

***OPPORTUNITIES OF SOCIAL
CONTRACTING TO ENSURE
SUSTAINABILITY OF
TB SERVICES IN KAZAKHSTAN***



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«Analytical report - Opportunities of the use of social contracting
to ensure sustainability of TB services in Kazakhstan» -

TB Europe Coalition, 2019

*Publication of this material has become possible due to the grant
provided in the framework of the TB-REP 2.0 project which is funded
by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and
implemented by PAS Centre as the Principal recipient.*

*The opinion of the author, expressed in this publication, may not
necessarily coincide with the point of view of the GF, Principal
recipient and other partners of TB-REP 2.0 Project.*

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INTRODUCTION

This analytical report includes the analysis of the legal environment regarding the possibility of implementing governmental social contracting in the field of TB in Kazakhstan. The analysis was commissioned by the TB Europe Coalition within the framework of the Global Fund project “Advancing People-Centered Quality TB Care - From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes” (TB-REP 2.0), whereby the Principal Recipient is the Center for Health Policy and Research (PAS Center).

In 2005, Kazakhstan was the first country in Central Asia adopted the Law on Social Contracting¹. The law regulates social relations arising in the process of implementation of the social contracts by government authorities and non-governmental organizations of the Republic of Kazakhstan. Amendments and additions have been made to the law on numerous occasions; the law is still in force. The International Center for Non-Profit Law (ICNL), in its comparative analysis of the legal regulation of NGOs in Central Asia, notes that Kazakhstan ranks first among the countries under review in terms of funding – about 6-7 billion tenge (about \$ 30 million) is allocated annually as of 2015². According to the Law, one of the areas of social contracting and granting is “health care, promotion of healthy lifestyle.” In this area, it is possible to provide government funding for services for TB patients. It should be noted that Kazakhstan adopted the Declaration of United Nations High-Level Meeting on Tuberculosis³. The Declaration, among other things, addresses the allocation of funding by countries, and the involvement of civil society organizations in TB programs.

The purpose of this analytical note is to provide an analysis of the political environment regarding the involvement of CSOs in providing TB services, and approaches to the implementation of social contracting for the provision of services to key populations affected by TB, which will support coordinated efforts by civil society organizations and the government to reduce the burden of TB. The document presents the barriers and factors contributing to a sustainable community response and the involvement of non-governmental organizations in overcoming tuberculosis through cooperation of the government and public services, and shows the availability of sustainable resources for financing CSOs in order to provide high-quality, people-centered medical care through social contracting. The presented country example of the application of social contracting in the field of TB can be used as a case of successful practice for the exchange of experience, adaptation of effective models, and advocacy for sustainable financing from the National and local budgets in other countries of the EECA region.

¹ The Law of the Republic of Kazakhstan dated April 12, 2005 No. 36-III “On social contracting, grants and awards for non-governmental organizations in the Republic of Kazakhstan” (as amended and supplemented, as of April 19, 2019)

² Some issues of legal regulation of NGOs in Central Asia. International Center for Not-for-Profit Law, 2015
<http://www.icnl.org/programs/eurasia/Comparative%20research%20CAR.pdf>

³ <http://www.stoptb.org/webadmin/cms/docs/Political-Declaration-on-the-Fight-against-Tuberculosis.pdf>

DEFINITION OF SOCIAL CONTRACTING

Article 1, paragraph 2 of the Law on the Social Contracting provides the following definition: "Social contracting is a form for implementing social programs, social projects, the functions of central and (or) local executive bodies transferred for implementation to competitive environment, aimed at solving social issues, performed by non-governmental organizations and covered by budgetary funds."

On October 5-6, 2017 a meeting on social contracting was jointly held in New York by the Open Society Foundation, the United Nations Development Program (UNDP), and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The meeting was dedicated to discussing how social contracting (hereinafter referred to as SC) can become a financing option that can prevent the reduction and termination of services for key and vulnerable population groups, and, ideally, contribute to accelerating the effective response to HIV, TB, and malaria. The meeting suggested the following working definition: "SC is the process whereby public resources are used to finance non-public actors (referred to as civil society organizations, or abbreviated as CSOs) to provide health services, the provision of which is the responsibility of the government, with the goal to ensure the health of its citizens"⁴.

