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Taking stock of budget advocacy efforts in Eastern Europe, South-Eastern Europe and Central Asia

Vilnius, 2021

This analytical report is a publication of Eurasian Harm Reduction Association (EHRA). EHRA is a non-for-profit public membership-based organization uniting and supporting 335 harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. More information is available on the website https://harmreductioneurasia.org.

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Purpose and scope

Ending the AIDS epidemic by 2030 in Eastern Europe and Central Asia where the HIV epidemic has grown in the last 10 years will require acceleration of HIV efforts. This acceleration, among other things, needs increased domestic investment and greater efficiencies in the use of available resources. Therefore, civil society efforts to influence budget processes and decisions, i.e. budget advocacy, is key.

This assessment maps budget advocacy efforts, support, and impact. The focus of the assessment is on the role of civil society in budget advocacy, while acknowledging that government leaders, UN and technical partners play important roles as well. The assessment describes key budget advocacy initiatives and HIV donor support for them. The report zooms in the four result areas of advocacy, looking at effort, support, impact, enablers, and lessons for each of them. Those four areas are: civil society capacity to advocate; influencing HIV funding levels from national and local public sources; increasing efficiencies in spending; and contracting and funding for NGOs to deliver services. Without offering a comprehensive review, one of the final sections of the report shines light on efforts to influence budgets beyond HIV including in the fields of TB and health systems.

What is budget advocacy?

Budget advocacy is a strategic approach to influence how and for what government allocates and spend public money. This process has two general objectives:

- Increase budget allocation for the issue which we are advocating for;
- Ensure more solid oversight on how public money is spent.

Budget advocacy work is one of the cornerstones of civil activism. Governments hold the public money, which each of us have contributed towards by paying taxes. Budget advocacy is the process which ensures that those funds are spent efficiently and for the priorities that are important for the public. Therefore, the target of budget advocacy is the government, while traditionally it is civil society who drive direct advocacy.

Using EHRA. Budget Advocacy Toolbox

Eight diverse countries were selected for analysis. They are: Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia and Ukraine. The stories of the country success and challenges were extracted into a separate collection of the country cases. As part of the assessment, in April-May 2021, key regional donors and partners were approached to share information about their support. In total 20 interviews were conducted with national and regional partners from civil society, and donors. Additionally, 37 stakeholders provided their

inputs through sharing information or reviewing parts of the report.

To keep the mapping manageable and focused, the assessment does not cover support for developing national disease strategies, donors' transition plans, and efforts for decriminalization of key populations like people who use drugs (PWUDs), sex workers, gay and other men who have sex with men (MSM), transgender people, and people living with HIV (PLHIV). The assessment focused mostly on the period of 2018-2021. This assessment has not attempted to assess neither the impact of the ongoing COVID-19 pandemic on HIV budget advocacy and fiscal space for health financing nor potential savings from reducing criminalization of population behaviors.

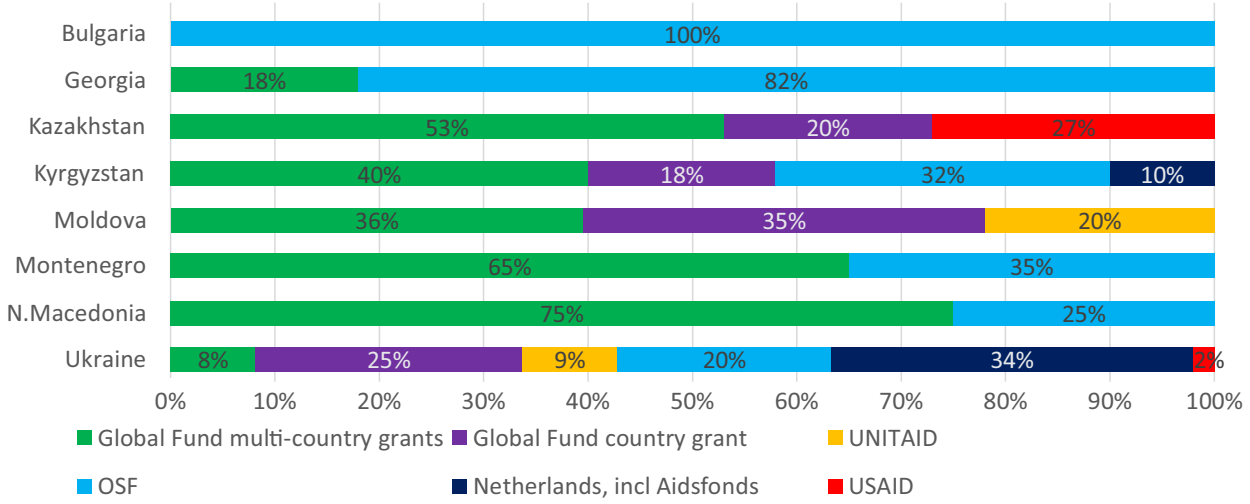
Part 1. REGIONAL OVERVIEW OF EFFORTS, FUNDING AND IMPACT

1. KEY INITIATIVES AND FUNDING FOR BUDGET ADVOCACY

All the major HIV donors and technical partners operating in the region – the Global Fund, USAID (operating in Central Asia and Ukraine), Open Society Foundations (OSF), UN agencies and others – have integrated greater sustainability and more responsible donor transition policies into their principles and approaches. Therefore, budget advocacy has been part of their support, though in varying degrees. Annex 2 lists the key initiatives and examples of budget advocacy work supported and impact of that work.

Two initiatives stand out as particularly significant for civil society efforts in the region – OSF and the Sustainability of Services (SoS) Project supported by the Global Fund.

Sources of funding of HIV budget advocacy Figure 1
for civil society in selected countries 2018-2021, US$



Open Society Foundations

OSF developed their support for budget advocacy under the framework of the strategy for improved health accountability and sustaining the services that the donor has helped to pilot in the first place, like harm reduction. OSF is generally seen as the first to bring budget advocacy concepts, and promote those efforts among other donors and partners. OSF's limited resources(US$2.6 million from the global office alone in 2018-2021) are focused on fewer countries than the Global Fund but their support is seen as more flexible, i.e. decisions are faster, scope of work and support is often discussed interactively with core support possible for long-term partners, without intermediary, and inclusive of countries not eligible for other donors. With the national foundations present in countries, normally they cooperate with more than one in-country civil society partner, trying to support different approaches and synergies. Across the selected countries, it contributed 28% of total funding for budget advocacy. OSF has been instrumental in mobilizing and supporting budget

advocacy work outside HIV, notably in Kyrgyzstan, Moldova, North Macedonia and Ukraine. However, OSF has announced major restructuring, which will lead to the closure of their Public Health Program at the end of 2021 and additional reforms to regional and national foundations. Therefore, OSF's ability to continue engaging in the field in a significant way is unlikely.

SoS Project

The Global Fund's financed multi-country project, SoS-project, with the budget of US$13 million for 2018-2021, is the largest financial contributor in the countries analyzed (apart from Bulgaria, Georgia, and Ukraine). The project was selected by the Global Fund through a competitive bid, based on its predefined TOR. The initiative is run by Alliance for Public Health (Ukraine) in partnership with multiple regional and in-country partners. In most countries, their local partner is a national civil society organization, except for Belarus, Russia and Uzbekistan where either government institutions or regional NGOs serve as the counterparts. The goal of the project is to increase financial sustainability of HIV services with two main financial outcomes: savings of US$73.4 million through optimized procurement schemes for antiretrovirals; and additional US$10 million of domestic investment in HIV programs for key populations. This multi-layer project offers a stable 3-year support through national grants, technical support and cross-country collaboration. There is less flexibility within the Project in comparison with OSF. The project's iterated version will be continued in 2022-2024, following the successful application of Alliance for Public Health with its partners to the Global Fund. While the grant for 2022-2024 is yet to be signed, the SoS-2 proposal again plans to cover 14 countries.

Other Global Fund support

The Global Fund has other modalities of support for budget advocacy. Country grants from the Global Fund have major components on sustainability and, in some settings, like Kazakhstan, they are aimed at developing funding streams and mechanisms for the state to contract HIV services delivered by NGOs. However, in few countries do those grants offer advocacy support or enable civil society to lead on advocacy (unless the principal recipient is not a governmental institution, as one respondent pointed out). Among the countries analyzed, Moldova is one of the exceptions. The Global Fund has instruments that their secretariat employs and decides on directly, called strategic initiatives (Sis). The Community, Rights and Gender SI has past examples of supporting budget advocacy work outside EECA but not so much in EECA. The Community, Rights and Gender platform hosted by EHRA includes sustainability and transition related elements in its workplans but there has been no specific technical assistance in the area supported by this SI. There is also a specific

Sustainability, Transition and Efficiency (STE) SI that has provided additional US$1.2 million in technical support for financial sustainability, transition preparedness, and impoved efficiencies. CCM grants from the Global Fund can fund communication and cooperation of community and civil society networks, however, based on the analyzed cases have provided limited, though important support to budget advocacy, for example, in Montenegro and Moldova.

In addition to the SoS-project, until 2018 decision to pre-define the scope of multi-country support (and indicating plan to issue 1 or 2 regional HIV grants for the funding cycle), there have been several other multi-country initiatives supported, all of which had components on budget advocacy in various degrees. 'Harm Reduction Works – Fund It!' (2014-2017) was the first program that worked on calculating costs of services and systemically engaged with health financing experts on how those costs might be included in state budgets. The Fast-Track TB/HIV Responses for Key Populations in EECA Cities program (2017-2019) targeted cities for greater commitment and investment in HIV and TB. The ECOM's project has improved evidence, policies and sustainability preparedness in the HIV response among MSM in 2017-2019 in 5 countries. Community-led advocacy capacity was in the scope of another Global Fund supported multi-country project aimed at improved scale, access, effectiveness and sustainability of HIV treatment, implemented in 15 countries by East Europe and Central Asia Union of People Living with HIV in 2015-2018.

Eurasian Regional Consortium

Robert Carr civil society network Fund has enabled prioritization of the subject of sustainability and innovation in its grants, distributed based on received funding requests. Two initiatives, developed by the Eurasian Regional Consortium, made of the regional key population networks, prioritized budget advocacy, community monitoring and increased focus on quality during the reduced donor support for HIV services. Small in scale, the initiatives are less systematic in its capacity building and small grants for key population networks but are more flexible and seed new ideas and interest among community-based groups.

Synergies and coordination

Synergies and potential for overlap among the various initiatives have not been explored in detail. Collecting information for this report exposed limited collaboration for monitoring results, improved attribution of efforts, exchange of intelligence and overall coordination. In Kyrgyzstan and Ukraine, national partners acknowledged that there are similar HIV objectives supported through more than one source, with difficulties of attribution and even

some overlaps in work reported to their respective donors. Some overlaps in reported work are also noted at the regional level. Two national respondents encouraged the heads of initiatives to have more specific agreements with each other and react to reported overlaps with understanding that groups in countries are interested in greater support and sometimes act as competitors not just in budget advocacy but in the HIV area overall. Furthermore, as indicated in the graph below, some sub-regions and countries are on the radar of HIV donors and budget advocacy initiatives (e.g. Ukraine, Kyrgyzstan, Moldova, Georgia) while others, notably South-Eastern Europe and Bulgaria among the analyzed countries, are not. Some countries, like Russia, might be more difficult to engage with, having more limited civil society capacity and space for dialogue with government.

Geographic scope of donor, multi-grant initiative and UN support in the HIV field

Figure 2

	Caucasus			Central Asia					Eastern Europe				South-Eastern Europe							
	Armenia	Azerbaijan	Georgia	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan	Belarus	Moldova	Russia	Ukraine	Albania	Bosnia and Herzegovina	Bulgaria	Kosovo	Montenegro	N. Macedonia	Romania	Serbia
Major HIV donors																				
EJAF				■					■			■							■	
Global Fund – HIV country grants	1	■	■	■	■	■		■	■	■	2	■	1			1	■			■
OSF			■		■					3		■			■		■	■	3	■
USAID				■	■	■						■								
Netherlands, Aidsfonds					■						■	■								
Global Fund multi-country grants																				
SoS Project (2022-2024)	■		■	■	■	■		■	■	■	4	5	■	■			■	■		■
SoS Project (2019-2021)			■	■	■	■		■	■	■	4	5		■			■	■	■	■
ECOM: MSM (2017-2019)	■		■		■				■									■		
APH: Cities (2017-2019)			■	■						■		■			■					
ECUO: PLHIV (2015-2018)	■	■	■	■	■	■														
EHRN: Harm Reduction (2014-2017)			■	■	■	■				■										
UNAIDS presence as of 2020																				
UNAIDS country offices	■		■	■	■	■			■	■	6	■								

- *Notes:*
- *EJAF call for proposals is open to all the listed countries. UNAIDS regional office indicates to cover all the countries but Bulgaria and Romania.*
- *(1) Global Fund grants are supporting transition as of 2022; (2) NGO-based grant; (3) OSF's small grants are provided for HIV community capacity or budget advocacy; (4) Russia work is supported largely at the regional level and no national advocacy; (5) Ukraine has the same status in the grant agreement as other countries, the SoS grant is managed from Ukraine and most TA is sourced there, however, it is not the focus country; (6) Russia hosts the regional office of UNAIDS, there is no country office.*

2. CIVIL SOCIETY CAPACITY

Over the last four years, there has been a major increase in preparedness and capacity of civil society to engage in budget related processes. Targeted efforts to build the knowledge and fund civil society advocacy enabled that growth. However, other factors contributed to the changed mindset of many NGO leaders about the importance of influencing public budgets. The Global Fund has reduced its allocation for 2016-2018 (for example, by up to 50% in Kyrgyzstan) and its support ended in countries like North Macedonia. Furthermore, the Global Fund's co-financing requirements to countries provides a crucial opportunity to increase domestic resource allocation. This change in mindset is also increasing among civil society and community groups that currently deliver services for marginalized groups, though skepticism of political will to sustainably fund services remains high. This skepticism is fed by the mounting political conservatism in many countries and shrinking spaces for civil society before and during the COVID-19 era.

Engagement areas and counterparts

Civil society activists reported that over the last 4 years they have gained greater technical understanding and access to expertise how public budgets are shaped, how to influence them and strategically plan advocacy. HIV stakeholders interviewed confirmed that in all eight countries civil society representative(s) have engaged in several aspects of budget related processes and decisions. All countries reported advocacy for increasing HIV budget allocations or specifically HIV prevention funding. Four engaged in state budget planning and several were engaged in municipal budget planning. In all eight countries, civil society representative(s) have been part of processes to improve budget utilization - either ART optimization and/or shaping mechanisms for sub-contracting NGO contracting. Access to high profile expertise was critical, as issues like procurement of medicines and treatment optimization are highly technical and require careful planning.

All activists reported engaging not only with the Ministry of Health and AIDS program leadership but also with the Parliament and political parties. For example, in Montenegro work with parliamentarians brought the first earmarked state budget for HIV prevention. In Bulgaria an official question from a parliamentarian to the Minister of Health about lack of HIV prevention helped speed up the renewal of the HIV program and the issuing of a new service tender. In Kazakhstan, in 2020, activists started structural engagement to activate parliament's oversight function and engaged in normative work. In Kyrgyzstan and Moldova, there is substantial engagement with the national health insurance company. In nearly all countries, there is engagement with authorities for their greater contribution to HIV and/or as allies to demonstrate the need for services (the latter was the case in Bulgaria). Work with ministries of finance has been more limited across the countries.

In places like Kazakhstan, Kyrgyzstan, Moldova, and Ukraine, budget advocacy has expanded the horizon of activists and their interest to facilitate efforts for greater social accountability, beyond HIV. The North Macedonian NGO, HOPS was probably the first to partner with a budget think tank group, the ESE, to analyze the national program budgets to encourage greater utilization of health budget to achieve the goals set and to pointing out potential savings and fiscal space for HIV and harm reduction services. Similar broad partners are well-established in Ukraine between the HIV sector and broad transparency and accountability groups.

National coordination and preparedness

Most countries assessed have structured advocacy coordination or at least communication platform, often with one or two or more groups taking lead. In Ukraine, a multi-sectoral group on transition is the main platform for the coordination of budget advocacy efforts led by civil society and other sectors. In countries with a greater number of groups engaged in advocacy there is greater specialization among NGOs. Capacity to engage with budget processes varies across civil society and community sectors. Some expected those gaps to increase in the future unless specific efforts are taken, particularly because advocacy funding becomes more concentrated and/or scarce, more dependent on one project, the SoS, and with limited future. Others also pointed that communities might be better positioned to continue their watchdog role in the civil society landscape, focusing on the greatest needs from the community perspective.

At least one PLHIV organization is included in budget advocacy coordination and direct dialogue with the authorities in the majority of the 8 countries. However, not all other key communities are equally enthusiastic and/or engaged. Sex worker groups are involved in Kazakhstan but less elsewhere according to the regional network, SWAN, which is currently raising funds to increase capacities of sex worker groups. In Ukraine, where various consultative processes shape models for public financing of services for key populations and secure buy in from stakeholders, the LGBT and MSM communities feel less heard.

Community groups raise questions about potential conflict of interest and the ability of organizations to engage in advocacy once their budgets depend on the state. On one hand, the Kazakh Union of PLHIV intentionally plans not to take any government funding, though it might need to revisit this approach so that it can be an example for other HIV NGOs of how NGOs can work on state funds. On the other side of the spectrum, in Moldova, Montenegro, and North Macedonia, the main advocacy organizations are service providers and now receive substantial government funding for delivering services. One respondent pointed out that in this context, particularly in smaller countries with fewer providers, it is so critical to have independent political support from agencies like UNAIDS to reduce misconception that service providers and community groups are only lobbying for funding for their own organizations.

