NGOs – 7 cities**



Search for a dashboard

REAct dashboard- Georgia

REAct Georgia

REAct Kyrgyzstan

REAct Moldova

REAct SoS Project (PR)

REAct Tajikistan

SHOW MORE

## REAct dashboard- Georgia



EDIT

SHARE

FILTER

## Map of Georgia



## REAct - KP disaggregation (2020) GE

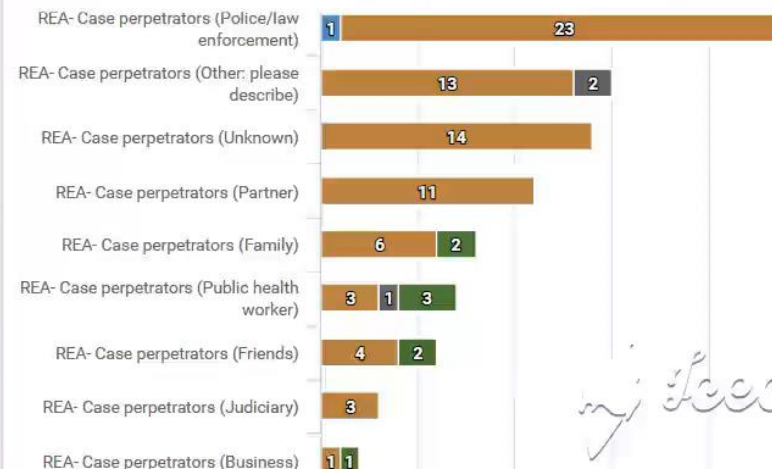


## REAct - # total clients and cases registered (GE)



GE		
Period / Data	REA- Clients registered total ±	REA- Cases reported total ±
November 2019	0	
February 2020	4	4
December 2019	20	19
January 2020	30	33
Total	54	56

## REAct type of case perpetrators by org unit- bar ch...



my free team APPS

# Resources

1. Tuberculosis, Gender and Human Rights Technical Brief (2020):  
[https://www.theglobalfund.org/media/6349/core\\_tbhumanrightsgenderequality\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf)
2. Programming in Challenging Operating Environments Guidance Brief (2017):  
[https://www.theglobalfund.org/media/6346/fundingmodel\\_humanrightsgenderchallengingoperatingenvironments\\_guidance\\_en.pdf](https://www.theglobalfund.org/media/6346/fundingmodel_humanrightsgenderchallengingoperatingenvironments_guidance_en.pdf)
3. Applicant Handbook and Resources for the 2020-2022 Funding Cycle:  
<https://www.theglobalfund.org/en/funding-model/updates/2019-12-13-applicant-handbook-and-resources-for-the-2020-2022-funding-cycle/>
4. Tuberculosis Information Note:  
[https://www.theglobalfund.org/media/4762/core\\_tuberculosis\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf)



# Leveraging opportunities in Global Fund 2020-2022 allocation cycle

TBEC webinar 30 April 2020:

”Opportunities for civil society and communities from EECA region  
within the Global Fund Allocation Cycle 2020-2022”

Kerstin Åkerfeldt, MSF

# Lessons learned from the 2017-19 allocation period

*“Slow adoption of **innovation** and lack of **bold targets** are limiting efforts towards ending TB on and must be reversed. Innovation should be embraced not avoided.”*

*“**Boldness, innovation and differentiation** will be necessary in the next round of applications to bend the curve and achieve the strategic goals.”*

- Technical Review Panel's observations on the 2017-2019 allocation cycle

<https://www.theglobalfund.org/en/updates/other-updates/2019-10-24-technical-review-panel-observations-on-the-2017-2019-allocation-cycle/>

# The Prioritized Above Allocation Request (PAAR)



List of requested funding for interventions above the allocation amount, submitted with application