Also, there is another definition: "Social contracting is an economic and legal form of implementing government plans and programs aimed at meeting the social needs of citizens"⁴. The purpose of social contracting is to solve socially significant issues of society through budgetary funding of socially significant services and socially useful projects, as well as attracting innovative, intellectual, human and material resources of the society for these purposes. In general, the following brief definition can be given: "Social contracting (SC) is a tool for the implementation of the government policy in the social sector."

⁴ A global consultation on social contracting: working toward sustainable responses to HIV, TB, and malaria through government financing of programmes implemented by civil society, 2017
http://shifhivfinancing.org/wp-content/uploads/2018/06/Social_Contracting_Report_English.pdf

ANALYSIS OF THE GOVERNMENT POLICY (ANALYSIS OF DECLARED AND ACTUAL PRIORITIES OF THE GOVERNMENT)

Based on the definition given in the Law on the SC, an analysis was made of the main policy documents in the health care system regarding SC in general, as well as regarding the availability of tuberculosis programs under SC in particular.

The document determining the policy in the healthcare system is the **National Health Development Program of the Republic of Kazakhstan "Densaulyk" for 2016–2019⁵**. Tuberculosis has a special place in the Densaulyk Program. The fulfillment of both objectives of program goal 1 "Implementation of a new policy for public health care based on an integrated approach to the prevention and management of diseases" are measured by indicators for tuberculosis: "Tuberculosis morbidity per 100,000 population," "tuberculosis morbidity among convicts per 100,000 population," and "tuberculosis mortality per 100,000 population." The Densaulyk Program envisions continuation of interdepartmental measures that will continue to reduce tuberculosis morbidity and mortality, inter alia in the penitentiary system, by improving the provision of health care for patients with TB and HIV/AIDS in the penitentiary system, raising awareness of the entire population and the prison population on the spread of tuberculosis and HIV/AIDS. In the Densaulyk Program, the role of CSOs in the implementation of activities against tuberculosis and the use of the mechanism of social contracting are not described.

Nonetheless, when it comes to social contracting in the Densaulyk Program, there are measures to improve the forms of palliative care and home care taking into account needs of families, which will be implemented by NGOs in rehabilitation centers, day care centers, home care, establishment of new centers, palliative care departments, etc.

In Kazakhstan, the **Comprehensive Plan for Fighting Tuberculosis in the Republic of Kazakhstan for 2014–2020** is the main policy paper on fighting tuberculosis in the country⁶. This document was approved by Decree of the Government of the Republic of Kazakhstan dated May 31, 2014 No. 597. Chapter 3, "Master Plan," of the Comprehensive Plan notes the role of non-governmental organizations in anti-TB activities in the country. One of the main areas of activity is "Advocacy for the allocations for social contracting for NGOs working in the field of TB and HIV." In the Comprehensive Plan there is the following area of focus: "Strategic intervention 4.3. Involvement of NGOs in the implementation of anti-TB measures in the country." This area of activity is funded from the GFATM grant.

Policy – general guide for activities and decision making that facilitates the achievement of goals.

Policy – set of laws and practices for regulating the life of the state

⁵Decree of the President of the Republic of Kazakhstan dated January 15, 2016 No. 176 "On approval of the State program for the development of health care of the Republic of Kazakhstan, Densaulyk, for 2016–2019"

⁶On approval of the Comprehensive Plan for Fighting Tuberculosis in the Republic of Kazakhstan for 2014–2020, Decree of the Government of the Republic of Kazakhstan dated May 31, 2014 No. 597. <http://adilet.zan.kz/rus/docs/P1400000597>

One of the activities under this area is “70. Providing technical assistance to NGOs in obtaining social contracts for psycho-social support for TB patients and strengthening the continuity between the civil and penitentiary systems” for 2014-2015. As a part of this activity, training events were held for NGOs on SC. Except for this activity in the Comprehensive Plan, the issue of SC is not developed further.

The system for providing medical care for tuberculosis is described in more detail in the **Order of the Ministry of Health of the Republic of Kazakhstan No. 994 dated December 22, 2017 “On approval of the Instructions for medical care for tuberculosis”⁷**. These instructions detail the provision of medical care for tuberculosis in the country. The instructions spell out the stages of medical care, the role of medical organizations, issues of prevention and treatment of tuberculosis. In general, this document does not envision provision of services by CSOs. However, there are a number of items that could be and are being implemented by NGOs under government social contracts. Specifically, in item 189 (paragraph 2. “Outpatient treatment for patients diagnosed with tuberculosis”) it is indicated that psychosocial and social support by social workers and psychologists is provided to patients with tuberculosis from high-risk populations.