Regional capacity building

Substantial capacity building operations were embedded in OSF support and the SoS Project, both cooperating with the same technical partner. OSF supported the Ukraine-based Institute of Analysis and Advocacy (IAA) and Light of Hope to create the Budget Advocacy School to deliver trainings and follow-up support. They use a broader social accountability concept for their work as well as their own experience of mobilizing local resources. Fifteen cycles of the Budget Advocacy School (website http://budgetadvocacy.ua) were carried out and reached 200 participants from Ukraine, Georgia, Moldova, Kazakhstan, Kyrgyzstan, Belarus, Uzbekistan and Tajikistan. They report 55 successful cases of budget advocacy following trainings among local OSF foundation grantees in Ukraine alone. Additionally, with OSF support, the transition plan monitoring website has been developed and updated with co-financing from the SoS Project: https://transitionplan.online. Under the SoS Project, the IAA focused on mentoring in-country partners. In 2020, 170 participants were reached through online webinars, with follow up mentoring and technical support to the national partners of the SoS Project.

The Eurasian Regional Consortium focus on budget advocacy capacities of their own members, often engaging the model of training matched with small follow-up grants. The Consortium developed its own toolbox on budget advocacy, available at: https://harmreductioneurasia.org/ba-toolbox/. At a similar time, a similar harm reduction advocacy guide was also developed by the budget analysis and advocacy group, ESE in North Macedonia. Additionally, in 2018 and 2020 together with South East Europe Drug Policy Network, EHRA supported budget advocacy in Bosnia and Herzegovina, Montenegro and Serbia as documented in the report: Sustainability Bridge Funding: Case Study from Bosnia and Herzegovina, Montenegro and Serbia. Because of the different monitoring, evaluation and learning (MEL) frameworks, it is impossible to assess the numbers of people trained or granulate this data by countries, gender, types of civil society groups or clearly link the capacity building with changes in knowledge and advocacy efforts described in other sections.

Funding and technical support

Access to significant and/or flexible funding has been critical for capacity. However, it is uneven in the region, as is availability of technical support. More options of capacity building and technical support are available in the countries where the SoS Project, USAID and OSF overlap, i.e. some Central Asian states and Ukraine. The funding levels are significantly higher in Ukraine (which advocacy support was more than 2 times higher than the five upper-middle income countries combined) and other lower-middle income countries. The Global Fund's CRG short-term technical support and the UNAIDS Technical Support Mechanism[1] have been underutilized for budget advocacy in EECA though they have potential to support it and do that at least in part in other parts of the world.

[1] The mechanism supported the OAT sustainability assessment, which is important element of sustainability efforts.

Level of annual advocacy funding for civil society budget advocacy in 2018-2021, US$

Figure 3

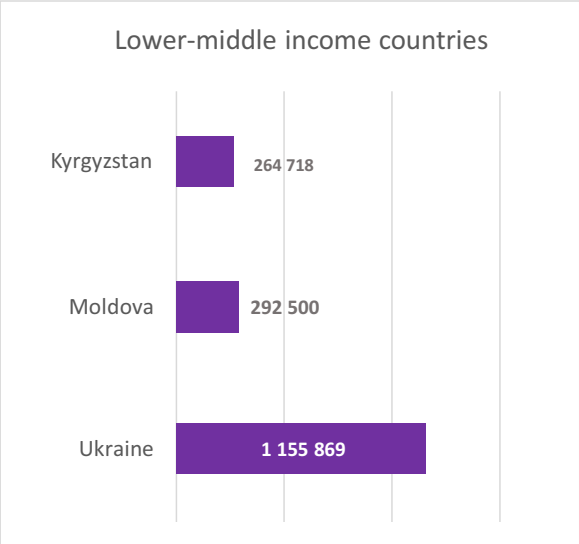
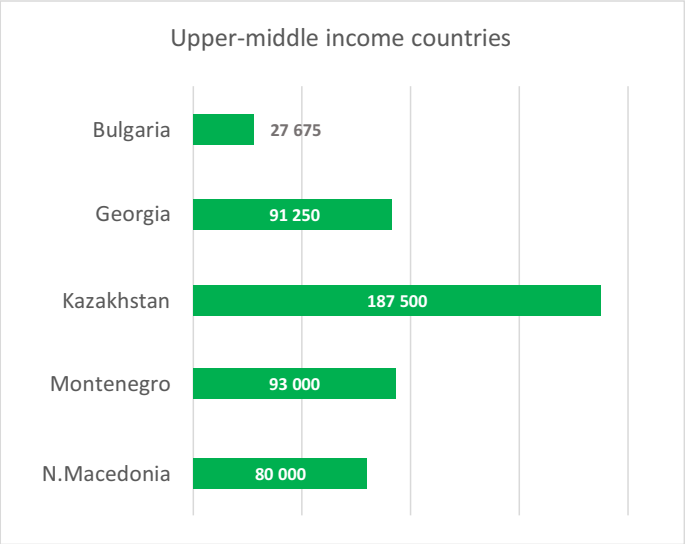


Figure 4



While it is important to consider options for greater uptake of the available mechanisms for technical support, technical support cannot and should not be replacing advocacy funding, which is the 'first priority' (as Bulgarian colleagues pointed out.) OSF has been the most flexible donor - it was able to direct support where the gaps emerged, for example, in the Balkans after other donors scaled-down or left the sub-region. It remains unclear if its budget advocacy support will be replaced through other programs at regional and national levels.

3. INFLUENCING HIV FINANCING

The assessment analyzed different areas of impact of budget advocacy, starting from efforts aimed at influencing HIV financing. Those efforts below are structured based on the targets:(1) increased national HIV funding from central public budgets; (2) mobilizing local and other sub-national HIV funding allocation; and (3) increased efficiencies in HIV spending. The analysis looks at impact, notable practices, influencing factors and lessons.

National HIV funding including for prevention

Increased investment in HIV from the central budgets has been the top advocacy priority in vast majority of the countries analyzed. Kazakhstan is an exception, as the level of central government funding is already high and missing funding for prevention is expected from the sub-national, not national, level. All donors that fund HIV budget advocacy has been supporting work on influencing HIV funding planning, allocation and/or spending from the central government budgets.

Impact and notable practices

Domestic public investment has increased across the region and so did its share in HIV expenditure, in HIV treatment and in HIV prevention. However, a rather complex picture is shown in the data reported internationally and those from respondents. Montenegro's domestic investment has increased by one third since 2017 until 2020, as did the international support with the return of the Global Fund's country grant in 2019. Global Fund country grants closed in Bulgaria and North Macedonia. Other three countries with lower-middle-income status in 2017 – Georgia, Kyrgyzstan and Ukraine– faced reduced allocations from the Global Fund for 2018-2020, therefore the co-financing required in absolute numbers reduced but most of them increased or maintained the portion of funding coming from the domestic sources. Ukraine's funding dropped in U.S. dollars, while in local currency it has increased. Definitions of HIV prevention are broad, based on UNAIDS guidance. For example, in Georgia, US$5.7 million invested in prevention from domestic resources, consists of US$3.6 million for opioid agonist therapy and US$2 million for synergies with health sector, while condom programing and HIV tests made more modest share – US$111 thousand and US$104 thousand accordingly.

Changes in domestic public funding in HIV expenditure between 2017 and 2020

Figure 5

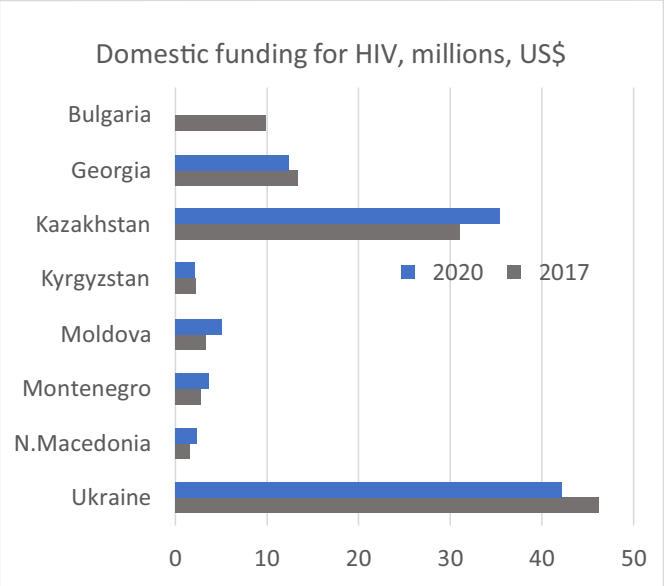


Figure 6

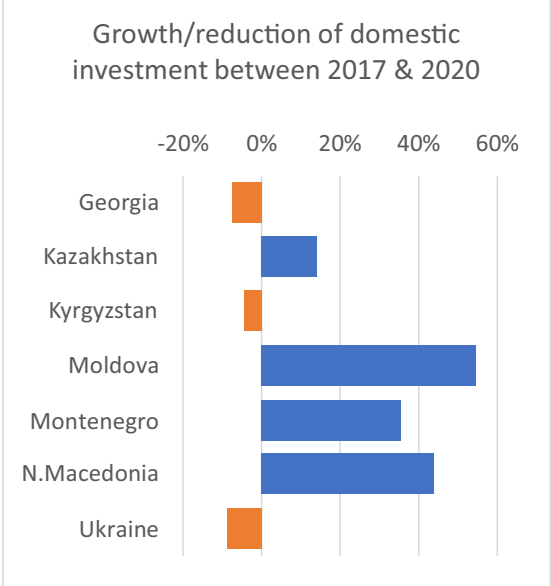
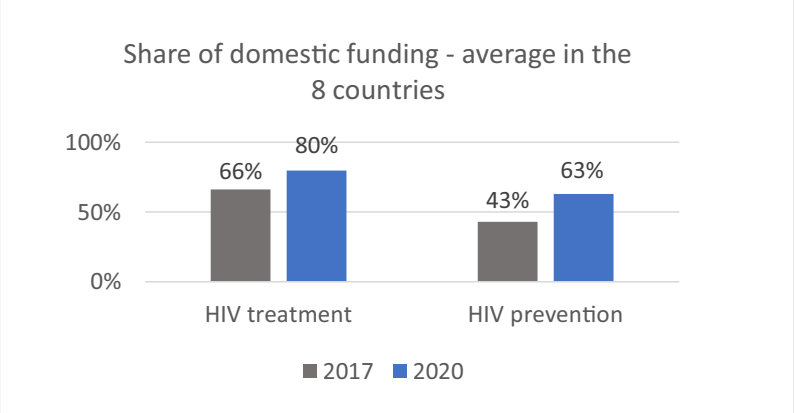


Figure 7



Detailed sources and years are available in the country cases. As much as possible, UNAIDS sources were used which include country reported data for the global AIDS monitoring and verify data based on common definitions. In most cases, HIV prevention data includes opioid agonist therapy (OAT). Averages were calculated based on available data.

Domestic public budget allocations targeting key populations totaled US$13.25 million in the 14 SoS countries in 2018, according to the SoS project baseline assessment. In 2020, financing of key populations and PLHIV programming reached already US$30.3 million[2] in a sub-set of the 12 countries of the SoS project, based on its estimates. While there is no updated comparable data, the new web-resource https://socialcontracting.info, commissioned by the Global Fund and implemented the IAA, provides the following data for six countries:

[2] This is an estimate based on figures provided by the SoS project. Funding for OAT and municipal funding may or may not be included.

Financing of low-threshold key population programming (i.e. without OAT)

Figure 8

Country, population size in millions	Amount of public funding, US$	Role of different funders			Availability of public funding by key population		
		Central government	*Sub-national authorities*	*International funding*	*PWID*	*SW*	*MSM*
Belarus (9.4 m)	254 002	<10%	<25%	>75%	yes	symbolic	yes, limited
Georgia (3.7 m)	93 759	<25% PWID, none for other groups	>90%		yes	no	no
Kazakhstan (18.5 m)	4 936 611	>90%		<10%	yes	yes	yes
Kyrgyzstan (6.5 m)	14 405	<10%		>90%	no	yes	yes
Moldova (2.6 m)	46 317	<25%	<10%	>50%	yes	yes	no
Ukraine (44.0 m)	4 679 733	>90%*		<10%*	yes	yes	yes

Data for 2020. Raw data in US$ from the IAA were used but have not been cross-checked against other sources. E.g. Ukraine data seem to miss sub-national funding.

**Ukraine's reported role of different funders is for basic programming services only, without the consideration of the cost of tests and prevention supplies, which are currently funded by donors and additional services.*

Most countries have stories of success, unique to their contexts which are highlighted in the country case studies in this report. Ukraine established ambitious goals to grow domestic investment co-funding the HIV prevention from 20% in 2018 to 50% in 2019 to 80% in 2020. North Macedonia stands out for the highest prevention budget relative to its population size. This budget matches the Global Fund's support provided in the past and enables continuation of services at relatively high levels of coverage. In most countries, the MoH is expected to provide the domestic contribution to prevention. Moldova is an exception with the prevention pool of the National Health Insurance Company piloted funding of prevention services. The dynamics of the domestic investment for prevention is progressive in most countries, though in Moldova and North Macedonia it has reduced since 2017-2018.

Influencing factors and lessons

Across the countries, the Global Fund co-financing requirements (along with very real reduction of allocations for 2017-2019) have been a critical enabler for increased national funding. The respondents spoke of the importance of strong data including modeling

demonstrating the impacts of investments and commitment to efficiencies especially for policy makers like parliamentarians and financing experts in ministries of finance. Increasing domestic investments in HIV was easier in periods of economic growth when there was more fiscal space. Many respondents, for example, from Kyrgyzstan or Georgia had doubts that with the impact of COVID on economies and health systems it is realistic to expect a major increase in investment in coming years. Several respondents pointed to unused opportunities that can ensure greater resources and more sustainability for HIV including: increased integration of specialized services including with primary care and inclusion of the core HIV and key population programming in the universal health coverage schemes. Integration of HIV testing and treatment in the primary care level is seen across several countries already. For example, in Kyrgyzstan, outside the capital, 90% of people living with HIV are managed by family doctors and/or infectious disease specialists at primary care centers. In Dushanbe, around 60% of ART patients are enrolled in primary care and show good treatment results[3]. This assessment has not identified systematized information on the progress and practices related to inclusion of key population programming in universal health coverage.

Local, sub-national HIV funding allocation

Donors have contributed significantly to enabling sub-national, local groups to engage with local authorities. Smaller donors, like the OSF initiatives in Kyrgyzstan, Georgia and Ukraine or the Robert Carr Fund's supported Eurasian Regional Consortium, used the model of training local community-led or community-based groups with linked small grants to follow-up. Additionally, the SoS project worked with 25 cities to increase commitment to HIV, often for the first time in their history also allocating local financial resources. Initiatives in Kyrgyzstan, Serbia and elsewhere also partnered with associations of local authorities to promote the importance of HIV. In Kazakhstan, where the funding stream for HIV prevention is decentralized to oblasts and cities, significant capacity building through public hearings, letters, NGO engagements have targeted oblast and city authorities under the country project supported through the Global Fund and implemented by the Kazakh Scientific Center of Dermatology and Infectious Diseases (QDI-AGO). The Elton John AIDS Foundation (EJAF) developed its model city approach where it focused on the development of services for achieving the targets along the HIV care cascade, which also has generated domestic public co-financing in several cities/oblasts in Russia like Moscow, Novosibirsk, St. Petersburg and Almaty in Kazakhstan. While it was not focused on budget advocacy per se, it show-cases the potential of local investments and mobilizes local authority support to HIV.

[3] Deryabina, A. Integration of HIV treatment services into primary healthcare. Presentation at the EECA Interact Virtual Workshop, November 11, 2021.

Impact and notable practices

In 2020 alone, the SoS Project estimates to have influenced the allocation of more than US$1.3 million from sub-national public budgets. The Budget Advocacy School and IRF initiative in Ukraine estimate that their partners in 10 regions managed to mobilize more than US$880,000 from city and oblast budgets in 2018. Smaller towns in Kyrgyzstan allocated their funds for NGO-run shelters for key populations and so did the two largest cities. As of spring 2021, 22 EECA cities[4] have joined the Paris Declaration, demonstrating their commitment to HIV, TB and hepatitis.

HIV allocations from city and regional budgets in 2020, influenced by the SoS Project, US$

Figure 9

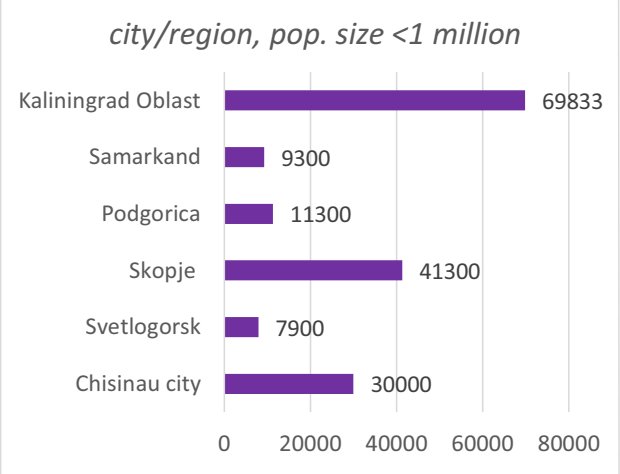
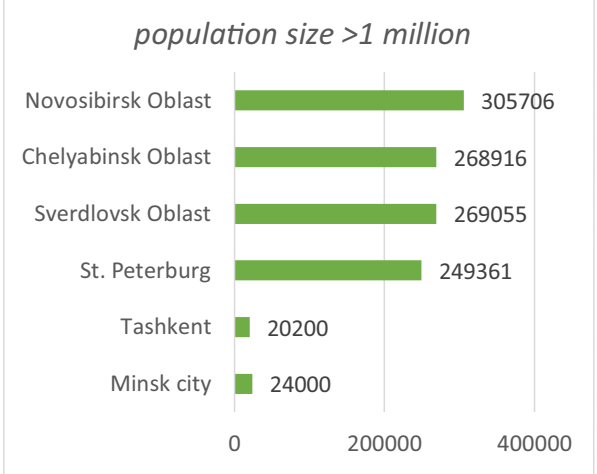


Figure 10



Based on data from Alliance for Public Health // SoS Project

Influencing factors and lessons

In the eight countries analyzed, the local authorities play a significant role in addressing social issues but not always health. Therefore, this source might be less fit to fund treatment or core prevention among key populations but be well placed to support social services for vulnerable groups. It is important for local groups to think outside of typical HIV-specific thinking and service packages.