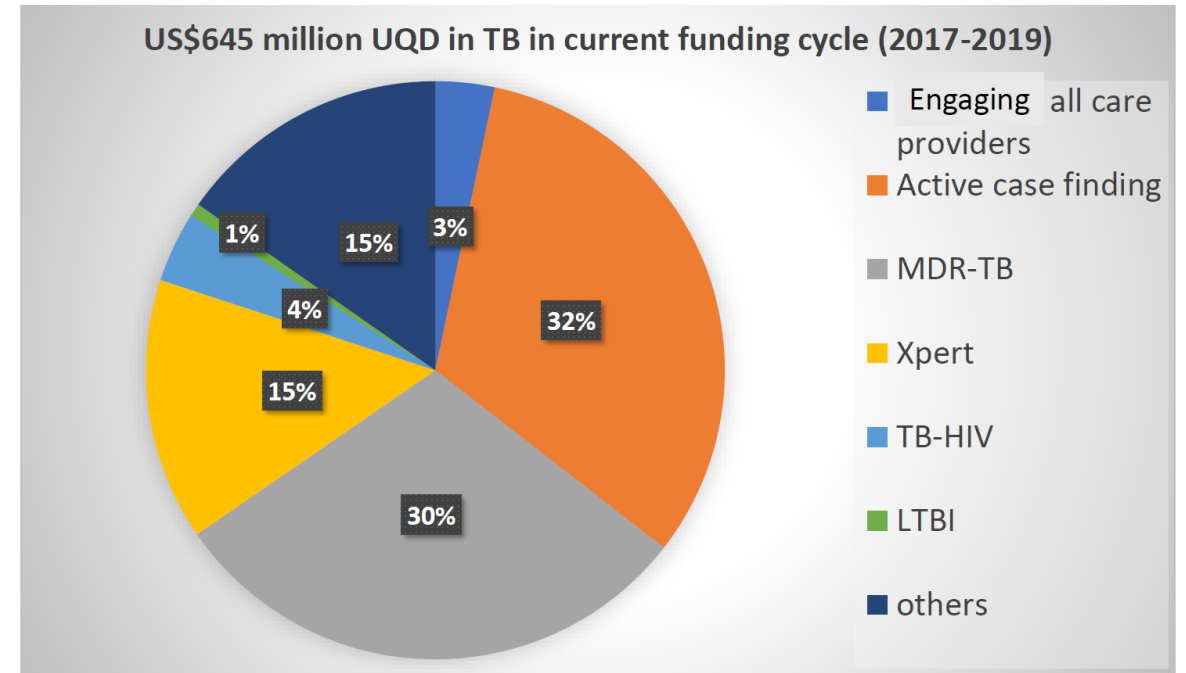
Reviewed by the Technical Review Panel (TRP) and placed on the register of **Unfunded Quality Demand (UQD)**



Requirement. Should be ambitious, “at least” 30% of allocation amount (no ceiling)



Funding through grant savings, reallocated funds (**Portfolio Optimization**), private sector