The role of NGOs is also highlighted in Chapter 8. “Interagency cooperation on the continuity of treatment for tuberculosis patients released from penitentiary institutions”. It indicates that the Medical service of the penal system interacts with NGOs to ensure continuity in the treatment of tuberculosis patients after their release, and that the tuberculosis organizations of the health care system interact with NGOs to provide psychosocial support for tuberculosis patients until the completion of their specific treatment.

One of the key documents on tuberculosis adopted recently is the **Roadmap for Tuberculosis Patients Care for 2019-2020⁸**. This document was approved by the Order of the MOH of the Republic of Kazakhstan No. 30 dated January 31, 2019. Having studied this document, we conclude that issues of social contracting and interaction with CSOs are not considered in the Roadmap. Regarding social contracting, optimism is inspired by the study **“Sustainability and Preparedness Plan for the Transition from International to Domestic Financing for Tuberculosis Control”⁹**. This document was developed in accordance with the terms of the Grant Agreement with GFATM. The main objective of this plan is to ensure a smooth transition from the Global Fund support to domestic financing of tuberculosis control in the country. The sustainability plan was approved at a meeting of the Country Coordinating Committee on January 18, 2019.

The Sustainability Plan notes that during the transition period, one of the areas requiring special attention is the need to strengthen mechanisms and expand the involvement of NGOs in TB control in the country. In this regard, the following Task 4 is included in the Sustainability Plan: “Involvement of civil society organizations, non-governmental organizations, and communities in anti-TB activities”.

Tuberculosis patients with high-risk of treatment interruption are people with co-infection (tuberculosis and human immunodeficiency virus), injection drug users, alcohol abusers, homeless persons, prisoners, and persons released from penitentiary institutions (Order of the Ministry of Health of the Republic of Kazakhstan No. 994, item 2, subitem 2)

⁷ Order of the Ministry of Health of the Republic of Kazakhstan No. 994 dated December 22, 2017 “On approval of the Instructions for managing medical care for tuberculosis”

⁸ https://tengrinews.kz/zakon/pravitelstvo_respubliki_kazakhstan_premier_ministr_rk/zdravoochranenie/id-V1700016381/

⁹ <http://www.rcrz.kz/files/DK2019/5.%20%D0%94%D0%9A%20%D1%82%D1%83%D0%B1%20%D1%80%D1%83%D1%81.pdf>

⁹ http://ccmkz.kz/upload/Final_Kazakhstan_TP_Rus_14.12.18.docx

Among the activities under this task there is costing of services provided by NGOs participating in TB control activities, CSOs training in various topics, expanding the implementation of the grant program for NGOs and communities on innovative people-centered approaches, ensuring adherence to treatment and TB control in vulnerable groups.

In 2019, Kazakhstan prepared a request for financing to the Global Fund under the tuberculosis component¹⁰. The request for financing provides for a number of measures to promote issues of social contracting. Namely, in Intervention 2.3. "Providing local medical care: MDR-TB" states that in order to expand the scope and capabilities of the National Stop TB Partnership (NSTBP) and the partners, an external consultant will be involved to provide technical assistance in concluding social contracts with NGOs covered by the governmental funds (through local budgets); this task will include costing of NGO services, which will contribute to the coherence of contracting processes. It is also noted that Kazakhstan's NSTBP will take charge of launching an informational advocacy/communication campaign aimed at raising awareness and community-based response to tuberculosis by increasing the number of social contracts concluded and ensuring sustainability and accountability. To this end, the project will support outreach meetings with key decision-makers at the central and regional levels, round-table discussions with the participation of state authorities and partners from non-governmental organizations, as well as producing and broadcasting of video and audio clips, targeted outdoor advertising, printed materials, etc.

The application requests support for 45 grants for NGOs from GFATM funds for the duration of the project: 1st year – 20 grants, 2nd year – 15 grants, 3rd year – 10 grants, thereby relying on the increased government participation in supporting NGOs through the conclusion of social contracts as an integral part of the overall transition process. Given the high level of acceptance by service providers and the high demand from recipients, the scope of NGO projects was expanded from the initial 4 to 9 regions in 2018 and to 12 regions in 2019. In addition, the granting framework was changed in order to provide an integrated approach, meeting the needs of vulnerable and socially disadvantaged populations (PLWHA, IDUs, homeless, prisoners, and persons released from prisons) in each region. Nevertheless, it is expected that local governments will increase their share in co-financing and will take on more than half of the costs by the time the project is completed in 2022. The application states that the expected financing from internal sources for NGO grants in 2021 will amount to 75 million tenge (194,129 US dollars¹¹), and in 2022 – 150 million tenge (388,259 US dollars).