Like at the national level, local advocacy work often requires interaction with the executive branch and the people's representatives in councils. Some activists in Ukraine even managed to join the local councils. Opportunities for leadership of cities to meet their peers from other cities (like the Fast-Track City events and the regional event hosted in Kyiv) were important for boosting the confidence of city leadership and understanding that funding HIV is a normal and needed practice across the world. While associations of local authorities have been an

[4] Based on the list on the Fast-Track Cities: https://www.fast-trackcities.org/about

important partner, gaining the city political and financial support requires an individual approach and technical work, and engagement throughout the budget cycle.

To ensure that local contributions last beyond one budget cycle, in several countries, sub-national commissions and action plans on HIV or HIV, TB and hepatitis were established (for example, in Bishkek and Chisinau). In Kyrgyzstan, national legislation mandating engagement of NGOs in solving critical social issues through social contracting was used to help to develop local social contracting practices. Furthermore, the Law on Local Authorities was influenced by NGOs to return health to the local mandate.

In Kazakhstan, the progress on actual funding of HIV prevention from sub-national authorities has been limited. HIV needs to be included in the broad programs at the sub national level, where it is harder to prioritize for health and social issues. In 2020, the main law regulating the health sector, the Code on Population Health and Healthcare System, was amended to indicate the role of local authorities in planning and implementing state social contracting in the sector, specifically mentioning HIV 'key population programming' as one of the areas. The MoH approved rules of HIV prevention services[5]. However, there is no national legally binding strategy endorsing targets for prevention with expected outcomes and adequate costing in Kazakhstan. Therefore, advocacy is planned for adopting indicators on allocation of funds as part of MOU between akimats (local governments) and MoH. Additionally, service providers are not keen to engage with authorities in contractual relations which bring a major extra layer of government audits, and reporting.

Not all cities are keen to join the movement to address HIV locally in tandem with other cities. For example, Sofia decided not to join the Paris Declaration, unwilling to commit specific resources to HIV which is supposed to be covered under the national authority's mandate and plans. Tbilisi signed the Paris Declaration but is yet to allocate funding for HIV.

Efficiencies

Increasing NGO involvement

There were two synergetic regional initiatives driven by civil society that contributed to improving efficiencies in HIV spending. The SoS project provided sustained funding, and assistance to engage in planning, monitoring and influencing procurement of medicines to civil society groups in the 8 countries. On the other hand, ITPC EECA EECA included 8 EECA

[5] Приказ Министра здравоохранения Республики Казахстан от 19 октября 2020 года № КР ДСМ-137/2020 Об утверждении правил проведения мероприятий по профилактике ВИЧ-инфекции.

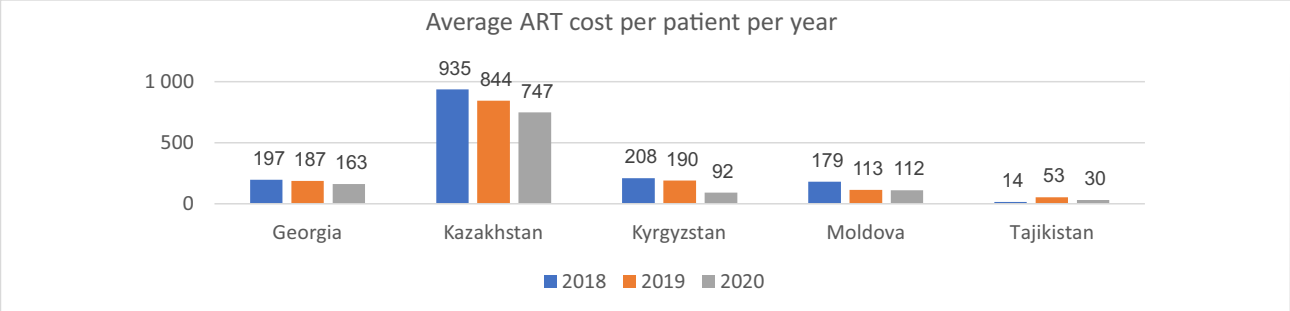
countries in their project "Use of TRIPS flexibilities to increase affordability of treatment for HIV, TB, Hepatitis C in Middle Income Countries" (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, the Russian Federation and Ukraine). Funded by ITPC global, with the support from UNITAID and the Robert Carr Fund, this initiative focused on the use of the patent-related tools for improving the pricing of medicines. Work on reforming patent laws, engaging patent opposition and similar TRIPS flexibilities remains outside the scope of the Global Fund due to political reasons. These two initiatives build capacity of activists through the ECAT meetings that combined parts of capacity building for PLHIV community activists as well as their experts and allies in the government structures as well as meetings with generic and patented medicine manufacturers. They also helped the joint analysis[6]. The Central Asian Association of PLHIV (CAAPH) also noted that they were helped with the technical, financial support that they received from USAID, through a grant that was closing during the writing of this report.

Impact and notable practices

It is early to fully evaluate the impacts of the work done. Several countries like Kazakhstan and Moldova optimized their treatment while also working on improved pricing, as showcased in their country case studies in this report. Kazakhstan's estimated savings of nearly US$2 million in 2020 (against the 2019 prices) are particularly impressive . As Moldova and Georgia move to a new category of upper-middle income countries (Kazakhstan is an upper-middle income country), it is yet to be seen how that will affect their ability to get low prices.

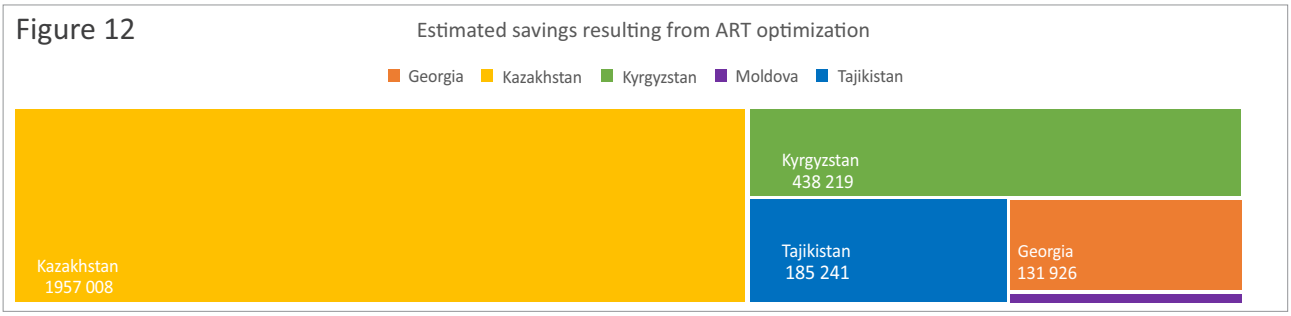
ART budget efficiencies in three lower-middle- and low-income countries, US$

Figure 11



[6] ITPCru, SoS Project, Alliance for Public Health and 100% Life. Analysis of national HIV treatment guidelines in 8 countries of Eastern Europe and Central Asia and 5 countries of South-Eastern Europe, 2020.

Figure 12



100% Life data; Tajikistan – procurement through UNDP, Kyrgyzstan – government and UNDP procurement, Georgia – procurement using domestic resources. UNAIDS data used for defining ART patient data for calculating cost per patient.

There has been a major improvement in the capacity of civil society: they feel they have a cadre of community and partner experts to produce well-grounded analysis and effective partners to find practical solutions moving forward, as noted independently at least in 3 countries by activists and by the regional technical support provider, 100% Life.

Recent studies on diagnostics and monitoring prices and opportunities for optimization and improved procurement in Belarus, Kazakhstan, Kyrgyzstan and Russia[7],[8],[9],[10], show more potential in the area of building efficiencies. The outdated and expensive Western blot could be removed from the diagnostic algorithm, in line with the 2019 WHO guidelines[11].

The Balkans have not seen as much progress. However, under the SoS Project, 100% Life, together with South Eastern European Regional TB and HIV Community Network (SEE-RCN) are generating interests and ways to support improving HIV treatment access and price reduction. In the last meeting attended by several ministers and heads of health insurance agencies and other health leadership, received strong commitment from four countries to engage – Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia. The price reduction work has advanced the most in North Macedonia[12],[13].

[7] «Ассоциация «Партнерская сеть»: Результаты исследования рынка диагностических тест систем для выявления и мониторинга лечения ВИЧ-инфекции в Кыргызстане в 2018-2019 годах.

[8] «Коалиция по готовности к лечению: Результаты исследования рынка диагностических тест- систем для выявления и мониторинга лечения ВИЧ-инфекции в России в 2018-2019 году».

[9] «БОО «Позитивное движение»: Доступ к диагностическим средствам для выявления и мониторинга ВИЧ-инфекции в Республике Беларусь в 2018-2019 годах».

[10] SoS project, CAAPL, Alliance for Public Health, QDI-AGO, 100% Life, ITPCru. Обеспечение диагностическими тест-системами на определение маркеров к ВИЧ-инфекции, иммунного статуса (Cd4), вирусной нагрузки (РНК ВИЧ) лекарственной устойчивости в Республике Казахстан в 2017-2019 годах (авторы: Касымбекова А, Растокина Е). Алматы, 2020.

[11] Some countries in the region have done that already, for example Kyrgyzstan and Moldova.

[12] SoS Project, Alliance for Public Health, 100% Life & SEE-RCN. Regional meeting on the access to and prices of ARV drugs in SEE countries, December 15, 2020.

[13] SoS Project, SEE-RCN, Alliance for Public Health, 100% Life, CAZAS, Stronger Together, TOC and Partnership in Health. Regional Meeting on Access, Quality and Pricing of HIV Drugs in SEE Countries, report, 1 July 2021.

Influencing factors and lessons

The case for using available funds more efficiently has been show-cased through the work of UNAIDS together with the World Bank, the Global Fund and other partners through the OPTIMA models and other analysis like USAID-sponsored work in Ukraine through the HIVRiA Project. UNAIDS, the Global Fund, and UNDP worked on political commitment to improved pricing for HIV medications; together with the MoH of Belarus, they hosted two ministerial meetings on the subject in 2017 and 2019.

In the period analyzed, civil society has been significantly more proactive and often in a leadership role for reforms to optimize treatment and find better prices for medicines. Key in advancing civil society's ability to influence efficiency has been: support for them to engage with high-level experts; detailed technical support; knowledge on medicine registration and tendering procedures; and access to potential new suppliers of cheaper medicines. Ability to build on already existing understanding of key concepts of access to medicines and procurement monitoring in countries like Georgia, Kazakhstan, Kyrgyzstan have helped to lift the work to a new level. WHO/Europe has proven to be a strong partner in optimization of treatment initiatives and helping to get buy-in from national clinicians. At the country level, effectiveness of work depended on the expansion and ability to engage with various government institutions including: procurement agencies, state insurance companies, and, in some cases, also ministries of finance. As some solutions require changes in the HIV care systems and service delivery and tackling areas prone to corruption, having broader consensus and backing from strong state partners (and more civil society transparency groups) are crucial.

The harmonization processes in the Eurasian Economic Union are planned for activities related to pharmaceutical regulation. While the full extent is not known, experts anticipate the establishment of cross-country legislative norms for medicine registration, which would have major implications on efforts within the region to simplify and recognize WHO prequalification and procure prequalified but not nationally authorized medicines.

Work on efficiency has often been positioned as an area that will create savings, which could be reinvested in HIV. There have been cases where savings on the cost of treatment has been invested into expanding treatment. But little success is reported to move saving created in treatment budgets to HIV prevention (which is one of the assumptions of the SoS Project), which in many countries are in different budget lines. So far, Ukraine is given as an example of such partial connection. In Moldova, work is underway to explore how savings in treatment budgets could be used for prevention and treatment support.

4. BUILDING MECHANISMS FOR STATE CONTRACTING OF NGO SERVICES

Most of the budget advocacy initiatives in the region took a great priority in the area in synchronicity with efforts for increased financing. Therefore, it is hard to assess the efforts outside the work for increased allocation and funding of HIV prevention and peer-delivered HIV treatment support. The area is often called by imperfect term 'social contracting' for brevity purpose. The Health Policy Plus (HP+) Project, implemented by Palladium with USAID / PEPFAR support, has been providing specific technical assistance and documentation explicitly focused on social contracting in PEPFAR countries, in EECA those are Ukraine and Central Asian countries. Global partners including UNDP, the Global Fund, UNAIDS and OSF, have conducted two global consultations facilitating growing the knowledge and country exchange on the subject.

The SoS project relied on the IAA to support national partners in building on the model that is working in Ukraine, based on systemic approach – establishing standards of services, approving their costing and using that to define the state's scope of the demanded engagement for reaching key populations through NGOs. Social contracting has been also prioritized in country grants from the Global Fund. The country's search for the models have also moved to different approaches to the delivery of services, for example, half of needle and syringe programming in Belarus is now delivered through government institutions, while NGOs deliver the remaining half and programming among sex workers and MSM[14].

Impact and notable practices

In several settings, the conversations on HIV social contracting moved from political to technical. Among the eight countries explored, every country has some mechanism for engaging and funding NGOs to deliver services. None works fully well. In Kyrgyzstan, the new Law on State Social Contracting was used to pilot a similar model to one in Montenegro where sectorial programs are designed and are allocated a portion of sectorial state budget to engage NGOs. This is used first for the funding of pilots in treatment support.

In Ukraine, the approach to contracting NGO services through public procurement procedures is built as a learning process, acknowledging shortcomings, and making efforts for adjusting normative documents and practices to make the process more effective. Its first decentralized model of social contracting was piloted in 2017-2018. Starting from 2019, national tenders conducted with challenges at technical level and in different levels of preparedness of civil society (from reluctancy to participate in tenders to competitive and

[14] Атаманчук Александр Александрович, Республиканский центр гигиены, эпидемиологии и общественного здоровья, Беларусь. «Профилактика заражения ВИЧ в ключевых группах населения». Доклад, Параллельная сессия 3, конференция «Эпидемиологическое благополучие», 20-21 апреля 2021 г.

even damping practices in some regions). By 2021, the Public Health Center funds more than 90% of the basic packages of prevention among the three key populations (amounting to more than US$2 million in 2020 alone[15]), while the international donors support all the commodities and supplementary services. Ukraine is doing this with sufficient time for learning, as this low-middle-income country remains eligible for the Global Fund and PEPFAR. In Bulgaria, where the Global Fund grants ended, civil society groups worked in close tandem with not-for-profit law experts and within the NGO Network on how to fix the model but funding for advocacy came to an end before solutions to the model were implemented.

In many Balkan countries there are ways to engage NGO services to deliver state programs, however, few have standardized, and costed packages of services approved or institutionalized. The table below summarizes the status of costed standards and frameworks for contracting HIV services delivered by NGOs which was collected by the Alliance for Public Health for the purpose of the new multi-country funding request to the Global Fund for 2022-2024.

Availability of costed service standards and framework for contracting HIV services delivered by NGOs

Figure 13

	Albania	Armenia	Azerbaijan	Belarus	Bosnia and Herzegovina	Georgia	Kazakhstan
Costed standardized packages of HIV services for key populations	No	Yes	No	Draft awaiting for approval.	Yes	No: Unit costs exist but are not recognized.	No: A working group is being set up to develop legal justification and the methodology for public funding.
Legal and financial framework in place to fund from domestic funds	Yes	Yes	No	Draft law regulates social sphere but not HIV area specifically.	No: After revision of legal framework and identified barriers for social contracting NGOs developed recommendations for law changes at different levels of state.	Yes: Social contracting has been practiced since 2014. However, it's not specifying contracting in the HIV area.	Yes: Social contracting law is operational; the regional level lacks universal approach to ensuring funding allocation for HIV services.

15 Public Health Center's data posted at: https://socialcontracting.info/countries/ukraine-2019/?country_section=financy

	Kyrgyzstan	Moldova	Montenegro	North Macedonia	Russia	Serbia	Ukraine	Uzbekistan
Costed standardized packages of HIV services for key populations	Yes	Draft for approval	No	No	Under finalization	No	Yes	No
Legal and financial framework in place to fund from domestic funds	Yes: Social contracting is in place.	Yes: State procure-ment law and internal procurem ent procedures could be used.	No: Legislative package for the sustainable mechanism in health has been developed by NGOs and submitted by CCM to the Ministry of Health.	No: The Law on Health Protection needs amendment to include NGO service providers.	Yes: A new law on state and municipal order for provision of services in the social area.	Yes	Yes: Public procure ment law is used. HIV service procure-ment is seen as sustaina-ble.	Yes

Data from Alliance for Public Health in the multi-country funding request to the Global Fund for 2022-2024, April 2021 [text adjusted for this report.]

Influencing factors and lessons

Across the region, different countries develop various models of how government can contract NGO services. There is important work outside the HIV field conducted by broader civil society organizations, in at least several of the analyzed countries helped by the International Center for Not-for-Profit Law with USAID funding, to advance legislative framework for civil society space and social contracting[16]. Some respondents interviewed for this mapping activity see the models currently being piloted as the solution, while others see these pilots as temporary approaches and a third group believe that the models will work if they are adjusted on the way forward. The examples of countries like Kazakhstan show how the contracting model defined might be difficult to make operational, despite efforts and generally available funding. Study of the models shows that some are unable to provide levels of funding needed in the long term to replace international funding and enable scale up of services in line with the needs. The fact that models that seem operational today might not be so in the future is seen from the difficult experiences of Bulgaria (where the Global Fund grant was thought to use a contracting model that would be continued after the end of the grants) and in Montenegro (where the new government scrutinized the model). Getting to an operational systemic model might require changes in laws – either specialized laws on NGOs and social contracting or in health legislation to recognize NGOs as service providers and

[16] USAID, ICNL, FHI. 2019 Civil Society Organization Sustainability Index. Central and Eastern Europe and Eurasia, 23rd edition, October 2020.

recognize that public health services need to be delivered systematically in specific ways for impact. Official acknowledgement of outreach and peer workers as professions will have to be part of the process. An effective model will have a strong focus on quality (in addition to competition and accountability). To ensure quality, it will be essential to meaningfully engage key population expertise, and support services with defined quality standards. Funding must be adequate to support a realistic workload (avoiding situations like what happened in Bulgaria when a tender required that 20,000 clients be reached by only 3 field workers, 0.5 health staff and one coordinator and consequently, no NGOs participated in the tender). As there is no perfect mechanism so far in the region, and further learning from evolving country experiences, both the positive and the challenging, will remain of great value. While Russia was not part of the assessment's focus, the recent adoption of the new law enabling contracting for social functions might have favorable impact on other countries, especially through the Eurasian Economic Union. Notably, Russia has had a strong practice on funding socially significant services in the past through various mechanisms including Presidential Grants but at the same time has the shrinking space for civil society and increasing scrutiny of the NGOs including their funding.