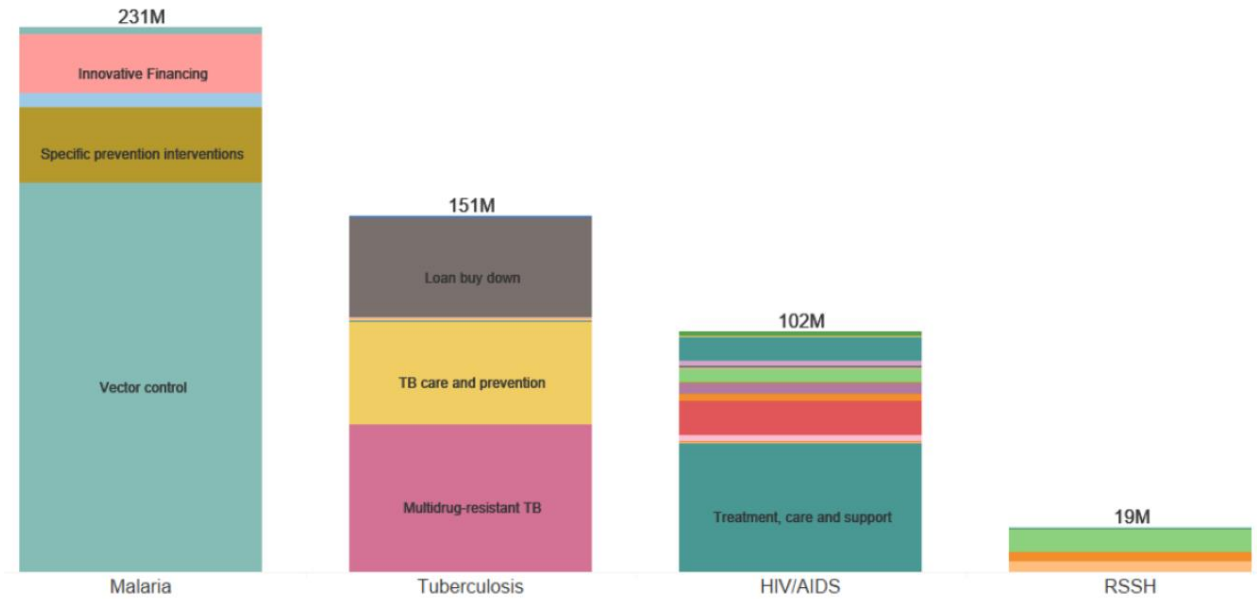




## Portfolio optimisation important for TB

### Portfolio optimization: overview

The GAC has awarded \$231M for malaria, \$151M for TB, \$102.M for HIV, and \$19M for RSSH direct investments



- Approximately 30% of all funds for Portfolio Optimization awarded to TB (compared to 18% of all GF allocations)
- Strategic areas of prioritization: Transition to new DR-TB regimen; TB case finding and treatment; Scaling up TB prevention; catalytic financing to unlock other resources for TB (e.g. World Bank)

# Register of Unfunded Quality Demand (UQD)



2017-2019 Register of Unfunded Quality Demand, Updated: 16/03/2020

Please refer to the 'User Information' for essential information on interpreting the Register of UQD

## UQD Register Analysis - 2017-2019 Funding Cycle

Select Applicant

Select Region

Select Component

Select Module

Select Intervention

Select UQD status

Applicant

Region

Component

Module

Intervention

UQD Status

Multicountry Middle East MER

Eastern Europe and Central Asia

HIV/AIDS

Comprehensive prevention programs for people who inject drugs (PWID)

Other intervention(s) for IDUs and their partners

Active

Multicountry South-Eastern Asia

Tuberculosis

Comprehensive prevention programs for sex workers and their clients

Other intervention(s) for sex workers and their clients

Inactive

Multicountry Southern Africa E8

MDR-TB

Other intervention(s) for treatment

Multicountry Southern Africa ...

Treatment, care and support

Other MDR-TB intervention(s)

Multicountry Southern Africa ...

Applicant	Component	Module	Intervention	UQD description	UQD expiry date	UQD amount (USD)
Tajikistan	HIV/AIDS	Comprehensive prevention programs for people who inject drugs (PWID)	Other intervention(s) for IDUs and their partners	With PAAR, the project will improve the quality and expand the NSI	31/12/2020	884,067
Tajikistan	HIV/AIDS	Comprehensive prevention programs for sex workers and their clients	Other intervention(s) for sex workers and their clients	Condom and counselling will be expanded to SW to improve the ac	31/12/2020	464,968
Tajikistan	HIV/AIDS	Treatment, care and support	Other intervention(s) for treatment	Aiming to scale up to reach 73.9% (10,800 individuals) of PLWH v	31/12/2020	1,026,250
Tajikistan	Tuberculosis	MDR-TB	Other MDR-TB intervention(s)	The activities under this intervention will be oriented to further deve	31/03/2021	150,000
Tajikistan	Tuberculosis	MDR-TB	Other MDR-TB intervention(s)	The Rasht region is situated in east part of the country, composed	31/03/2021	410,000
Tajikistan	Tuberculosis	MDR-TB	Other MDR-TB intervention(s)	There are one NRL, one 3 level laboratory and 4 level 2 bacteriolog	31/03/2021	441,000
Tajikistan	Tuberculosis	MDR-TB	Treatment: MDR-TB	Regimen Change: introduction of new treatment regimen approved	31/03/2021	1
Tajikistan Total						3,376,286
Grand Total						3,376,286