The Global Fund is currently the main (and, in most areas, the only) external source of support for the fight against TB in the country. GF resources are used to introduce new technologies for TB diagnostics, such as Xpert MTB/RIF, as well as to finance activities for which financing from internal sources is currently scarcely accessible due to the current budgeting rules (supporting small grant programs for NGOs and other civil society activities). The CCM and the Ministry of Health acknowledge that government funding of the above activities is a key objective for the three-year period of the upcoming GF project (2020-2022), so it was decided to provide adequate financing in the new project on the condition of a gradual transition of financing obligations.

Social contracting is effected based on strategic and policy documents, proposals of government authorities and non-governmental organizations, as well as needs assessment of the population in the areas provided for in Article 5 of the Law "On approval of the Rules for allocation, monitoring of implementation, and results evaluation of social contracting," Order No. 18 of the Minister of Social Development of the Republic of Kazakhstan dated August 15, 2018

¹⁰ http://ccmkz.kz/upload/KAZ%20TB%20Funding%20Request_final_11.01.2019_RU.docx

¹¹ Hereinafter, the official exchange rate of the National Bank of the Republic of Kazakhstan as of September 12, 2019

In general, it should be noted that the analysis of policy documents in the field of fight against tuberculosis shows that social contracting is not indicated in any of the key documents. Only the application for financing to the Global Fund describes that the government will gradually take on a certain share of CSO financing for the provision of TB prevention and detection services, but the mechanisms for switching to state financing, and the details on this process are not indicated.

ANALYSIS OF THE EXISTING CASES OF SOCIAL CONTRACTING

According to the Law on public procurement, a competition for a governmental social contract (Clause 1, Article 2) is held through the public procurement portal www.goszakup.gov.kz. Using the search function on this portal, a query was made to find the announced SC competitions related to TB over the last 3 years (2017-2019). The search results are presented in Table 1.

Table 1. Tenders for government social contracts announced for TB in 2017-2019

Nº	Project name	Organizer	Project amount in tenge
2017			
1	Providing social support to patients with tuberculosis in the city of Balkhash	State institution "Department for employment and social programs of Balkhash city"	KZT 2,152,000 (USD 5570.2)
2	Social assistance for outpatient tuberculosis patients under government social contract	State institution "Department of employment and social programs of the Temirtau city"	KZT 2,291,500 (USD 5931.3)
3	Preventive measures to raise awareness of employers on the prevention, treatment of HIV/AIDS, tuberculosis in order to improve the performance of the global index of social competitiveness	State institution "Department of employment and social programs of the Temirtau city"	KZT 1,000,000 (USD 2588.39)
4	Awareness-raising services for the population, in particular business structures, for the prevention, treatment of HIV/AIDS, tuberculosis in order to reduce stigma, reduce morbidity, and improve the global competitiveness index – the impact of HIV/AIDS and tuberculosis on businesses in Kazakhstan	State institution "Ministry of Health of the Republic of Kazakhstan"	KZT 14,500,000 (USD 37,531.7)
Total for 2017: KZT 19,943,500.00 (USD 51,621.62)			

№	Название проекта	Организатор	Сумма проекта в тенге
2018			
1	Providing social support to patients with tuberculosis in the city of Balkhash	State institution "Department of employment and social programs of Balkhash city"	KZT 3,708,000.00 (USD 9597.76)
2	Social assistance to patients with tuberculosis and patients with dual infection (tuberculosis, HIV) who are on outpatient treatment under social contract	State Department of Employment and Social Programs of Temirtau	KZT 3,842,556.00 (USD 9946.04)
3	Activities for the timely detection of tuberculosis among migrants	State institution "Ministry of Health of the Republic of Kazakhstan"	KZT 6,385,714.29 (USD 16528.74)
4	Raising awareness of the population, in particular business structures about the prevention and treatment of HIV/AIDS and tuberculosis in order to reduce stigma, reduce morbidity, and improve the global competitiveness index – the impact of HIV/AIDS, tuberculosis on business in Kazakhstan	State institution "Ministry of Health of the Republic of Kazakhstan"	KZT 8,291,339.29 (USD 21461.24)
Total for 2018 KZT 22,227,609.58 (USD 57,533.8)			
2019			
1	Project for the prevention of tuberculosis among patients, alcohol and drug addicts, homeless persons, and those released from penitentiary institutions	State institution "Health department of the Kyzylorda region"	KZT 3,430,357.14 (USD 8879.11)
2	Raising public awareness of HIV and tuberculosis prevention measures to reduce stigma and discrimination associated with these diseases in the society	State institution "Ministry of Health of the Republic of Kazakhstan"	KZT 12,029,464.29 (USD 31136.98)
3	Activities for the timely detection of tuberculosis among migrants	State institution "Ministry of Health of the Republic of Kazakhstan"	KZT 7,840,178.57 (USD 20293.46)
4	Information campaign on TB prevention	State Institution "Health Administration of Akmola Region"	KZT 1,827,678.57 (USD 4730.75)
Total for 2019: KZT 25,127,678.57 (USD 65040.32)			