Social contracting is needed to fund HIV prevention among key populations. As some interviewees noted, in many countries it is easier to first pilot peer treatment support or HIV testing by NGOs but not distribution of sterile needles or condoms and other essential prevention work. In Kyrgyzstan, the law requires that government funds are accounted with each beneficiary's passport data, hence providing anonymous services is not possible without changing legislation. Allowing NGOs to procure condoms with state funding or passing condoms from government institutions to NGOs might also require additional regulations. Testing is seen as more result oriented and easier to track and monitor, and as a biomedical intervention is better understood in health systems.

The Global Fund's new strategy 2023-2028 plans the promotion of social contracting and the better leverage of the donor's diplomatic voice to “challenge laws, policies and practices that restrict the work of community-based and -led and civil society organizations.“ Operationalization of those plans are yet to be seen. The Global Fund's requirement of satisfactory social contracting mechanisms and co-funding of HIV prevention from state sources in Montenegro (and Serbia) is an interesting approach, though Global Fund staff reported significant practical challenges in its implementation. Many of the partners interviewed highlighted that more work is needed to explore options to advocate for and build models that will enable sustainable support of adequate HIV services. More meaningful inclusion and consideration of the perspectives of community groups and broader civil society would not only enable finding the right models, and more cohesive advocacy for improving them over time but secure buy-in by communities and support the normative and preparatory work that will have to happen over time. Legal analysis of the options and learning from other fields including private sector and social fields might also be of use.

5. INFLUENCING OTHER HEALTH FINANCING AND SYSTEMS

The assessment has not comprehensively assessed all efforts in the field of health and related sectors across the region, however, it did ask the national respondents about budget advocacy in health in general. We heard that very few donors which fund work on health systems fund advocacy by civil society outside the HIV sector. The work of civil society in the broader field of health is fragmented in comparison with the work of civil society in the field HIV. The HIV field is often thought to be progressive, therefore it is interesting to see also if HIV advocates are engaged in broader reforms and alliances.

Impact and notable practices

In two countries, Kyrgyzstan and Ukraine, specific examples of civil society managing to influence an increase in the health budget and/or a reformed approach to health financing were identified. In the case of Ukraine, HIV experts and advocates promoted and shaped the introduction of the concept of public health as part of the health reform efforts. In Kyrgyzstan an increase in budget allocation was a result of a combination of monitoring and advocacy efforts by a broad Budget Advocacy Coalition, funded by OSF, and their engagement with the Ministries of Health and Finance. In North Macedonia, in 2014-2020, efforts by a harm reduction group and a budget transparency group to monitor health budgets and health programs resulted in improved alignment of the use of revenues from taxation on alcohol and tobacco with its intended purposes. In Moldova, a national health group, the PAS Center (which is also involved in HIV and TB), is engaged as a watchdog of broader health policies and active participants of reforms of legislation on access to medicines. It started work on developing steps for social contracting in palliative care.

The reform of the TB care service delivery model has been at the core the two multi-country TB projects with the Global Fund support, TB-REP (2016-2018) and TB-REP 2.0 (2019-2021), operating in 11 EECA countries. Together with national efforts, in 2017, it enabled saving US$29.6 million or 17% of the 2017 costs of TB compared to 2015[17]. Under TB-REP 2.0, strengthening TB civil society and its advocacy work is more systemically implemented under the leadership of TB Europe Coalition

Key TB resources on social contracting

- *A Guide for TB Budget Advocacy*
- *Opportunities of the use of social contracting to ensure the sustainability of TB services in Kazakhstan*
- *Opportunities for Engaging Civil Society Organizations to Ensure Sustainable TB Services in Ukraine*
- *Opportunities to Engage Non-Governmental Organisations in the TB Response in Belarus*

[17] Curatio Consulting Group. TB Regional EECA Project (TB REP) on Strengthening Health Systems for Effective TB and DR TB Control. Mid Term Review Report, 2018.

(TBEC). Social contracting is seen as part of the solution, however, the TB sector approaches is based on setting standards and costing of services first and then deciding which type of providers are best placed to deliver. NGOs are often well placed to take on the outreach for TB case finding and treatment support of TB patients in more difficult situations. In 2020, TBEC engaged the IAA for training of its members and other TB allies on social contracting concepts and practices. TB-REP continuation beyond 2021 is uncertain due to lack of funding; the Global Fund discontinued an EECA TB line of support in its multi-country projects.

Work to unite efforts of NGO and community groups in the health sector is fragmented but is being done by Patients of Ukraine, and Kyrgyz budget advocacy coalition. Outside the health sector, broader work is ongoing on to improve space and funding for civil society including social contracting. The HIV sector, for example, in Kyrgyzstan have already benefited from this progress. In Kazakhstan, more connections in analytical and advocacy work are established with groups focusing on social contracting at large.

Notably, no examples of domestic funding of civil society advocacy and human rights programming were recorded.

Factors and lessons learnt

So far, civil society engagement in systemic solutions in the health sector have been limited with some exceptions. Strong involvement of civil society groups by donors and state structures charged with reforms can enable more success in achieving those reforms. Furthermore, this involvement can help civil society to build its interest and knowledge on more systemic transformations needed.

There is increasing realization among some HIV advocates about the need and opportunities for systemic solutions (integration, reforms in health financing, shaping Universal Health Coverage (UHC), reducing opportunities for corruption in procurement schemes etc.) and potential in uniting efforts, particularly those of different categories of patients. Synergies with the relatively close TB field are only starting. As funding for advocacy and organizing is limited, the civil society sector and those in health have elements of competitiveness, which might further increase also in HIV and TB, as advocacy funding is expected to continue to contract.

Last, there are major opportunities and need for advocacy for sustained fiscal space for health. As a recent WHO report points out[18], COVID-19 has proven that spending on health is a political choice. In the pre-COVID era, most EECA governments spent a significantly

[18] WHO/Europe. Spending on health in Europe: entering a new era, 2021.

lower portion of their government budgets on health than Western and Central European countries. Before COVID-19, the growth of public health spending in UMICs has often been outpaced by the growth of out-of-pocket payments. It might prove challenging for countries to sustain the major increase in health investments seen during the COVID crisis and utilize it to build longer term resilience of systems. There is a major role for civil society to help the societies and governments to make the right political choices in the upcoming complex economic and political periods.

6. DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Budget advocacy has evolved in several important directions and reached a different quality in the HIV field in the last 3-5 years.

Impacts include increased capacity of civil society and national stakeholders to cooperate on budget advocacy which in turn led to increased national investment in HIV, and improved efficiency in ART budgeting. The mindset and capacity of leading advocacy organizations and some community groups were changed with at least 300 people having been trained. When budget advocacy worked in synergy with donor requirements and AIDS program leadership, countries increased domestic financing and used resources more efficiently. In selected countries, between 2017 and 2020, the domestic share of investment in HIV treatment grew from 66% to 80% on average and domestic share of prevention funding increased from 43% to 63%[19]. Optimization of ART regimens, efforts to reduce medicine prices through increased competition among manufacturers, and increased political engagement created savings that contributed to the scale-up of access to ART and other health services at least in 6 EECA countries. However, no domestic funding was raised for advocacy and human rights programming in the analyzed countries.

There is no one model for budget advocacy and no one recipe for success. Result-focused advocacy emerged as particularly important. Such advocacy required civil society groups to move from identifying problems to outlining solutions. Their work became more professional and they partnered with accountability groups and experts in procurement and finance. However, at the same time, process-oriented work was important for building interest and opportunities for smaller NGOs. Moreover, civil society advocates that have led successful initiatives had significant capacities and opportunities before the period studied, i.e. budget advocacy benefited from previous investments in growing the potential of civil society and communities. Work with normative and regulatory processes was important but so was building commitment across political parties. In some settings, a unified and diverse platform

[19] There are challenges with availability, quality and comparability of financial data used by UNAIDS, the Global Fund and different national and regional partners.

of civil society and communities helped but there are countries where advocacy seemed to be dependent on a couple of groups and leaders who built dialogue and leadership for change among officials from governmental health structures, the parliament, and experts from financial institutions. Sometimes transition planning supported budget advocacy processes as was the case with Ukraine's 20-50-80 transition plan. In other settings, however, transition plans were developed but were not incorporated in legal commitments and budget planning. Among the countries explored, advocacy required long term effort and had to be adaptable to succeed. Even countries with major success stories of funding key population programing (e.g. North Macedonia sustains services without international support; Ukraine through the incremental increase of support outlined in the 20-50-80 transition plan currently covers basic packages, while donors continue supporting all commodities and supplementary support) and achievements faced multiple risks and fragility related to changes in: the government; the political climate for vulnerable populations; restrictive fiscal space and overall strength of the economy; the prioritization of health and HIV; and dependence on a few leaders, and community buy-in of the models proposed.

Targeted financial and technical support for budget advocacy has been critical, though uneven across the region. The landscape of budget advocacy financing has been largely shaped by two donors, Open Society Foundations and the Global Fund (particularly through its support for the multi-country project, SoS.) With the OSF restructuring in 2021-2022, it is important to find new space within the organization for continued and increased support for social accountability in health among governments and donors. Advocacy support averaged at nearly US$140,000 per year in the countries analyzed, from less than US$30,000 in Bulgaria to nearly US$300,000 in Moldova[20]. Despite efforts to be inclusive in geographic coverage, major gaps are emerging like in Bulgaria which remains outside of Global Fund support[21] and the SoS project. Also, advocacy funding gaps might increase in countries that are not included in the multi-country grant. The Global Fund country grants have provided significant support for advocacy in 4 out of 7 analyzed countries with such grants. It was significant in various settings - in Moldova where dual model of government and civil society principal recipients has been replaced with government-only manager of the grant and in Ukraine which has two civil society principal recipients. However, in other countries (Georgia, Kazakhstan, Kyrgyzstan, Montenegro and North Macedonia) multi-country grant modality channeled more significant support for budget advocacy. The CRG and UNAIDS technical support mechanisms have not been used for budget advocacy in EECA. Additional alternative funding streams for advocacy need to be developed in countries like Bulgaria where funding is currently not available but is urgently needed.

[20] Data for Ukraine were not extracted during writing the report. Its advocacy funding is expected to increase the average funding.

[21] As an upper-middle income country in the European Union with high burden of HIV among key populations, Bulgaria is formally eligible for the Global Fund support under the NGO rule. However, Bulgaria would need to prove that key population programming is not possible due to political barriers. Neighboring Romanian NGOs unsuccessfully tried to prove political barriers causing the lack of its response to increasing HIV epidemic among key populations.

Engagement and capacity investment in MSM/LGBTI and sex workers in sustainability-related processes is lagging in comparison with the PLHIV movement, harm reduction groups and somewhat people who use drugs. The interviews and the Advisory Group on Sustainability raised important questions on the role of communities in budget advocacy and efforts for social contracting. Budget advocacy requires specialized knowledge of state mechanisms of health sector financing, which can be a challenge for community-based organizations. They have to carefully prioritize their limited resources and often might decide to lean towards rights agenda and sustaining of their own independent voice from services and from state institutions. Given the increasing reliance on state funding and collaboration with authorities, the community watchdog function and efforts to ensuring quality will be important, especially in settings with limited spaces for civil society and rights of such key population groups like sex workers, LGBT and people who use drugs. The Robert Carr Fund supported the Eurasian Regional Consortia which explored alternative funding sources for community groups and found that sources of funding were extremely limited, therefore, if community advocacy is valued, separate funding and support will be needed. Moreover, takeover of programming among criminalized or highly discriminated groups like MSM and sex workers by government mechanisms might have unintended consequences of data being shared and used against the people served. Community groups are uniquely positioned to ensure accountability of advocacy which is often led by service providers that are dependent on the advocacy results for their income. Community groups that currently deliver services, especially those serving MSM/LGBT, also fear that receiving state funding will compromise their ability to speak up on human rights.

Civil society can drive advocacy, but impacts result from collaboration, with undeniable influence of donors and international partners and leaders in government. Multiple factors were reported to contribute to achievements reported by the SoS project and other advocacy initiatives. Donors have a role to play not only as funders of advocacy but also shaping the priorities. The Global Fund's government co-financing requirements with a strong sustainability and transition policy and reduced allocations (2018-2020) was influential in many countries. The impact of increased allocations for the new period (2021-2023) are yet to be seen. Cross-country learning and supporting leaders within the government systems, particularly in their dialogue with financing experts has been important and needs to continue. More and specific regional engagement is needed with regional institutions, like the EU and the Eurasian Economic Union (EEA). As the Balkans and Eastern Partnership countries such as Georgia, Moldova and Ukraine benefit from transferring EU values and partnership mechanisms, more work is needed to utilize EU political power for the right place of civil society in the health sector. Regional and national groups should work to influence the priorities set for individual countries[22,23], while also helping national groups to understand

[22] Interestingly drug policy is one of the priorities for the partnership with Georgia, which results in this area being one of four prioritized in the 2021 democracy grants.

[23] Example of a successful influence of the EU report on country progress is Montenegro.

opportunities for engagement in initiatives that do not specifically mention HIV. EEA sets plans to build its mandate in the pharmaceutical sector and cooperate on health security issues, which requires structured civil society engagement and building partnership across the sectors.

Social contracting will remain a priority. Even if state funding availability might be reduced in the next phase, the next few years could be used for consultative and normative work. Discussions of the models that might shape the future of the operation of services for key populations and how NGOs are engaged can vary, however, it is important to weigh and learn from different options before the onset of advocacy and developing one of them. The development of the model should address several aspects: How to ensure needs are addressed more dynamically? How to integrate human rights and gender programming in service packages? How to ensure that all the key populations are served and political commitment is improved to address health and rights of underserved groups? How to ensure data protection and security while maintaining accountability for delivery of services? While it is natural to have advocacy organizations better informed and with greater expertise on health systems and legal frameworks, different community groups should have space to be meaningfully involved and decide if they want to engage with social contracting or take a watchdog role. This watchdog function – highlighting unmet needs, issues of access and quality of services or selection and work of service providers or procurement of the right materials at good price – might all be needed, especially in the transition process from donor-supported to domestic systems. Additionally, increased attention to managing conflict of interest and accountability of civil society organization themselves will have to be part of this journey. Learning about evolving practices – what works and what does not in countries within the region and elsewhere around the world – will be key.

There is less progress in public funding of low-threshold prevention among key populations than in other fields. This might be related with under-developed concept of public health in the countries studied. Therefore, reforms to establish the concept of public health, and related governance and funding, like what was done in Ukraine, are needed. More nuanced Global Fund requirements are needed to encourage co-financing from public sources. Donors should be prepared to co-fund this type of prevention (and advocacy) for longer periods. Sub-national budgets are seen by many interviewees and the advisory group of this mapping as potential sources for key population programming. While the SoS project reports impressive data as do country case studies, separate research would be needed to explore how multiple smaller and larger contributions from local and regional authorities are addressing the needs of PLHIV and key populations. More evidence would be useful to understand the level of investment in advocacy and the impacts of that advocacy. It would be important to study impacts beyond increased funding, like how sustainable local investments are and what lessons can be learned about mobilization of local resources from different municipalities. In this assessment, we noted that, in many countries, sub-national data are not collected at the national level and have a limited role to the overall budgets, Belarus being an exception.

Improved collaboration is needed as, even though funding comes from few donors, there was still duplication of efforts. This mapping effort extracted data from different stakeholders and, where feasible, it tried to align the numbers, impacts, attributions and stories. Interviewees reported increased competition for limited resources and, in some cases, duplication of efforts at regional, national and local levels. This duplication occurred in part because key donors did not always know what other donors fund. With OSF support expected to decline in the near future, regional technical partners, networks, and HIV donors, possibly EJAF and the multi-country project SoS, should address this change and their response. The key partners and donors could explore taking over some advocacy support, convening, and set aside a portion of funding to be used with a greater level of flexibility and proactiveness to address emerging gaps and include diverse voices for the increasingly specialized budget advocacy area. Additionally, better coordination could increase clarity and attribution of the impact of initiatives, particularly in domestic public allocation and progress in social contracting. While HIV financing data exist and are collected, not all data and evidence match, sometimes because of different definitions used and different levels of detail reported.

The SoS project is essential in the region but additional, alternative spaces, initiatives and funding are needed for the engagement of civil society and communities in building sustainable HIV responses and promoting health of key populations. Built on collaboration and inspiring ambition, the SoS project has the largest coverage in terms of geography and partnerships. In 2022-2024, its new iteration will serve as the main advocacy funding source for many – if not most - national groups and will be a significant donor for most regional partners. Nevertheless, it has limitations because of its strength – strong structure, complex management, grounding on real-life experience in Ukraine and focus on specific deliverables. Several respondents and the Advisory Group on Sustainability did not feel it has enabled collaborative reflections and critical thinking. Moreover, some thought that the project's monopoly in advocacy funding compromised the ability of regional networks to express critical views and concentrated capacities in one national partner. Collaborative learning, practical experimentation and action are needed on the following common challenges in sustainability efforts: using savings created by improved efficiency in ART budgets to bolster prevention; ensuring quality and community-centeredness of services in the context of scale-up and standardization; safeguarding that non-HIV needs and universal health coverage of key populations become the reality; and making health priority for governments and budgets. Civil society and community groups working on health, with the support of the two donors and other partners and in partnership with groups outside the HIV orbit, should tap into existing funding streams for supporting civil society and social accountability from the European Communities, USAID and other donors.