User Information

UQD register NEW (2)

PAAR\_UQD report

<https://www.theglobalfund.org/en/private-ngo-partners/filling-critical-gaps/>

# Catalytic funds in the 2020-22 allocation cycle

USD 890 million, programmed through:

- [Matching funds](#) to incentivize the programming of country allocations for priority areas  
USD 317 million of which USD 150 million for Finding missing TB cases
- [Multi-country approaches](#) for critical, pre-defined areas in geographic regions  
*(details not yet finalised)*  
USD 230 million
- [Strategic initiatives](#) that support the success of country allocations but cannot be funded through disease-specific components of grants



# RESULTS

## Socio-Economic Support to Ensure People-Centered TB Care in the Global Fund Allocation Cycle 2020-2022

**Rachael Hore**  
**Senior Policy Advocacy  
Officer**

# TB and Universal Health Coverage (UHC)

- There is a need to *strengthen efforts to address communicable diseases including HIV/AIDS, TB, malaria and hepatitis as part of UHC and to ensure that no one is left behind* (Political Declaration of the UN High-Level Meeting on UHC).
- The End TB Strategy milestones for 2020 and 2025 can only be achieved if *TB diagnosis, treatment and prevention services are provided within the context of progress towards UHC* (WHO).
- The required rates of decline in incidence and mortality rates of TB have only been achieved in the context of UHC, *combined with social and economic development that reduces known risk factors for TB infection and disease* (WHO).

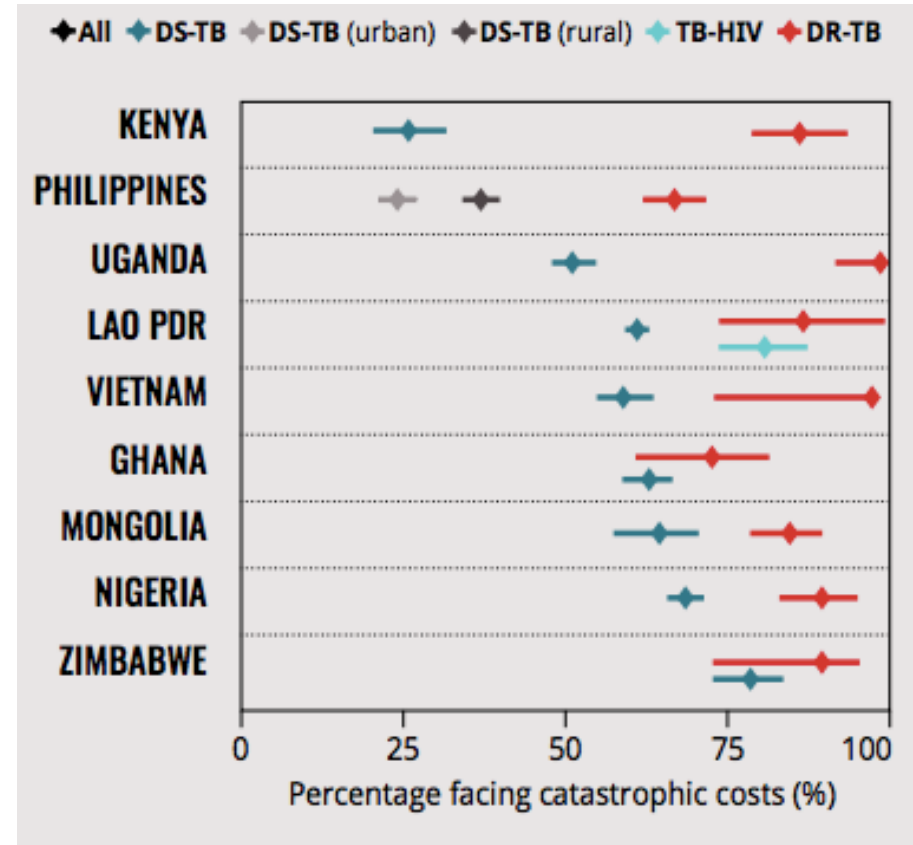
# Leaving no one behind?