Social contracting is effected both at the national and the regional level based on strategic and policy documents, proposals of state authorities and non-governmental organizations, as well as data on needs assessment of the population. It takes four stages to allocate social contracting:

Stage one: collection of information for situation analysis.

Sources of information for situation analysis: data on assessing the needs of the population; the results of inspections, monitoring, and evaluation of the implementation of social projects and/or social programs; official statistics of the Committee on Statistics of the Ministry of National Economy of the Republic of Kazakhstan and administrative data of government bodies;

reports on the implementation of strategic and programming documents; results of sociological research; proposals from non-governmental organizations and citizens; results of media content analysis; opinions of independent experts; polls and online conferences on the Open Dialog Internet portal.

Stage two: situation analysis.

Government bodies, within their competence, analyze the situation in certain fields of activity, in order to prepare the list of topics of the social contracting.

Stage three: planning of topics for social contracting.

Next, based on the analysis, government bodies list the topics for social contracting and post information on the planned social contracting topics for a certain period in the established form. For instance, the following link provides information from the Ministry of Health of the Republic of Kazakhstan on the planned topics of social contracting for 2020 <http://dsm.gov.kz/ru/pages/informaciya-o-planiruemyh-temah-gosudarstvennogo-socialnogo-zakaza-na-2020-god>.

Stage four: inclusion in the budget applications.

After the approval of the draft technical specifications, government authorities, both at the national and the regional level, add the topics and volumes of funding for social contracting to their budget applications. After approving the budget, the government body within 10 (ten) working days sends information about the social projects and/or social programs to be implemented through SC after public discussion to the authorized body for publication on its Internet resource.

In total, over 3 years, the total amount of competitions announced for SC was 67,298,788.15 tenge (USD 174,195.75), including 19,943,500.00 (USD 51,621.62) for 2017, 22,227,609.58 (USD 57,533.8) for 2018, and 25,127,678.57 (USD 65,040.32) for 2019. Annually, four SC competitions for tuberculosis were announced. The indicated amounts were included in the Procurement Plans and corresponded to the allocated budget items of the organizations.

The competitions were announced both at the local and national levels. At the national level, the Ministry of Health of the Republic of Kazakhstan annually announces 1 or 2 social contracting competitions. Over the last 3 years, there were 5 competitions in 2 topics: "Raising public awareness of HIV and tuberculosis prevention measures to reduce stigma and discrimination associated with these diseases in the society," and "Measures for the timely detection of tuberculosis among migrants."

As for the competitions at the local level, the approaches to the organization of the SC competitions vary. Starting from 2017-2018, SC competitions were announced by the Employment and Social Programs Departments of cities of Temirtau and Balkhash, and in 2019 SC competitions were announced by the Health Departments of the Kyzylorda and Akmola Regions. As for the prioritization of services, a document was approved in the country last year¹², which clearly prescribes stages of the allocation of SC. It enabled participants to understand the logic of submitting applications for the competitions, to increase the openness and transparency of the process as a whole.

The regional budget, the budgets of the city of republican significance, the capital, and district budget (in cities of regional significance) are drafted annually for the planning period by the local authorized government planning bodies, taking into account the forecast for socio-economic development of the region, cities of republican significance, the capital (Article 64 of the Budget Code of the Republic of Kazakhstan). Social contracting is implemented within the limits of the expenses set out in the national and local budgets. To date, the list of topics (lots) and the priority of services is determined by the requests from non-governmental organizations in different health sectors.