Support for national and local efforts. National and local budget advocacy will remain critical for ending the AIDS epidemic and achieving interim ambitious goals set in global and national commitments. Contextualizing, strategic use of opportunities, financial and political support, capacity building, partnerships and focus on results will remain key

ingredients for its success. The following recommendations advise how regional networks, the Global Fund, United Nations and other partners can support those ingredients and national stakeholders:

Capacity and funding

- National capacities should be further strengthened to work on finding and creating efficiencies in HIV, e.g. procurement, greater integration of services with pooled resources.
- While increased domestic investments might be difficult, energies could be focused on designing social contacting including normative base, basic and complementary service packages and quality assurance.
- HIV advocacy and developing social contracting mechanism will need to reposition and find linkages with efforts for epidemic preparedness and prevention, as the world will continue to live with and prioritize COVID where community responses will be critical.
- Regional networks and technical partners should have a dialogue with the OSF and other donor and technical partner headquarters and regional offices on sustaining advocacy for health of the vulnerable and shaping good governance in health in the region.
- Donors and technical partners should commit to continue supporting budget advocacy, filling geographic gaps; creating greater opportunities for LGBT and sex worker communities and addressing the void if OSF discontinues its engagement in the area.
- National partners, especially where civil society and government partnership is strong or non-government principal recipients are in place, should work on fully utilizing the Global Fund country grants in addition to its multi-country and SI support, all of which have their additional value in building sustainability.
- Additional efforts from national advocacy leaders and regional networks should be invested in building capacities, engagement, and joint work with sex workers, LGBT and other communities and local NGOs with less experience in budget and result-focused advocacy and honest assessment of capacities and interests while agreeing on different roles and common ground. One of the areas is the principles and practice of social contracting.
- UNAIDS, the Global Fund, other technical support initiatives and regional civil society partners should help generate demand and utilization of the UNAIDS TSM, and the short term technical assistance under the Global Fund's CRG Strategic Initiative, particularly in countries with fewer funding and technical support opportunities.
- Donors should plan for longer and more dynamic transition of funding for advocacy and key population programming.
- National and regional networks should proactively attract non-HIV partners and donors supporting accountability work and health to create synergies with HIV advocacy.

Learning, collaboration and data

- Improved coordination between donors and providers of technical support (e.g. regular calls and joint planning for specific countries) could improve synergy and reduce duplication of efforts, contributing to greater transparency around advocacy funding, research, more effective planning and evaluating of results. A separate platform might be needed for the Balkans.
- Cross-country learning and sharing, even during the COVID period, should be emphasized. Special spaces should be created for frank reflection of ongoing challenges, with critical thinking encouraged, within and beyond the largest budget advocacy donor, the SoS project.
- Regional networks and multi-country projects should collaborate for learning, monitoring, and evaluation of advocacy results. They could increase synchronicity of their indicators, synergies in data collection, analysis and effort attribution.
- UNAIDS, the Global Fund, the platform *socialcontracting.info*, national authorities and others should work on improving HIV financial data. Common definitions are needed. Efforts are needed to include sub-national funding in country data and improve targeted monitoring of underfunded areas and where increased domestic funding goes.
- Regional networks should explore collaboration with the Global Fund's newly established Health Financing Department. Four areas of collaboration could be: capacity building on health financing for activists, improved tracking of financial data, monitoring the donor key performance indicator 9c for domestic funding and human rights[24], and Global Fund's direct engagement in relevant health financing and UHC reform discussions and with health financing officials in National Health Insurance Funds, Ministries of Finance and Health.
- Additional analysis is required to provide evidence for budget advocacy work including: quality of current social contracting approaches and their compliance with human rights principles; feasibility of sub-national budgets to systemically fund non-basic services for comprehensive coverage; the role and place of community monitoring in sustainability of services and responses; and approaches for better attribution of what advocacy investments and efforts led to what results.

Political dialogue, leverage and donor conditionalities

- Convenings with policymakers and providing healthy competition among countries could enable sustaining and increasing political commitments despite complex agendas and COVID impacts. Areas requiring political support are investment in key population programming, systematizing social contracting models and increased efficiencies, particularly through medicine pricing.
- Donors, the EU, and technical partners should better use their leverage for supporting advocacy. That would require closer collaboration with civil society and community groups.

[24] Percentage of countries with domestic HIV expenditure allocated to (i) social enablers, including programs to reduce human rights-related barriers and (ii) prevention programs targeting Key Populations.

- The Global Fund should further advance its co-financing requirements and monitoring of HIV co-financing commitments and social contracting conditions, especially for prevention among key populations.
- Regional networks and national partners should find approaches to political collaboration with supportive governments, e.g. greater embassy engagement in HIV, health and social contracting.
- Stakeholders should work how to utilize transition planning in increased accountability for domestic investments.
- The SoS Project, UNAIDS together with UNDP, WHO and other technical partners should more actively engage in the Balkan and other transition countries with limited or no partners present and mounting political and sustainability challenges.

Beyond HIV

- The WHO Health System Team, World Bank and the Global Fund's health system strengthening workstream need to discuss and improve cooperation with civil society on health system issues (e.g., inclusion of NGO service providers distinctively from private sector providers in health and public procurement legislation). They could co-convene a meeting with health donors to discuss civil society engagement.
- HIV advocates need to expand collaboration and know-how sharing with other health advocates (TB, mental health, UHC, etc.). Government commitment to health, increased accountability and efficiencies, developing social contracting and UHC that does not leave underserved populations behind could be areas for increased footprint of civil society.

Part 2. EIGHT COUNTRY STORIES

COUNTRIES CLASSIFIED AS LOWER-MIDDLE INCOME[25]

Kyrgyz Republic

Population:	**6.5 million**
PLHIV number estimated:	**9'200** (2020, UNAIDS)
PLHIV virally suppressed:	**43%** (2020, UNAIDS estimate)
Health expenditure as % of GDP:	**6.5%** (2018, WHO data)
Health as % of government expenditure:	**8.4%** (2018, WHO data)

Share of government (domestic public) resources in HIV financing, US$

	2017	2020
- overall HIV expenditure	13% 2.2 million	20% 2.1 million
- HIV treatment	13% 718 thousand	42% 971 thousand
- HIV prevention	8% 437 thousand	9% 190 thousand

All data from UNAIDS financial dashboard

HIV budget advocacy: How civil society organizes itself

The three initiatives of budget advocacy stand out in the country:

- a Budget Coalition called 'For Budget Advocacy in the field of HIV and Other Socially Significant Diseases', largely supported through the Open Society Foundations and Soros Foundation - Kyrgyzstan in 2015-2019,
- the Partnership Network led work under the SoS Project, and
- USAID-supported work on contracting and funding of civil society services.

The Budget Coalition is a loose group of 40 community-based organizations (CBOs), NGOs, and experts working locally, regionally, and at the national level ranging from key population groups to broader patient coalitions - from groups like AFEW Kyrgyzstan to the Central Asia Eurasia Foundation and the Diabetes Association - from sociologists and finance experts to NGOs focused on accountability. Established in 2017, more than half of members of the Budget Coalition focus on HIV, TB, or drug-related issues. Community-based groups of people who use drugs, sex workers, PLHIV, LGBT/MSM and people with TB are part of the Coalition. Coordinated by NGO Sotsium, the Budget Coalition serves as a vehicle for both HIV and broader budget work and conducts capacity building and budget analysis at the stages of both planning and utilization; demands open budgets; engages in state and local social contracting; provides recommendations to MoH, Ministry of Finance, Health Insurance Fund, and the Budget Committee in Jogurku Kenesh (Parliament) and other initiatives.

[25] Classification of 2020 has been used. In July 2021, Moldova moved to the list of upper-middle income countries.

The SoS Project is the only source that funds work on improving the regulation and pricing of medicines and other health products. The Partnership Network (which is also a member of the Budget Coalition) additionally focuses on political and normative processes at the national level, for example, to include health in the mandate of local authorities or to change public procurement legislation.

The International Center of Not-for-Profit Law (also supported by USAID) has led the development of the new version of Law on State Social Contracting in 2017, however, they have not been engaged in operationalizing this mechanism at least in the health sector. However, the USAID-funded Health Policy Plus (HP+) and newly started EpiC programs provide valuable support which has grown in-country capacity to engage in state social contracting with particular support to government structures including the Ministry of Health and the Republican AIDS Center.

Advocacy funding amounts and sources, US$:

US$1,058,871* in 2018-2021 US$264 thousand annually	**18%** (US$188,771**): country HIV/TB grant from the Global Fund **40%** (US$420,000): multi-country grant from the Global Fund, SoS (2019-2021) **36%** (US$344,000): Open Society Foundations and Soros Foundation - Kyrgyzstan **10%** (US$106,100***): Netherlands **<1%:** TBEC, EHRA, ECOM small grants for budget advocacy

**part of this budget is covering human rights advocacy and community mobilization.*

***the amounts for advocacy for key population and PLHIV networks were provided by UNDP which manages the grants. Budget advocacy was part of the scope of advocacy support but two out of four networks prioritized in its work.*

****Estimate derived as one half of the amount provided for city advocacy in Bishkek and Saint-Peterburg through PITCH and AFEW International/AFEW Kyrgyzstan.*

Key achievements and progress

Kyrgyzstan has numerous achievements in increased budgets for HIV and health and has created savings through joint efforts with the leaders within the Ministry of Health, the Republican AIDS Center and the Mandatory Health Insurance Fund.

Funding increase and first NGO service contracting

HIV funding from the national budget increased by more than 7 times in 2018, in comparison with 2016, and remained at similar levels in the following years. In addition to advocacy, the important factor was the Global Fund's requirement of the country's co-financing and also a nearly 2-fold reduction of this donor's allocation which provided a strong argument for authorities to step up. The roadmap of transition from donor funding was successfully incorporated in the National HIV Program 2018-2021.

In 2019, for the first time, the Ministry of Health funded HIV services delivered by NGOs from the national budget through the Republican AIDS Center using the mechanism called 'State Social Contracting'. This funding of around US$45,000 (3 million Kyrgyz som) was contracted to 6 NGOs in 4 regions to reach PLHIV with peer treatment support. In 2020 the social contracting call was cancelled due to the COVID-19 pandemic. In 2021 another US$58,600 (4.9 million Kyrgyz som) was allocated and is planned to be sub-contracted with a similar scope and purpose as in 2019. The social contracting approach used the new edition of the Law on State Social Contracting, which was in place due to efforts outside the HIV sector. However, it was HIV stakeholders who encouraged and supported the Ministry of Health to be among the first ministries to develop its strategy and normative guidance for the mechanism, approving HIV and TB service standards. HIV and TB were included in the state social contracting strategy of the MoH for 2018-2020 and 2021-2023. While the mechanism was originally expected to fund services for key populations, there proved to be challenges within the current legal framework: the current legislation does not allow for anonymous service provision, without using personal ID data which is the practice in needle and syringe programming or outreach work among sex workers, MSM and transgender people, therefore, the current calls do not target them. The Partnership Network and HP+ are already discussing plans to adjust the legal framework. Additionally, respondents mention that the state social contracting programme might also not be the final solution for contracting prevention and alternative models might be needed in the further future when the MoH is able to fund a major portion of prevention.

Successes at local levels

Engaging with local authorities have yielded their buy-in for developing specialized programs that would utilize NGO services, based on the Law on State Social Contracting. Karakol, Kara-Balta, Osh and Bishkek started funding new initiatives. Bishkek, through focused support from AFEW Kyrgyzstan, developed a city program on HIV. In 2019, both Bishkek and Osh joined the Paris Declaration. Impressive results were also achieved outside the two main cities: in Karakol one million Kyrgyz som was included in the 2018-2019 budget for HIV prevention and support for a rehabilitation center for vulnerable women and 400,000 Kyrgyz som were allocated for opening and maintenance of a shelter for PLHIV and key populations in Kara-Balta.

Gains from work on procurement efficiency

The Partnership Network estimates that, in 2020 alone, their work on access to medicines saved more than US$100'000. Their support to the Republican AIDS Center coupled with outreach to generic companies to engage them in Kyrgyzstan led to the reduction of the price of the combination medicine tenofovir/lamivudine/dolutegravir from US$15.5 per package in the 2019 procurement to US$8.01 in the 2020 procurement. Similarly, prices for hepatitis C treatment for PLHIV were nearly cut in half reaching US$245 per treatment course.

Coordination and outlook

Kyrgyzstan has a particularly vibrant civil society with multiple initiatives and partners interested in supporting local processes. There is some level of duplication of efforts and competition among the groups. However, as one partner points out, these overlapping efforts have been synergetic. Additionally, coordination by various donors and regional initiatives could improve.

The political situation has changed drastically with the new government focused on family values. As a result, some LGBTI activists, for example, are already considering evacuation from the country in fear of their lives. This together with a slow economy (characterized by high deficit and debt) make a major increase in domestic funding for HIV and vulnerable groups unlikely in the near future. The respondents interviewed for this assessment plan focusing on further advancing normative work, transparency and efficiency initiatives in the coming years, as well as focusing on sustaining the key populations' rights and programming in the context of the negative political environment.

Success story: **Broader health advocacy at work**

A recent evaluation of the work of the Budget Coalition documented several important broader influences made by the Coalition:

- Kyrgyzstan joining the Open Government Partnership, an organization of reformers inside and outside government to promote transparent, participatory, inclusive, and accountable governance. The country took on 17 commitments in 2018-2020; some are around participatory budgeting and auditing.
- The projected budget for health planned by the Ministry of Finance was increased from 18 billion Kyrgyz som (US$215 million) to 20 billion Kyrgyz som (US$239 million) in 2020.
- Full funding of hemodialysis and improved access to diabetes and cancer medicines from the state budget.
- Broad training reaching 565 civil society representatives through 43 training events and 25 round tables, utilizing advanced budget training from the Budget Advocacy School in Ukraine.

Sources used:

- *Interviews with Aibar Sultangaziev, Partnership Network; Aibek Mukambetov, Soros Foundation – Kyrgyzstan; Batyrbek Assembekov, HP+/Palladium;*
- *Additional information from Ekaterina Novikova, Partnership Network; Inga Babicheva, UNDP; Natalya Shumskaya, AFEW Kyrgyzstan;*
- *Description of work on ART optimization and improving procurement from 100% Life;*
- *Фонд «Сорос-Кыргызстан». Итоги бюджетной адвокации в Кыргызской Республике 2016-2019 гг., 2020 (автор: Лариса Башмакова).*

Reviewed by: Alexandrina Iovita, Global Fund.

Moldova

Population:	**2.6 million**
PLHIV number estimated:	**14'589** (2020, Spectrum)
PLHIV virally suppressed:	**41%** (2020, UNAIDS estimate)
Health expenditure as % of GDP:	**6.6%** (2018, WHO data)
Health as % of government expenditure:	**11.95%** (2018, WHO data)

HIV financing: Share of government (domestic public) resources, US$

	2017	2020
- overall HIV expenditure	38.8% 3.3 million	58.6%* (2019) 5.1 million* (2019)
- HIV treatment	48%* 2 million (2018)	67% (2019) 2 million (2019) *100% for ART (2021, respondent)*
- HIV prevention	20%* 713 thousand (2018)	52% (2019) 1.4 million (2019) *79 thousand for key population programming** (2020)*

Data from UNAIDS financial dashboard unless indicated otherwise;
** GAM reports of 2018 and 2020; ** from socialcontracting.info.*

HIV budget advocacy: How civil society organizes itself

The Key Affected Population Committee or KAP Committee in the context of HIV/AIDS and TB (*Comitetul comunităților afectate în contextul HIV/SIDA și al Tuberculozei, CAP*), supported by the Global Fund CCM funding, serves as the body for coordination and communication on budget advocacy. It includes community groups of PLHIV, LGBTIQ, people with TB, and people who use drugs. There are three organizations that lead on budget advocacy:

- the PLHIV-led organization, *Initiativa Pozitiva*, an umbrella organization of various service providers and other NGOs and the lead national partner of the SoS Project;
- *The Union for HIV Prevention and Harm Reduction (UORN)*, which was a partner of the previous GF supported multi-country projects, "Harm Reduction Works! Fund it" and "Cities";
- the newly formed Platform of Organizations working in TB.

The structure of the organization of civil society is evolving. Plans are set to include communities of sex worker and transgender activists. The key partners of civil society on budget advocacy are the National HIV and TB Program Coordination Units; municipal leadership in the fields of health and social affairs; UNAIDS; and others.

Funding amounts and sources, US dollars:

US$1,170,000* in 2018-2021	**35.7%** (US$417,288): multi-country grant from the Global Fund, SoS (only 2019-2021)
US$292.5 thousand annually	**34.5%** (US$404,077): country grant from the Global Fund **19.9%** (US$232,323): UNITAID for medicine patent-related work **<10%:** UNAIDS (2018-2019), Soros Moldova Foundation (only 2019), GNP+ (only 2021), Cities project (2019), UNDP (2019-2020)

**part of this budget is covering human rights advocacy and community mobilization. An estimated one-third of the multi-country grant is spent on human rights-related programming.*

Key achievements and progress

The Global Fund's co-financing requirements as well as relentless collective efforts from experts, UN, and civil society have been key to success so far. There were important achievements despite frequent political changes and strained relations between key HIV stakeholders. In 2017, the National HIV/TB Council decided to remove the NGO principal recipient from the HIV grant from the Global Fund to create efficiencies, but that was painful and led to tensions. Nonetheless, Moldova participated in nearly all the Global Fund's multi-country grants on HIV, which is in part due to partners being proactive and open to cooperation.

HIV treatment optimization and cost

The government of Moldova has fully taken over the provision of HIV treatment and is expanding access (though it still fell short of attaining the UN 90-90-90 goals for 2020) while also preserving low drug prices. These lower prices have been maintained since the State Center for Centralized Procurements in Healthcare (CAPCS) took ARV procurement over from UNDP in 2019. Low ARV prices in this small country have been achieved through several strategies. WHO expertise was leveraged to achieve treatment optimization based on WHO recommendations. The approach taken secured the support of patients, clinicians, and the National HIV Coordinator support during the process. Significant engagement from the regional partners, ITPCru and 100% Life, helped to secure the support of the Ministry of Finance to use a more transparent method of tendering. Starting in 2021, they began to use electronic tendering systems and partnered with the CAPCS for other improvements in nomenclature listing and procurement process.