- Leaving no one behind is *seldom disputed in principle, but the complexity of its practical implementation is often insufficiently acknowledged* (UN Committee for Development Policy)
- The response to TB, where 30% of new cases go undiagnosed, unreported or untreated each year, is a good place to start on practical implementation to reach those who are most often left behind by health systems.



# Why are social support interventions needed?

- 2.3 million cases of TB attributable to undernutrition in 2018.
- A survey of 14 countries on the % of people with TB and their families facing catastrophic costs: 27-83% for all forms of TB, and 67-100% for DR-TB.
- Estimated 50% of people with TB suffer from depression.





# What kind of interventions exist?

- Nutrition screening, periodic nutrition assessments and management, provision of food parcels / vouchers / subsidised food.
- National Patient Cost Survey, cash transfers for additional costs such as transport or loss of income.
- Psychotherapeutic interventions, monitoring of symptoms, peer-led mutual support groups.

# Are interventions successful?

- **USAID pilot programme on patient-centered services for MDR-TB patients, including in Ukraine:** Saves lives, reduces depression and anxiety, improves cost efficiency, lowers levels of adverse outcomes (loss to follow up, treatment failure and death), higher levels of people remaining on treatment.
- **A 2019 study from Brazil:** Cash transfers have direct, positive effect on TB cure rates.
- **A late-breaker study (2019 Union Conference):** Providing household visits and peer-led TB clubs, plus cash transfers for incentives and enablers, had a very powerful effect - increased TB screening and increased the rate of completion of TB preventive therapy four-fold, in particular among high risk groups.
- **WHO Bulletin in 2017:** Socioeconomic supports increased TB treatment success, increases TB preventive therapy uptake in eligible contacts, and reduces catastrophic costs.

# What is the role of the Global Fund?

- Provision of such interventions is often wholly reliant on the Global Fund.
- In order to meet the Global Fund requirement of patient-centered care, social support for people with TB is an essential component of TB care, not an optional “extra.”
- Funding for these interventions is available and should be included in all TB funding requests to the Global Fund, with specific line items in the budget.

# How can we influence?

## Who to contact:

- Country Coordinating Mechanisms.
- Consultants writing the funding requests.
- Global Fund programme managers.

## How to contact them:

- Contact details of CCMs can be found [here](#).
- Template letters are available.
- Scorecard in [Tuberculosis and UHC report](#) (p.6-7) reveals if the country is providing people-centred social support services, if these are limited to certain populations (e.g. DR-TB only) and whether the services are reliant on Global Fund funding.

## When to contact them:

- Discuss the importance of people-centred social support interventions with CCM members ahead of country dialogues.

Window	Submission date	Technical Review Panel review
1	23 March 2020	May 2020
2a	30 April 2020	June 2020
2b	31 May 2020	July 2020
2c	30 June 2020	August 2020
3a	31 July 2020	September 2020
3b	31 August 2020	October 2020

# How can we influence?

## Who to contact:

- Country Coordinating Mechanisms.
- Consultants writing the funding requests.
- Global Fund programme managers.

## How to contact them:

- Contact details of CCMs can be found [here](#).
- Template letters are available.
- Scorecard in [Tuberculosis and UHC report](#) (p.6-7) reveals if the country is providing people-centred social support services, if these are limited to certain populations (e.g. DR-TB only) and whether the services are reliant on Global Fund funding.

## When to contact them:

- Discuss the importance of people-centred social support interventions with CCM members ahead of country dialogues.

Window	Submission date	Technical Review Panel review
1	23 March 2020	May 2020
2a	30 April 2020	June 2020
2b	31 May 2020	July 2020
2c	30 June 2020	August 2020
3a	31 July 2020	September 2020
3b	31 August 2020	October 2020

# RESULTS

# Thank you!

**Useful resources:**

- RESULTS UK report [\*Tuberculosis and Universal\\* Health Coverage. \\*Terms and Conditions Apply.\*](#)
- 2019 [WHO Global TB Report](#).
- The Global Fund [Applicants' Handbook](#) and [Modular Framework Handbook](#).
- The Global Fund [Frequently Asked Questions](#).
- A [guide for key population and civil society advocates](#).