Specific details of SC competitions at different territorial levels of governance

In order to analyze the SC processes and procedures, we are going to scrutinize one regional and one national SC competition for the provision of TB prevention and detection services. In general, at both levels, the governing SC legislation is the same; however, the specific details of organizing SC competitions at the level of the regional health departments and the Ministry of Health are of some interest.

Case 1

The first SC competition we are going to consider is social contracting for the Project for the Prevention of Tuberculosis among Patients, Alcohol and Drug Addicts, Homeless Persons and Persons Released from Penitentiary Institutions, which was initiated by the State Institution "Health Department of the Kyzylorda Region" (Table 2)

¹² "On approval of the Rules for the allocation, monitoring of implementation, and evaluation of the results of government social contract", Order No. 18 of the Minister of Social Development of the Republic of Kazakhstan dated August 15, 2018

Table 2. SC competition at the regional level

Nº	Announcement name	Mechanism	Call for proposals started	Call for proposals ended	Amount, tg.
1	3128024-1 Social contracting of services under the Project for the prevention of tuberculosis among patients, alcohol and drug addicts, homeless people, and those released from detention	Social contracting	Date 26.02.2019 Time 20:40:27	Date 18.03.2019 Time 20:40:27	KZT 3,430,357.14 USD 8879,11
2	3282404-1 Social contracting of services under the Project for the prevention of tuberculosis among patients, alcohol and drug addicts, homeless people, and those released from detention	Social contracting	Date 12.04.2019 Time 12:55:15	Date 22.04.2019 Time 13:25:07	KZT 3,430,357.14 USD 8879,11
3	3336496-1 Prevention of tuberculosis in drug and alcohol addicts, homeless persons, and persons released from penitentiary institutions	To the single bidder, as a result of failed competition	Date 04.05.2019 Time 13:07:59	Date 15.05.2019 Time 13:07:59	KZT 3,430,357.14 USD 8879,11

The competition committee for this competition included 3 specialists from the Health Department, including its head. This generally complies with the requirements of the Law on Public Procurement. Also, in accordance with paragraph 2 of Article 27 of the Law on Public Procurement, CSO representatives are eligible to participate in the SC competition committees as experts or as a part of an expert commission.

The technical specification of the SC competition is defined in quite general terms. At further stages of improving the process of organizing social contracting, it makes sense to consider the possibility of detailing the technical specifications and including sections by specific areas: qualification requirements, types of services, quantitative indicators, schedule, project results, reporting conditions (programming, financial), that is, components of project activities. This case exemplifies the situation when only one contractor takes part in the competition. As we can see from Table 2, the call for proposals was announced three times, and on the third time, according to the Law on Public Procurement, the contract was granted to the single bidder, without a competition. In this case, the first competition was declared invalid due to the fact that there was only one participant, NGO Belaya Romashka. Next, the second competition, almost 2 months after the first one, was also declared invalid for the same reason. Therefore, during the third competition, the organizer decided to conclude a contract using "eProcurement from single bidder" with the potential contractor, NGO Belaya Romashka, the same organization that took part in the first competition.

In total, 2.5 months passed from publishing the call for proposals for the first competition (February 26, 2019) till finalization of the competition (minutes dated May 16, 2019). Based on the results of the competition, a government social contract was awarded.

According to the contract, "Payment for the Services rendered is made by the Customer by transferring funds to the Contractor's bank account no later than 30 (thirty) calendar days from the date of signing by the Parties of the Service delivery certificate." In other words, the amount of the contract will be paid to the contractor only upon completion of the project.

Case 2

The second national level SC competition we are going to consider was named "Measures for the timely detection of tuberculosis among migrants." Organizer: State institution "Ministry of Health of the Republic of Kazakhstan", the cost of the project is 7,840,178.57 tenge (USD 20,293.46). The competition committee included 3 representatives of the Ministry of Health of the Republic of Kazakhstan, headed by Vice Minister L. Aktayeva.

It is worth noting that there is certain progress in holding competition for government social contracts, which is exemplified by this case, in which the technical specification looks more complete compared to the previous competition. The technical specification describes a large scope of work. Namely, the Contractor shall publish an article on the prevention of tuberculosis in the national printed media, hold a round-table discussion with the participation of representatives of the National Phthisiopulmonology Research Center, the MOH of the Republic of Kazakhstan, the National Chamber of Entrepreneurs, heads of business structures, non-governmental organizations, diasporas of different nationalities (Uzbeks, Tajiks, Kyrgyz, Turkmens, and others), activist groups on the prevention, diagnostics, and treatment of tuberculosis.