Success story: **Community monitoring**

Initiativa Pozitiva started monitoring tender processes only in the last two years. It has received significant expert and technical support from ITPCru and 100% Life. Its capacity was built at ECAT meetings and through joint work on planning and implementing advocacy. Monitoring of tender documentation and offers submitted for 2021 flagged the risks of overpriced Emtricitabine/Tenofovir disoproxil (FTC/TDF) and Ritonavir (RTV) in comparison with 2020. In 2020, Abbvie suspended its ritonavir/lopinavir patent which created opportunities for generics.

Advocates successfully called for the cancellation of the tender. Not only did they inform the Ministry of Health and CAPCS of the risk of overpaying, but they suggested a specific approach to reframing the tender and provided analysis of the market. Furthermore, they reached out to generic manufacturers to gauge their interest in the Moldova tender and negotiated with them the potential price, while providing information on local procedures, cost, and prices for registration and tendering documentation. The new tender resulted in savings, estimated at US$650,000 for FTC/TDF and RTV.

Prevention funding and mechanism

Prevention remains highly dependent on the Global Fund. It was not easy to find a state budget line that could fund prevention in significant amounts. In 2016, a consensus was reached that a special pool for general prevention within the National Health Insurance Company (CNAM), the priorities of which are decided on an annual basis by the Ministry of Health, would be the best source of funding initially. In 2017, with the support of the Minister of Health and the CNAM leadership, the first two contracts were granted amounting to US$120,000 to reach 1000 people who use drugs in Balti and 700 people from different key populations in the capital city[26]. Importantly, they included the possibility to procure syringes and other commodities. Funding for prevention among the three key populations and for peer-led HIV treatment support in later years came from that pool though the amount has significantly reduced since. The allocation and contracting processes required annual efforts since the priorities are defined each year and there were additional complexities due to changes in the leadership of the ministry and CNAM. The advocates are starting to think of alternative pools of funding within CNAM that could enable greater stability and greater financial sustainability, however, those new options might come with more stringent requirements and other difficulties. The TB field is also looking at similar ways to support the state to engage NGO services, from the outpatient care pool within CNAM. In 2021, an expert from the Ministry of Finance will be engaged to explore if the savings due to HIV treatment optimization and pricing could be directed to unfunded HIV prevention.

The country has made significant political and regulatory developments, with standards for prevention and treatment support being adopted, and the National HIV Strategy 2021-2025 including specific targets for each of the key populations. The first costing of needle and syringe programming was conducted already in 2013. Costing of all services traditionally delivered by NGOs is planned for 2021. Additionally, the integration of services with the government care system might also expand further. Currently, Narcology Service and Dermatology and Communicable Diseases Hospital engage NGO staff for service delivery, while the Prison and Probation Services sub-contract some services from NGOs.

Local investment

The good reputation of services and dialogue with local authorities has led to the allocation of funding from municipalities. Both Balti and Chisinau joined the Paris Declaration. Chisinau and Balti established a city program for HIV, TB and hepatitis with indicators and budget. In Balti, a mechanism of intersectoral collaboration was developed to integrate the efforts to identify and support people living with HIV and tuberculosis. Funding from municipalities is intended to complement the core services increasing their comprehensiveness but, in 2020, it constituted more than one-third of domestic public funds for HIV prevention. Additionally, in the conflict area in the Left Bank[27], the *de facto* authorities of the non-government-

[26] https://www.unaids.org/en/resources/presscentre/featurestories/2017/october/20171019_moldova

[27] Tiraspol and other cities

controlled area invest in HIV treatment. This has been achieved through diplomatic and dialogue efforts. The Global Fund and its requirements played a role, as did the leadership of the national HIV program, UN agencies, health experts, and NGOs, as part of the country's HIV commitment to ending the AIDS epidemic in the whole territory of Moldova.

Advocacy in the health sector, outside HIV

There is significant capacity and growing interest from civil society to engage in broader advocacy outside HIV, however, funding is significantly limited for those opportunities. Examples of such work include:

- Center for Health Policies and Studies (PAS Center) is conducting health policy monitoring and influencing. It successfully helped to prevent regressive proposals in tobacco control, transparency in the health sector and is currently working on advancing legislation for domestic financing of palliative services and legislation on access to medicines. PAS Center piloted social accountability model engaging patients for improving quality of care in hospitals. Its work has been supported with US$50-70 thousand on average per year, mainly from Soros Foundation Moldova[28].
- TB community mobilization and advocacy benefits from two sources. TB-REP 2.0 funds SMIT for advocacy of people-centered TB care model in average with around US$30 thousand per year, however, the support will end in 2021. The support to the TB community from the Global Fund country grant will increase 12-fold from EUR 10,900 in 2018-2020 to EUR 130,500 for three years in the new grant for 2021-2023. Additionally, a series of research has been conducted to support advocacy, for example, the Optima TB model for optimization of TB expenditure in 2018.
- Initiativa Pozitiva, a PLHIV-led group, is starting a project for transparency and improved rational use and management of stock in the hospital system, with co-funding from the UN Development Programme and continues to fundraise in partnership with Open Contracting Partnership. It builds on the open data website developed for HIV with UNAIDS and called *HIV ScoreCard*, available at https://scorecard-hiv.md/ru. They are also keen to expand patient organizing and collaboration beyond HIV.

Sources used:

- *Interviews with Ruslan Poverga, Initiativa Pozitiva; Stela Bivol, PAS Center;*
- *Exchange with Ala Iatco, UORN; Vitalie Slobozian, Soros Foundation Moldova;*
- *National HIV Coordinator's reported data for socialcontracting.info, Institute for Public Policy, 2021;*
- *Description of work on ART optimization and improving procurement from 100% Life*
-

Review by: Ala Iatco; Vitalie Slobozian; Stela Bivol; Constantin Cearanovski, Initiativa Pozitiva; Alexandrina Iovita.

[28] Details available at: http://www.pas.md/en/PAS/Projects

Ukraine

Population:	**44.0 million**
PLHIV number estimated:	**260'000** (2020, UNAIDS estimate)
PLHIV virally suppressed:	**53%** (2020, UNAIDS estimate)
Health expenditure as % of GDP:	**7.7%** (2018, WHO data)
Health as % of government expenditure:	**8.9%** (2018, WHO data)

Government contribution to the HIV response, US$

	2017	2020
- overall HIV expenditure	42.9% 46.2 million	42.3% (2019) 42.2 million (2019)
- HIV treatment	23% (2016) 12.8 million (2016)	56% (2019) 22.1 million (2019) *80% for ART alone in 2020 & 100% in 2021 (2020, Public Health Center[29])*
- HIV prevention	18% (2016) 3.3 million (2016)	20% (2019) 2.7 million (2019)

All data from UNAIDS financial dashboard

HIV budget advocacy: How civil society organizes itself and how it is funded

Ukraine's landscape of HIV advocacy and community system strengthening is particularly vibrant. There are some 70 NGOs currently providing HIV services, and at least a similar number of community groups are engaged in mobilization of key population groups, often united in national networks, and a strong set of watchdog and expert NGOs operate in the country. With one of the most severe HIV epidemics in the EECA region, the country benefits from a significant presence of donors and the ability of national partners to attract international projects on HIV, accountability, and human rights. With the support of UNAIDS, AFEW Ukraine, and others, the National Platform for Key Communities was formalized in late 2017 and used the PITCH and the Global Fund's country grant to build the meaningful participation of key population representatives in regional and national coordination bodies for HIV and TB. There are other different platforms for coordination in different thematic areas but no specific separate platform for coordination of all civil society. HIV and TB budget advocacy is being coordinated among multi-sectoral stakeholders under the Strategic Group for the Implementation of the Transition Plan of the National TB and HIV/AIDS Council (NC, which also serves as the CCM). It includes representatives from the Public Health Center under the Ministry of Health, other government institutions, international and technical partners, civil society, communities, and others. The Global Fund supported work on human rights and advocacy is planned and coordinated among the three principal recipients including the Center for Public Health under the Ministry of Health; they have signed Memorandum of Understanding and workplans.

[29] Hetman L, The Public Health Center under the Ministry of Health presentation 'Optimization of antiretroviral therapy in Ukraine 2017 - 2020' at the Regional meeting on the access and prices of the ARV drugs in SEE countries, 15 December 2020

The two civil society principal recipients of the Global Fund's country grant: 100% Life (a PLHIV-led network); and the Alliance for Public Health; manage most advocacy initiatives implemented by civil society with funding from the Global Fund, USAID and others. They act as both implementers and donors to other civil society groups. 100% Life leads advocacy for better pricing of HIV, TB, hepatitis medicines and attracted support for this work from Aidsfonds and UNITAID. Local and regional organizations are extensively engaged in budget advocacy through several initiatives, notably with support from the International Renaissance Foundation (IRF) and OSF, and the Global Fund program's advocacy programming under the country grant, managed by 100% Life. Coordination between the two donors is eased by the engagement of the same TA and capacity building platform, the Budget Advocacy School for Capacity Building. The Institute of Analysis and Advocacy, closely linked to the Budget Advocacy School, serves as an analytical hub for monitoring the transition and reform-related developments across various regions, and offers additional solutions and is one of the most active members of the NC's Strategic Group for the Implementation of the Transition Plan. Furthermore, the IRF, which sees budget advocacy as part of broader efforts to enhance accountability and good governance in health, also helped to engage transparency groups like Open Contracting Partnership which now works on procurements in health in Ukraine.

Budget advocacy funding amounts and sources, US dollars:

US$5 million* in 2018-2021	**34%** (US$1.7 million): Netherlands & Aidsfonds
US$1.25 million annually	**25%** (US$1.26 million): country grants from the Global Fund
	20% (US$1 million): International Renaissance Foundation and OSF
	9% (US$466,923): UNITAID for medicine patent-related work
	8% (US$384,800): Cities project from the Global Fund
	3% (US$173,337): USAID/PEPFAR

**part of this budget is covering human rights advocacy and community mobilization.*

Key achievements and progress

Ukraine secured a major increase in domestic funding for its national HIV program. Its 20-50-80 transition plan outlined ambitious milestones reflecting a progressive annual increase in the portion of funding for HIV prevention and care support programs from domestic public investment from 20% in 2018 to 80% in 2020. This transition formula received much global interest and praise[30],[31], particularly because Ukraine began to build financial sustainability early, while it is still a lower-middle income country, and despite an

[30] 20–50–80 to reach 100 in Ukraine. UNAIDS feature story, 06 November 2020, available at: https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201106_ukraine-20-50-80

[31] Nechosina, O., O. Semeryk, A. Nitsoy, I. Reshevska, R. McInnis, and K. Beardsley. 2019. Social Contracting in Ukraine: Sustainability of Non-Medical HIV Services. Washington, DC: Palladium, Health Policy Plus. Available at: http://www.healthpolicyplus.com/ns/pubs/15337-15613_SCUkraineanalyticalbrief.pdf

an ongoing conflict in Donbas. The transition also enabled significant expansion of prevention programming implemented by NGOs. The following analysis of the preconditions for and implementation of the 20-50-80 plan show that many challenges were overcome (often due to the efforts of leaders with roots in the HIV movement) and some challenges remain.

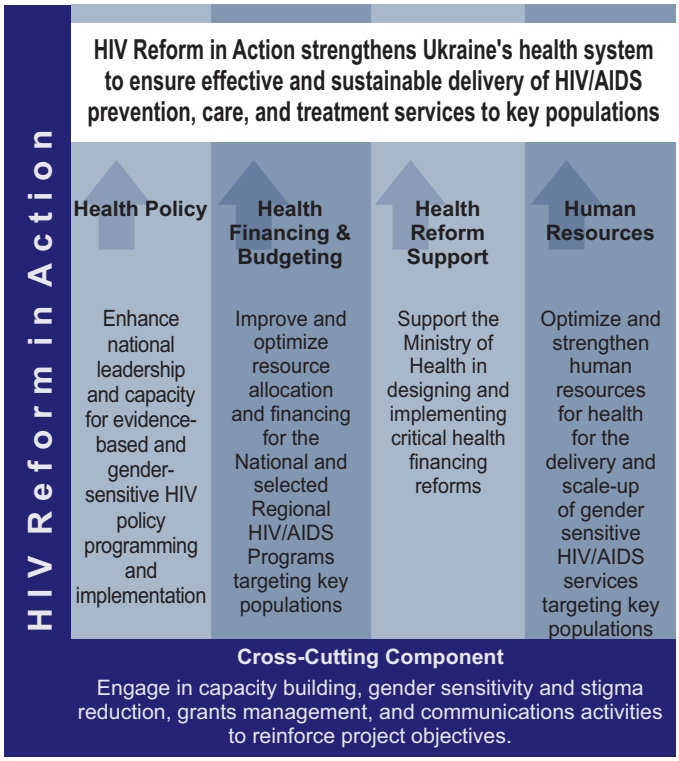
Health system reform enhancing the HIV response

The 2014 Maidan revolution brought a new government to power which was committed to reforms. In the same year, the Ministry of Health, together with the IRF, formed a Strategic Advisory Group which, in 2015, put forward the National Health Reform Strategy for Ukraine 2015-2020[32]. The reform document replaces the Soviet control-based model of sanitary epidemiological service with a 'public health' system, aimed to preserve and promote health, including by strengthening social participation and emergency preparedness against health threats like HIV and TB epidemics. Before the reform, harm reduction and other services for key populations could not find space in the government health and social systems because they were so different from traditional medical or social services. Now they are an integral part of the official public health system. Health reform moved the country towards an insurance-based system that includes HIV in the 'universal uninsurable packages' which are to be provided for people independently of their insurance status. Furthermore, the reform strategy recognizes the role of civil society in service delivery.

Donor flexibility

Existing initiatives shifted their programming to ensure technical and financial support for the reforms. Since 2013, USAID/PEPFAR has funded Deloitte to implement a multi-partner 5-year project, called 'Health Systems Strengthening for a Sustainable HIV/AIDS Response in Ukraine' but more commonly known as HIV Reform in Action (HIVRiA). In 2015, Deloitte refocused the last 3 years of the project to support health system reforms and building HIV sustainability including revisiting service delivery models and public funding mechanisms, such as piloting the first decentralized

Figure 14



[32] Patients of Ukraine, Ministry of Health of Ukraine, IRF & Strategic Advisory Group. National Health Reform Strategy 2015-2020. Available at: https://en.moz.gov.ua/uploads/0/16-strategy_eng.pdf

years of the project to support health system reforms and building HIV sustainability including revisiting service delivery models and public funding mechanisms, such as piloting the first decentralized model of public contracting of HIV services delivered by NGOs in 2017-2018.

HIV civil society experts as agents of change

HIV civil society experts were important agents of change, influencing the development of the reform document. Professor Volodymyr Kurpita who was the Executive Director of the All-Ukrainian Network of PLHIV (now 100% Life) became the Chair of the Strategic Advisory Group. A number of professionals from civil society joined government structures including the Ministry of Health and the newly established the Public Health Center (which led the process of conceptualizing and leading the practical development of the public health system) in order to be involved in implementing the reform. There were also regional civil society actors serving agents of change, often trained and supported under the HIVRiA project and the IRF efforts.

Budget advocacy

The IRF and its global partner, Open Society Foundations, had introduced the concepts of budget advocacy and increased accountability to the HIV movement even before the health system reforms began. With their support, the NGO, Light of Hope, a successful community-led advocacy group and service provider in Poltava, helped to contextualize the concepts of budget advocacy for HIV in Ukraine, and establish the Budget Advocacy School for capacity building on HIV budget analysis, advocacy, and preparedness of NGOs for entering government contracts. The IRF found a strong national ally for supporting regional advocacy for increased reliance on domestic funding in the NGO, 100% Life, (then Ukrainian Network of PLHIV), with the Global Fund grant and USAID project support. The success of generating significant investments from local budgets helped to convince the other principal recipient, the Alliance for Public Health (then International HIV/AIDS Alliance in Ukraine) and others in the country that it was realistic to mobilize substantial public funding to replace the Global Fund and PEPFAR support for programming for key populations.

The 20-50-80 transition plan

When the Global Fund's Board adopted the Sustainability, Transition and Co-Financing Policy, Ukraine got a clear message to plan for reduced donor investment and increased domestic resources during the new 2017-2019 funding allocation cycle. The NC's Strategic Group for the Implementation of the Transition Plan agreed to the 20-50-80 Transition Plan in 2017.

As the country was preparing its funding request to the Global Fund in 2017, the leaders of the new PHC and other stakeholders were eager to showcase the government's increased capacity and commitment. By then, 60% of the cost of ARVs were already funded by the government and in 2018 the government committed funding 80% of the OAT medications. Domestic funding for prevention would be needed for the country to live up to its 20-50-80 commitment.

Finding the funds through engagement with budget planning cycles

The implementation of the 20-50-80 plan faced major challenges. In 2018, advocates engaged with 2019 state budget cycle late (having started in November though planning had begun in March). By the time they got involved, the budget plan was already struggling with a high deficit. Nonetheless, a new budget line for public health services including key population programming was created, despite a challenging dialogue with the Ministry of Finance. The PHC decided to combine the three national programmatic documents on HIV, TB, and hepatitis into one strategy for the three diseases, the State Strategy in the Area of Response to HIV/AIDS, TB and Viral Hepatitis until 2030[33]. One respondent estimated that this integrated program created efficiencies that enabled savings of some 3-4 billion Ukrainian hryvnia, some of which were invested in prevention. It was significantly easier to influence planning of the 2020 state budget because there was already a specific budget line for public health services. The PHC and civil society engaged with the 2020 budget planning cycle early.

Case: HIV treatment optimization creating savings that are reinvested in expanded access

In 2016-2020, Ukraine underwent optimisation of their HIV treatment program, moving away from a highly individualized approach that used multiple combinations of HIV medications to more public health approach. It adopted newer regimens for the first line as recommended by the WHO, offering newer treatments and expanding the use of dolutegravir (DTG) which has a high resistance barrier and low toxicity. At the same time, the annual cost per patient of DTG-based regimen TFC/FTC + DTG was cut from US$1854 in 2016 to US$121 in 2018. Similar cuts were seen across different ARVs.