In addition, the Contractor must ensure the identification of migrants with suspected tuberculosis (coughing for more than 2 weeks) and refer them to the primary health care organization for TB diagnostics; provide support for migrants with suspected tuberculosis in the organization of primary health care service of TB examination, including sputum smear microscopy.

According to the qualification requirements for workforce indicated in the technical specifications, the Contractor must provide at least two specialists with higher medical education trained in the prevention, diagnostics, and treatment of tuberculosis, and at least two social workers trained in the prevention of tuberculosis. All the specialists involved must have at least one year of experience in the prevention, diagnostics, and treatment of tuberculosis. The Contractor's employees involved in the project must have a total of at least 4 articles or theses published on the prevention, diagnostics, and treatment of tuberculosis. These requirements significantly limit the opportunities for CSOs to participate in this competition.

Having analyzed the data from the public procurement portal, we can see that the competition was announced on June 20 of the current year, and the proposals were accepted till July 10. The results of the competition were announced on July 24. Two organizations took part in the competition: Association of legal entities "Kazakhstan Network for Fighting Tuberculosis", and Non-Governmental Association Unit.

According to the results of the competition, the ALE "Kazakhstan Network for Fighting Tuberculosis" was announced as the winner with a price offer of 7,840,000 tenge (USD 20,293), while the price offered by NGA Umit was 7,840,178 tenge (USD 20,293.46), which is only 178 tenge (USD 0.46) higher.

As a result, the contract was signed on August 13, whereby an advance payment of 50% of the contract amount was provided. The deadline for the provision of services is December 15. This means, only 4 months are available for project implementation. Moreover, it was noted that a significant amount of work is indicated in the technical specification.

The analysis of existing cases of social contracting showed that the current practice of social contracting has some drawbacks. Namely, the entire process of social contracting is formalized as a public procurement procedure. SC competitions are announced as many times as required in accordance with the Law on Public Procurement, even if there is only one potential contractor.

The opportunities for CSO participation at all stages of the SC process are somewhat limited. For instance, the organizer of the competition may announce a call for proposals with substandard documents and obscure technical specifications. The terms of payment under the SC are another sensitive issue. For one of the above competitions, the payment will be made only upon completion of the project. In another competition, a tight deadline (4 months) was given to complete the activities, the scope of which, according to the technical specifications, is quite large. SC processes and procedures, as well as recommendations for their improvement, are described in more detail in the Guidelines for awarding and implementation of government social contracts. This document was developed under a small grant "Increasing the significant participation of civil society in reducing the burden of TB in Kazakhstan" of the TB-REP project.

IDENTIFICATION OF NGO SERVICES THAT CAN BE FUNDED THROUGH SOCIAL CONTRACTING

An important approach in defining NGO services for tuberculosis is ENGAGE-TB, which was developed and recommended by WHO. This approach aims to consider tuberculosis not only as a medical issue – as a global disease – but as a more complex socio-economic issue. ENGAGE-TB emphasizes the value of collaboration and partnerships between NGOs and other CSOs with National TB Programs. The following are examples of services offered by ENGAGE-TB¹³:

- awareness raising, behavior change, and community mobilization; reduction of stigma and discrimination;
- screening and testing for tuberculosis and related diseases (for instance, counseling and testing for HIV; screening for diabetes), including home visits;
- facilitating access to diagnostic services (for instance, collecting and transporting sputum or specimens);
- initiation and provision of measures for the prevention of tuberculosis (for instance, isoniazid preventive therapy, infection control);
- referring community members for diagnosing TB and related diseases;
- support for the initiation, provision, and monitoring of treatment for TB and associated diseases;
- strengthening adherence through peer support, training, and individual follow-up;
- psychological support for TB patients;
- social and economic support (for instance, food packages, income-generating activities);
- palliative care at home for TB and related diseases.

All of the above services can be provided by NGOs under SC, either individually or collectively. In this regard, standardization and prioritization of services is important. The process for selecting priority services and their standardization should be performed with the involvement of all stakeholders, both service providers and beneficiaries of services.

¹³Engage-TB: integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations: operational guidance. World Health Organization, 2012.