This treatment optimization and improved pricing supported the country's transition from donor support to full coverage of ARVs from the state budget, starting from 2021. At the same time, ART coverage was scaled up with an additional 32,000 PLHIV enrolled between 2017 and 2020 contributing to a total of 120,000 people receiving ART by the end of 2020. The average cost of ARVs per patient per year dropped from US$298 to US$257 in the same period, allowing more patients to be treated with less incremental cost. Savings in treatment budgets (along with the reforms in public health described above) freed state funds for prevention. Additionally, optimization made management easier - simplified forecasting and improved management of procurement of medicines. Not only the optimisation enabled much faster treatment initiation, with 56% of people initiating ART on the day of their diagnosis. It also opened more possibilities for engaging primary care in treatment provision. Initially, the optimisation was met with significant resistance from clinicians and some PLHIV community leaders, however, this was reversed over time.

[33] Available in the Ukrainian language at: https://zakon.rada.gov.ua/laws/show/1415-2019-p#n11

Figure 15

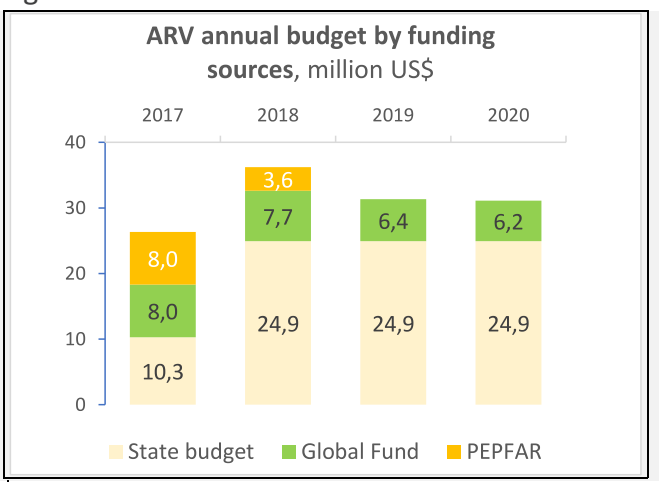
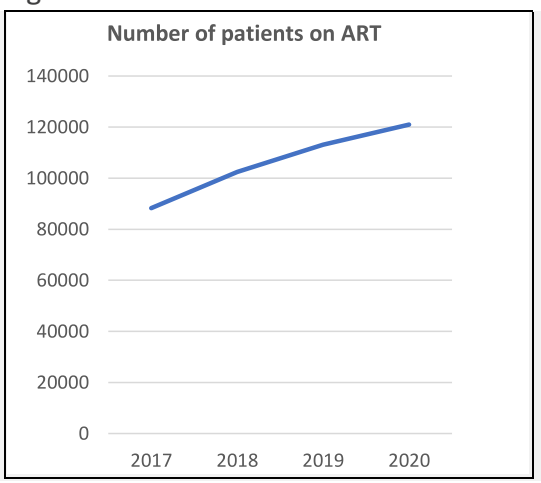


Figure 16



Partnership between the Public Health Center, and the patient community represented by 100% Life together with external expertise from WHO and donors were critical both for changes in clinical regimens and price reduction. 100% Life partnered with the International Treatment Preparedness Coalition and used the Global Fund's country grant and UNITAID support to: identify priority medicines and strategies for reducing prices; improve treatment budgets; engage in strategic patent litigation; negotiate with manufacturers and others; and to press patent-holders to include Ukraine in voluntary licenses to the Medicine Patent Pool.

Based on Hetman L, The Public Health Center under the Ministry of Health presentation 'Optimization of antiretroviral therapy in Ukraine 2017 - 2020' at the Regional meeting on the access and prices of the ARV drugs in SEE countries, 15 December 2020

Finding a model for contracting NGO services

An initial decentralized model of sub-contracting NGOs through regional health authorities, piloted in two oblasts with strong NGOs, Sumy and Poltava, was not successful. The model had to be rethought. Different options were considered, including the Ministry of Health contracting providers through the current principal recipient NGOs as intermediaries, however, the size of those two contracts would substantially increase the rigidness and length of the public procurement procedures. In the revised model, the PHC was selected to serve as the direct contractor of the NGO service providers, providing one contract per key population in each administrative region (oblasts and the Kyiv city) through a unified portal for all state public procurements, www.prozzoro.ua.

Reaching agreement on the documentation for tendering, service standards, costing and other elements required addressing the needs of HIV community and the government agencies as well as alignment with state budget and public procurement regulations. It was a learning process for all partners and required significant interaction and efforts between the PHC, the Ministry of Health and the Ministry of Finance to fine tune the documents that would eventually be approved by the latter. Two personalities, one from government (Viktor Liashko who served as the deputy director of PHC at the time and currently is the Minister of Health) and another from grass-roots civil society (Maxim Demchenko from NGO Light of Hope) led much of thinking around the national HIV response's sustainability.

In 2019, the first pilot service contracts were issued in October, leaving only 3 months instead of 6 months for implementation. The Global Fund increased its share for prevention and treatment support that year. In 2020, the pilot continued with greater preparedness within the PHC and among NGOs. The PHC had to build its own capacities, engaging with lawyers and experts in procurement procedures, and address the cancellations of tenders where complaints were received. Other challenges came up during those processes. The government lacks flexibility; a high administrative burden came along with the contracts. There was significant dissatisfaction from service providers, notably those that serve the MSM community. NGOs with large service contracts with the state lose their non-profit status which is important for them to have as it enables lower taxation, lighter reporting requirements, exemption from paying VAT, and less control from fewer state institutions. Contracts for periods longer than one year (otherwise called 'framework contracts') are not possible. Only basic packages are supported through state programs. Some NGOs competing for the contracts offered 'dump' prices (unfeasibly lowered prices) and there were conflicts among service providers that required mediation to enable them to agree on joint bids for state contracts instead of competing.

Challenges ahead

Work towards a sustainable HIV response in Ukraine is far from over. The 20-50-80 plan formally came to an end in 2020. National respondents indicated that, as the 20-50-80 plan foreseen, by 2021, the Public Health Center funds more than 90% of the basic packages of prevention among the three key populations (amount to more than US$2 million in 2020 alone[34]), while the donors support all the commodities and supplementary services. Based on the projections of funding needs and domestic funding for programming among the four groups (PWID, MSM, sex workers and transgender people) for 2021-2023, less than one quarter of funding needed will be funded from domestic sources in 2023. Domestic funding is projected to increase for people who inject drugs, however, its reduction is planned among MSM[35] . Also, state funding for HIV prevention covers only basic services. While some expect national funding to support the more comprehensive services that are now funded by the Global Fund and USAID, others believe regional authorities should take over funding these.

HIV and TB services are increasingly integrated into primary care services (for example, OAT could be delivered through family doctors since 2017). NGOs, which traditionally worked with specialized vertical AIDS, TB and narcology centers, will need to adjust their role and partnerships to adapt to these changes.

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[34] Public Health Center's data posted at: https://socialcontracting.info/countries/ukraine-2019/?country_section=financy

[35] Based on Ukraine TB and HIV funding landscape's 'HIV Gap Detail Module' sheet, submitted to the Global Fund as part of the country's funding request. Accessed at: https://data.theglobalfund.org/investments/documents

Lessons

Ukraine's story is particularly bold both in terms of the change that was envisioned and how stakeholders approached making the envisioned change take place. Some key factors in Ukraine's success that make it stand out from other countries studied include:

- A strong civil society enabled people from the HIV community to become agents of change influencing health reform overall and strong collaborative approach during the transformation.
- Health reform was designed (in addition to other objectives) to enable an improved response to HIV.
- Efficiencies were found in integrating responses to 3 diseases and the savings were reinvested into HIV enabling expanded access.
- Treatment optimization and strategic, multifaceted work to reduce pharmaceutical prices led to savings that enabled expansion of access to treatment.
- Bold reforms require overcoming unexpected hurdles and implementation of change cannot be all fully planned. Such reform requires flexibility and careful monitoring and support throughout the process.
- Donors flexibility in supporting reforms aided but even greater flexibility and offering buffers would be helpful in anticipation that some plans will fall through.

Sources used:

- *Interviews with Olena Kucheruk, International Renaissance Foundation; Professor Volodymyr Kurpita, Mohyla Academy's Public Health School and former Director of the Center for Public Health under the Ministry of Health*
- *Hetman L, The Public Health Center under the Ministry of Health presentation 'Optimization of antiretroviral therapy in Ukraine 2017 - 2020' at the Regional meeting on the access and prices of the ARV drugs in SEE countries, 15 December 2020*
- *Ukraine's funding request for 2021-2023 to the Global Fund. Access in the Global Fund's database at: https://data.theglobalfund.org/investments/documents*
- *Advocacy funding data provided by Evgeniya Kononchuk, 100% Life; Anton Basenko and Pavlo Skala, Alliance for Public Health (PITCH project); Ievgen Kushnir, Alliance for Public Health (Cities Project; Global Fund country grant support for fast-track city advocacy).*

Reviewed by: Olena Kucheruk; Alexandrina Iovita, Global Fund.

UPPER-MIDDLE INCOME COUNTRIES WITH DONOR SUPPORT

Georgia

Population:	**3.7 million**
PLHIV number estimated:	**8'400** (2020, UNAIDS estimate)
PLHIV virally suppressed:	**65%** (2020, UNAIDS estimate)
Health expenditure as % of GDP:	**7.1%** (2018, WHO data)
Health as % of government expenditure:	**10.3%** (2018, WHO data)

Share of government (domestic public) resources in HIV financing, US$

	2017	2020
- overall HIV expenditure	67% 13.4 million	78% 12.4 million
- HIV treatment	58%	74.5% 1.1 million for ART alone
- HIV prevention	71%	77% 5.9 million **Without OAT and synergies with health sector: 13.2% or 0.27 million*

Data for 2017 from UNAIDS financial dashboard; data for 2020 are from GAM 2021.

HIV budget advocacy: How civil society organizes itself

Created 12 years ago, today the Prevention Task Force (PTF) unites most organizations operating in the HIV, TB, and hepatitis C fields in Georgia. While not incorporated as a legal body and without its own funding, it serves as an umbrella for civil society and communities' consultations, where, as one respondent put, 'civil society can express itself on its own'. The PTF does not run advocacy projects itself, however, it elects civil society and community representatives to the Country Coordinating Mechanism and operates as a regular input and feedback mechanism for those CCM members. The LGBTIQ community organizations joined the PTF only recently. International organizations (Red Cross, OSGF) attend the PTF. The PTF undertook strategic planning withsupport from the Open Society Georgia Foundation (OSGF). Co-hosting of the PTF secretariat rotates every two years.

In the last three years, the two budget advocacy initiatives stand out: one implemented under the regional SoS Project, managed in the country by the Georgian Harm Reduction Network (GHRN), and another under the umbrella of OSGF support. The latter engaged the Ukraine-based Budget Advocacy School for capacity building in 2018 and followed that up by funding 5 NGO projects to engage in budget and other advocacy, all but one of which was implemented at the city/regional levels. Both initiatives work with the regional authorities to raise the awareness of key population needs and of the transition away from dependence on donor funding taking place. The OSGF support reaches beyond HIV, for example, one grantee works on developing drug dependence rehabilitation standards and costing in order to secure state funding for those services.

Funding for advocacy is becoming limited. The country is one of the few EECA countries that has been part of all the past and ongoing regional grants supported by the Global Fund but only one such HIV grant operated in 2020-2021. The OSGF support for key population, HIV and health advocacy in 2019-2020 was 3-4 times less than it was in previous years. Reforms within OSF including the closing of the Public Health Program in 2021 at the global office and the expected reform of regional and national structures - bring uncertainty around the ability of the OSGF to continue to prioritize support of budget advocacy. Limited funding for advocacy was included in the Global Fund's country's grant for 2019-2022, though it was not for budget advocacy.

Advocacy funding amounts and sources, US$:

US$365,000 in 2018-2021	**18%** ($65,000): multi-country grant from the Global Fund, SoS (2019-2021)
US$91.25 thousand annually	**82%** ($300,000): Open Society Georgia Foundation and its OSF partners

Key achievements and progress

Probably the largest achievement in advocacy is the country's ownership of its opioid agonist (substitution) therapy (OAT) program. Since 2018, OAT has been fully funded domestically, amounting to US$3.6 million in 2020[36]. It reached an estimated 48.5% of those in need already in 2018[37], serving approximately 12,000 in 2021, based on the respondents' estimates. This essential component for HIV, hepatitis C, TB and drug dependence management is now funded under the State Program of Treatment of Patients with Drug Addiction. Key to this achievement was the strong support from state drug treatment and health institutions and a robust movement for drug policy reforms. The CCM and the National Center for Disease Control and Public Health (NCDC), which became the principal recipient for the Global Fund grants in 2014, were particularly instrumental. Two other critical enablers that helped were: the country's commitment to eliminate a highly prevalent hepatitis C epidemic; and multisectoral work on harm reduction with the engagement of expertise from Ministry of Finance which started under the regional Global Fund-supported project 'Harm Reduction Works – Fund It!' in 2014-2017.

Funding for HIV treatment remains in part dependent on the Global Fund support. This international support enables Georgia continuing using the Global Fund's Pooled Procurement Mechanism (PPM) for both sources of funding - the Global Fund grant and domestic funds. The PPM offers low prices of patented and generic medicines, and low procurement service fee. Moreover, as of early 2020, only 4 out of 24 procured medicines have

[36] Draft Georgia Global AIDS Monitoring 2021 report with detailed account of the 2020 expenditure.

[37] UNAIDS key population atlas, referencing the 2018 country programmatic data.

been registered by the manufacturers in the country, however, since the medicines offered by PPM are prequalified by WHO or registered with stringent authorities, the country can safely use the registration waiver to overcome the challenging low interest of manufacturers to register medicines in a small market[38].

Transition planning and implementation

Georgia developed a sustainability and transition plan through a robust multi-stakeholder process and under CCM leadership in 2016[39],[40]. The Global Fund's support was instrumental not just for developing the plan but also for enabling civil society engagement in this process and develop monitoring tools[41]. The government approves annual state programs, including for HIV and TB, on annual basis, based on the approved upcoming year's state budget. However, neither the sustainability and transition plan nor the national HIV strategic plan for 2019-2022 that incorporated some elements from the sustainability plan have been approved through a legally-binding normative act, as planned[42]. Civil society has developed awareness-raising instrument for transition plan in 2017 with the Global Fund's CRG technical support[43]. In 2021, the SOS project supported the transition monitoring tool and its application in Georgia[44], which are yet to be finalized and put to use after substantial comments from the NCDC and the Global Fund. On the other hand, the progress in the state taking over financing the HIV response is significant, not just for treatments including OAT but also diagnostics and, starting in 2020, low-threshold prevention.

Public contracting and financing of NGO services

In 2020, the country piloted domestic funding of testing for people who inject drugs through NGO services. The NCDC's national program department was charged with implementing the pilot model; the Global Fund's grant is managed by a much smaller international program department, which helped to design the pilot. The NCDC selected GHRN as a partner, with the Minister of Health signing a special order instructing collaboration with the GHRN and its sub-contracted partners. For the NCDC department responsible for national programs, it was the first time it collaborated with an NGO, having previously worked only with state and private sector. The GHRN is not a service provider itself; it serves as an intermediatory for sub-contracting services to its members to deliver testing interventions.

[38] Soselia G. Procurement of HIV Antiretroviral Medicines in Georgia, 2020

[39] Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia & NCDC. The Global Fund Programs in Georgia. Brief 2020. Accessed at: https://test.ncdc.ge/Handlers/GetFile.ashx?ID=7168bfc8-3c84-4d9a-87f1-491d53ce7716

[40] Curatio International Foundation. Georgia Transition Plan

[41] Analysis of the plan and the process is available at: aidspan. Georgia develops 5-year plan for transitioning from Global Fund support, 8 August 2017 at: https://www.aidspan.org/fr/c/article/4297

[42] E.g. the Georgia Transition Plan's Objective 2.9.1 explicitly plans "ensuring [the plan] is legally binding" and the government approves it "with actionable indicators and milestones through the Government Resolution".

[43] EHRN, ECOM. Transition of the National HIV and Tuberculosis Response from Global Fund Funding to Domestic Sources in Georgia: Transition and Sustainability Plan (TSP). Information Note for community and civil society activists. Available in Georgian and English at: http://tsp.ecom.ngo/en.htm

[44] The instrument, report and recording of the presentation are available at the following links: https://eecaplatform.org/en/webinar-tmt-georgia/, https://eecaplatform.org/en/tmt/

Success story: **Using the pilot state funding for better service recognition and preparedness**

The pilot of public financing of HIV and STI screening among people who use drugs exposed several issues that have been, in part, addressed through the intensive dialogue between the NCDC's national program department, Global Fund grant's principal recipient at the NCDC and GHRN. The NCDC's national program department has never funded anonymous services before, which required to review and adjust a monitoring and accountability mechanism, looking into alternative options to the normal state auditing practices. The pilot enabled improvement of financial transfer practices, as initially payments were delayed for two months.

This pilot resulted in what GHRN and other NGOs could not achieve for years. At the end of 2020, a government's approval of the 2021 state health programs establishes harm reduction as part of the public health activities, listing the NGOs currently providing those activities[45]. As one respondent indicated, this was the first public document that gave a clear legal recognition of low-threshold services implemented by NGOs within the state system. However, another respondent highlighted that state has not taken any legal obligation to fund needle and syringe programming yet. Furthermore, a challenge related to the new regulation is the increased requirements of NGOs related to service provision. For example, GHRN was required to acquire a medical license. In June 2021, with SoS Project support, GHRN completed an assessment among its members of what they need to improve to meet the infrastructural and sanitary requirements for a medical license for testing services and will be able to support services in part to address the needs. However, additional support from the national HIV program will be needed, for example, to fulfill the requirements for fire safety.