It should be noted that for the successful provision of the above services, it is also important to identify key TB populations for which these services will be provided. The global recommendations of the STOP TB Partnership concerning the list of key populations¹⁴ can serve this purpose. Global Tuberculosis Plan¹⁵ describes key populations as vulnerable groups at increased risk for TB due to the conditions in which they live and work, people with limited access to quality health care, and people at risk due to biological or behavioral factors. Based on the aforementioned, it is important to understand that key populations differ from each other in each individual country, and in this regard it is necessary to identify key TB groups in Kazakhstan based on the context of the country.

¹⁴Partnership STOP TB Field Guide. TB Case Finding with Key Populations. STOP TB Partnership. 2018. Geneva.
https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG_01.pdf

¹⁵The Global Plan to END TB 2016-2020
http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTBPartnership.pdf

SUMMARY

The analysis concerning social contracting showed that Kazakhstan has established effective mechanisms for supporting CSOs in the field of TB prevention and control. Each year, the volume of funding for the implementation of government social contracts in Kazakhstan keeps growing; over the past 3 years (2017-2019) significant financial resources have been allocated for the purchase of services from NGOs through social contracting – a total of 67,298,788.15 tenge (USD 174,195.75).

The mechanism of social contracting in Kazakhstan is an example of cooperation between the government and civil society organizations, as well as a tool to use the experience and potential of the non-governmental sector in providing TB services for the key vulnerable populations. Using the social contracting mechanism to provide services is also a tool promoting the development of competitive relations among organizations providing services related to TB care, improving the quality and accessibility of services. Kazakhstan's experience in implementing government social contracts can serve as an example for promoting and developing this practice in other countries of the Eastern Europe and Central Asia. Nevertheless, despite the fact that there is a constant dialog in the country on improving the social contracting system at various platforms, a number of issues need to be further developed for its more effective implementation.

Based on the existing legislative framework, it is important to develop a document that would justify and define the policy for the use of social contracting, as well as the role of CSOs and community-based organizations in the field of TB prevention and control. This should be a programming document, indicating the terms, priority regions, key recipients of services, description of services that will be subject to social contracting, program costing, expected results, quantitative and qualitative indicators.

In addition, to ensure full sustainability of services, it is necessary to improve the procedures for social contracting – from the preparation of technical specifications to the conclusion of the contract with the contractor, and to develop selection criteria for service providers, with the main focus on the effectiveness of the service, ensuring a balanced approach between price and quality of service, whereby the price will not be the only decisive criterion.

Based on the analysis, a number of proposals were made on the possible approaches for improvement of the social contracting in the countries of the EECA region:

1. Policies and strategic documents

To harmonize the legislative framework and improve the SC procedures, it is important to:

- Develop a document substantiating and defining the policy for the use of social contracting, as well as the role of CSOs in the field of TB prevention and control. This should be a programming document, indicating the terms, priority regions, key beneficiaries of services, description of services that will be subject to social contracting, program costing, expected results, quantitative and qualitative indicators.
- Develop standards for TB services implemented through SC.
- Define the list of key TB populations for which services will be provided through SC.
- Regulate interaction with CSOs, and determine their role in the provision of activities in the field of TB prevention and treatment.
- Advocate for changes in the legislation on GSC in the countries of the EECA region in order to eliminate the practice of applying public procurement rules for social contracting.

2. Financing sustainability

To ensure sustainability of services, it is important to:

- Develop a budgeting mechanism in terms of sustainability, predictability, compliance with national priorities, and framework documents.
- Advocate for the increase of government funding for SC TB programs.

3. Service contracting process

For social contracting it is necessary to:

- Develop social contracting procedures that will be more friendly to NGOs (early announcement of tenders, long-term contracts, qualification requirements for employees, terms of payment under contracts, etc.).
- Make economic costing of TB services.

4. Monitoring and evaluation

For the effective implementation of services, it is important to:

- Use the tools for quality assessment of TB services provided, which are provided under the government contract, for the services rendered to comply with the quality standards.
- Assess the effectiveness of grant programs for NGOs that are implemented as part of the Global Fund project, with clear indicators of the programming and economic efficiency for the provision of social services. Next, use the results of the assessment to advocate for the increase in government funding of NGOs through social contracting.

5. Technical assistance under international and regional projects

- Support capacity building of both governmental and non-governmental organizations regarding the implementation of social contracting for TB.
- Make provisions for the possibility of technical assistance in the development of key documents (strategic policy documents, technical specifications, costing of services) for the implementation of social contracting for TB.