In 2021, the domestically-funded pilot for NGOs-run testing will be extended to all key populations, this time engaging GHRN, Tanagdoma (services for sex workers and MSM) and the Equality Movement (LGBTI organization), i.e. three sub-recipients that either implement services themselves or sub-contract service delivery under the Global Fund's grant.

Working with cities and regions

With little clarity of the funding volumes for HIV prevention at the national level in the years to come, civil society groups acknowledge the critical potential role of municipalities. The assumption, based on the transition plan, is that the national funding would cover basic services, while case management and psychologist's counseling among other elements of comprehensive service packages would need to be funded from other sources. COVID has a major impact on civil society plans and their dialogue with the local authorities. One highlight of achievements is that the Gori municipality allocated just short of 2000 Georgian

[45] Government of Georgia Resolution №828 of 31 December 2020 On the Approval of State Health Programs for 2021. Annex of HIV / AIDS Program, Code 27 03 02 07 – Annexes 7 and 7.5 *(available in Georgian)*

lari (around US$650) for co-financing PLHIV case management in 2019, as a result of the OSGF support. In 2020 this success was not repeated because of COVID. With the support from the Global Fund's regional grant on cities, in 2018 Tbilisi joined the Fast-Track Cities Initiative and signed the Paris Declaration, however, it has yet to allocate any funding to HIV.

Lessons and way forward

COVID has impacted government priorities and processes, with postponing discussions on transition and sustainability for HIV. Getting addition funds for HIV from the state and local authorities will be harder. Therefore, there is a need to find further efficiencies within the current HIV investments, for example, aligning the confirmatory testing algorithm which now uses the outdated Western Blot assay with the current WHO normative guidance, or increased optimization in the use of GeneXpert machines. Given the limited engagement of technical partners in the country, the Global Fund can play a decisive role in collaborating more closely with civil society, even during COVID, and requesting greater accountability from the country for its investments. This donor could continue to support further exchanges between countries at political and technical levels.

Despite progress in building sustainability and the advancement of civil society engagement with authorities, NGOs see their impact on final decisions as limited. Civil society would like to co-shape decisions on the model to fund the NGOs in addition to working on its practical implementation. Civil society has expertise and concerns they would like to bring into consideration ranging from costing to the contractual model itself. Currently, an expert is engaged to support the NCDC to develop the prevention funding model, however, there is a concern that the approaches suggested so far are more relevant for the private sector, with too much reliance on fund for performance approaches, often without the consideration of the need to discuss the models with NGOs to tailor to outputs and quality assurance approaches and ensuring service providers are capacitated to transit to new funding requirements. One respondent also commented that the state and financing experts understand screening services better than the basic prevention, however, more challenges might come while designing a fair approach to contracting prevention packages.

The discussions should involve the smaller, less established community-based organizations which could be the cornerstone of service delivery and community systems in the future. The model piloted through GHRN is designed with the large organizations (like those the NCDC currently sub-contracts) in mind, without supporting healthy competition, hence it risks stagnation in services, and not enabling younger community-based organizations with weaker infrastructure but fresh motivation to enter the direct relationships with the public authorities. Additionally, over years, smaller, local service providers have gotten used to significant secure income for service delivery and became increasingly dependent on the three national NGOs for financing and neglected to seek funding from local sources. They lack motivation and capacity for increased self-reliance and proactively searching for funding to fill potential gaps in the future.

Georgia case also demonstrates the critical role of CCM that includes all sectors and has good functional groups. With CCM and NCDC support, the Global Fund engaged in discussion with Eurasian Network of People Who Use Drugs and Georgian Network of People who Use Drugs on improved access to opioid agonist therapy. The Global Fund's technical assistance and the SoS project have been instrumental in capturing the community interests in the new funding requests to the Global Fund.

Progress will not be possible without increasing independent funding for civil society to keep the government accountable and build the capacities of smaller local NGOs to work with state funding. The European Commission can play some part, for example, during the interviews for this report, it launched a call for proposals on drug policy[46], however, its funding priorities are narrow, leaving little space support to NGOs to hold governments accountable on matters of public health and addressing needs of key populations. However, this also means that civil society needs to make a good use of all opportunities and tools for sustainability.

Sources used:

- *Interviews with Maka Gogia, Georgian Harm Reduction Network; Giorgi Soselia, MdM mission in South Caucasus (current host of the PTF Secretariat); Mari Chokheli, Open Society Georgia Foundation;*
- *Data from Ivan Varentsov, Manager of EECA Regional Civil Society and Community Platform for Communication and Coordination, supported by the Global Fund and hosted by Eurasian Harm Reduction Association.*

Reviewed by: Maka Gogia, Giorgi Soselia, Tatyana Vinichenko, Global Fund.

[46] Under the 2021 EC support for civil society, one out of the four lots, valued 3 million EUR for up to four years, is allocated for increasing human security and safety where drug policy is among priorities. Other three lots were on ethnic minorities, violence against girls and women, and increased accountability of the security sector. Accessed at: https://webgate.ec.europa.eu/europeaid/online-services/index.cfm?ADSSChck=1626283095492&do=publi.detPUB&searchtype=AS&zgeo=35442&aoet=36537&debpub=&orderby=upd&orderbyad=Desc&nbPubliList=15&page=1&aoref=171780

Kazakhstan

Population:	**18.5 million**
PLHIV number estimated:	**35'000** (2020, UNAIDS estimate)
PLHIV virally suppressed:	**48%** (2020, UNAIDS estimate)
Health expenditure as % of GDP:	**2.9%** (2018, WHO data)
Health as % of government expenditure:	**9.1%** (2018, WHO data)

HIV financing: Share of government (domestic public) resources, US$

	2017	2020
- overall HIV expenditure	89% 31 million	94% 35.4 million
- HIV treatment	91% 17.7 million	99% 17.3 million
- HIV prevention	91% 5 million	86% 3.7 million

Data from UNAIDS financial dashboard.

HIV budget advocacy: How civil society organizes itself

The Kazakhstan Union of PLHIV, which unites more than 20 member organizations, many of which are community-led service providers, offers training, mentoring, and letters of support to its members to help them influence local departments of health (and social affairs and youth in some cases), to add HIV to regional priorities and allocate funds for prevention, and apply for local calls.

The Central Asian Association of PLHIV (CAAPL), which is the country partner for the SoS project and USAID support for building PLHIV communities, leads on efforts to increase efficiencies in HIV budgets. Other community groups are also represented in the CCM, which remains an important vehicle for consolidating multi-sectoral discussion and advocacy, with an active coordination role taken on by UNAIDS. The country also has technical support opportunities through USAID-funded sources, like EpiC 2020-2025.

Non-HIV NGOs have a prominent role, engaged through the HIV grants from the Global Fund managed by Kazakh Scientific Center of Dermatology and Infectious Diseases (QDI-AGO). Until 2020, it was Aman-Saulyk, a health NGO, that led civil society's analytical work, organization of public hearings with regional Akimats (regional authorities) and other regional advocacy across different oblasts and cities. Kameda, the legal expert organization specializing in social contracting and grants, is replacing the Kazakhstan Union of PLHIV and Aman-Saulyk as the lead civil society partners for developing social contracting approach in the new project supported through the Global Fund's country grant for HIV, starting from 2021.

Funding amounts and sources, US$:

US$750,000* in 2018-2021	**53%:** country HIV grants* from the Global Fund (2018-2020; 2021-2023)
US$187 thousand annually	**20%:** multi-country grant from the Global Fund, SoS (2019-2021)
	27%: USAID** (2015-May 2021)

**Global Fund HIV grant is largely focused on establishing state contracting of NGOs services. This is an estimate of civil society component for advocacy and capacity building of local NGOs to engage in contracting relationships with local authorities.*
***USAID grant includes general broad institutional capacity component of the PLHIV organizations. The amount estimated extracting one third from the amount aimed at 3 countries. Currently, USAID support is being negotiated for 2021-2025.*
****The amount does not include indirect USAID support for the HP+ and EpiC projects, which have a specific component on technical support for health financing and social contracting.*

Key achievements and progress

The country has demonstrated its commitment to HIV by allocating increasing resources to HIV and funding 94% of its HIV response, while acknowledging gaps in the HIV care cascades. In this positive context, civil society concentrated its efforts on more efficient use of available resources, on one hand, and, on the other, to find the solution to the unresolved challenge of regional public contracting of HIV prevention, which is in the focus of the last two country grants from the Global Fund.

Increasing efficiencies

Since 2016[47], the use of UNICEF for procurement of most ARVs has enabled the country to triple the number of patients covered by the same level of funding. Therefore, civil society focused their efforts on other issues like improving and optimization of treatment regimens, improving pricing of critical patented medicines and reviewing opportunities for efficiencies in diagnostics.

A success story: **Work on treatment optimization exposes other needs for advocacy**

CAAPL, together with 100% LIFE and ITPCru, worked with WHO/Europe, clinicians and QDI-AGO to revisit the treatment protocols to reduce the number of more than 30 different regimens. In this process one of the challenges was to make dolutegravir available as a first line treatment as recommended by WHO. However, in 2019, due to patent protection, price remained the major barrier despite negotiations with patent holder ViiV, the Medicine Patent Pool, and key national stakeholders. Therefore, together with partners, they worked on creating an alternative with bictegravir for first line treatment. This medicine is not patented in Kazakhstan and its fixed dose combination is available from a generic manufacturer. Civil society provided the Ministry of Health and other stakeholders with analytical information and links to alternative manufacturers. In 2020, bictegravir was added to the country's treatment protocol. Transition to a new protocol in 2020 was not without additional

[47] https://www.unicef.org/kazakhstan/Пресс-релизы/в-нур-султане-представили-проект-стратегии-развития-системы-лекарственного-обеспечения

challenges: the unanticipated limited capacity for accurately forecasting needed quantities of medicines by the regional AIDS centers led to interruptions in some regions. The next step in advancing work on better and less costly treatment options in this upper-middle income country is to ensure simplified registration for WHO prequalified medicines. While activists managed to receive a commitment from the Ministry of Health and buy-in from parliamentarians to initiate changes in legal acts, this might be not possible due to the process in the Eurasian Economic Union (EEU) to set one standard for registration of medicines.

At the end of 2020, a new report on diagnostics[48], exposed options to create major savings with better, centralized procurement practices and a revised HIV diagnostic algorithm. As the report recommends painful but needed reforms within the HIV care system, it has not been as warmly welcomed. Advocacy for the implementation of the recommendation is ongoing. At the same time, the country with the Global Fund support works on optimization of its systems for viral load monitoring: until now different equipment has been purchased, affecting the procurement, supply and maintenance management and the cost.

Key findings of diagnostic report

Removing Western Blot is recommended by WHO since 2019 and makes diagnostics not only cheaper, less specialized, and without need to get a final confirmation from centralized labs but also makes testing much faster for people, therefore significantly improving the likelihood that people would find out their status and get to care without a delay. Decentralized procurement of test systems now results in up to 30% in price differences for the same reagents and tests. Optimisation of procurement would enable covering the current deficit of funding of diagnostics, CD4 and viral load tests, which in 2019 was estimated to be around 25%. Furthermore, it could create space for adding the WHO recommended self-testing option which is particularly demanded by MSM.

Social contracting

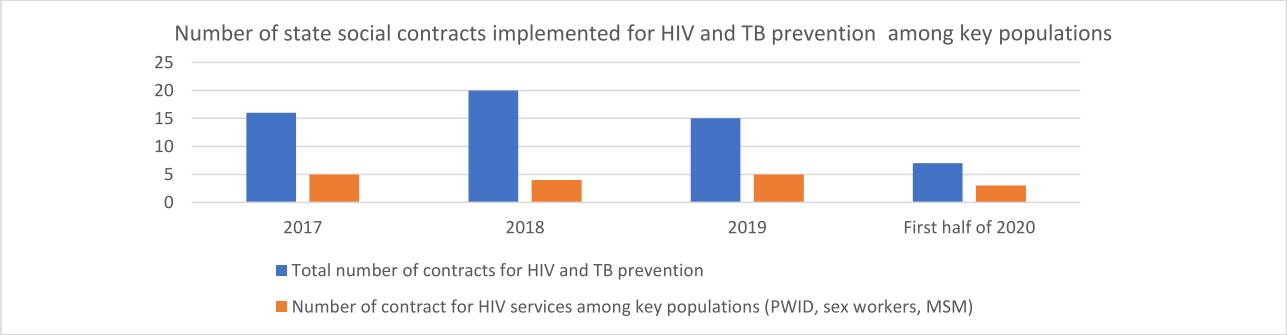
This area is a priority for most national stakeholders, civil society being one of them. Kazakhstan has a unique context of advocacy opportunities and challenges for public contracting of prevention services by NGOs. For example, in 2019 only 5% of state resources are designated for prevention interventions[49]. Unlike most other EECA countries, in Kazakhstan, services for KPs and treatment support for PLHIV are delivered through two types of providers: by NGOs funded largely by international funds and some social contracting and by some public AIDS centers which hire outreach workers directly. Prevention is expected to be included in regional social contracting programs that are

[48] CAAPL. Обеспечение диагностическими тест-системами на определение маркеров к ВИЧ-инфекции, иммунного статуса (Cd4), вирусной нагрузки (РНК ВИЧ) лекарственной устойчивости в Республике Казахстан в 2017-2019 годах (авторы: Касымбекова А, Растокина Е). Алматы, 2020.

[49] Petrenko II. The Experience of Kazakhstan's Transition to Domestic Funding [in Russian]. Presentation at an online event 'Ensuring sustainability of services for key populations in the EECA region: Taking stock of budget advocacy efforts to date' on 9-11 December 2020

designed for addressing multiple social issues, in line with the 2009 Law on State Social Contracting (Order), Grants and Premiums for Non-Governmental Organizations in the Republic of Kazakhstan. Under this Law, some US$ 45 million have been channeled to social projects and grants in 2020[50],[51]. In the HIV field, the application of social contracting mechanism started in 2009, however, it has not been practically operational, according to analysis done in 2019[52]. In 2019, only US$30,000 was allocated to NGOs through social contracting for HIV service delivery.

Figure 17



In the last 3 years, civil society including the Kazakh Union of PLHIV has focused its efforts on building the capacities of local organizations to engage with their local authorities to demand that HIV would be included in social contracting schemes. Additional support remains available from civil society support centers in the regions. Kameda issued a special guidance to NGOs[53]. Nevertheless, this path has been successful only in one region, Turkestan (former Yuzhno-Kazakhstan Oblast), where for years HIV has been prioritized as a particularly sensitive issue due to an unfortunate outbreak among children in medical facilities. In Almaty, for example, this approach did not work. In 2020, the HIV request from NGOs was redirected by the health department to the social department then back to the health department which ended up concluding that they had no funds in 2020. The Youth Department agreed to develop a specific lot for HIV, amounting to 2 million tenge (around US$4,700), however, once announced, no HIV organization agreed to take it on because the amount of work did require was not possible to do with the amount of money available. In Aktube, in 2020, there was a similar precedent that regional authorities allocated funds but no NGO was willing to apply. State funding comes with heavy reporting requirements and the additional scrutiny of state audits and prosecutor office, with heavy criminal and administrative sanctions.

50 Казахстанский институт развития неправительственного сектора в Республике Казахстан "Рухани жаңғыру". Комплексный отчет развития неправительственного сектора в Республике Казахстан. Нур-Султан, 2020.

51 Центр поддержки гражданских инициатив (CISC). План предоставления грантов неправительственным организациям [в Казахстане] в 2020г., 10.01.2020

52 Демченко М. и др. Оценка готовности Республики Казахстан к устойчивости услуг по ВИЧ за счет государственного бюджета, 2020, по заказу QDI-AGO

53 QDI-AGO, КАМЕДА «Финансовые механизмы взаимодействия государственных органов и неправительственных организаций»». Инструктивное пособие по предоставлению государственного социального заказа, грантов, премий для неправительственных организаций в сфере здравоохранения, по заказу ОФ «Аман-Саулык», 2019.

In 2019-2020, QDI-AGO, the principal recipient of the Global Fund, commissioned a review of the mechanism and options for improvement. It produced analysis of different mechanisms possible, a Road-map for Ensuring Sustainability of HIV/AIDS Services in the Republic of Kazakhstan in 2021-2023[54] and encouraged revising the funding model[55].

In most recent discussions within the CCM, it was firmly agreed region-specific information needs to be prepared and communicated to each region demonstrating gaps in the HIV care cascades and the growth of epidemic, hence offering local data for the regions to prioritize the issue. Secondly, detailed costing linked to specific services is required to equip the regions to conduct more realistic planning of targets achievable with funding available. Mechanisms for transferring tests, condoms and syringes to NGOs from public institutions or allowing service providers to procure these materials themselves are also missing. Those are some of the current priorities for ongoing collective advocacy for in Kazakhstan.

Community area of concern: Quality

The country reports one of the highest levels of coverage of prevention among key populations in Eastern Europe and Central Asia. However, there are concerns about the numbers reported and quality of services delivered, particularly since annually the number of newly registered cases remains high – above 3000. Before the period analysed in this report, in 2015-2016, the Kazakhstan Union of PLHIV, with support of the Global Fund multi-country program, 'Harm Reduction Works!,' program, piloted service quality assessment in three regions of the country, Ust-Kamenogorsk, Almaty Oblast and Karaganda Oblast. The results exposed some practices of overreporting numbers of clients, placing sites of needle and syringe programming in inconvenient locations on the premises of governmental institutions which have been closed since thanks to advocacy by the Kazakhstan Union of PLHIV. One respondent highlighted that the country's response and advocacy could benefit from continued work on quality of services, particularly engaging client's perspective on the improvements needed.

Lessons

While QDI-AGO leads on the Global Fund grant implementation for developing HIV social contracting, they have a limited role in direct advocacy towards the Ministry of Health or other government institutions. Civil society, the CCM, and international partners play that advocacy role. Having independent funding for civil society has been critical for advocates.

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[54] Дорожная карта по обеспечению устойчивости услуг в сфере ВИЧ в Республике Казахстан на период 2021-2023. Утвержден 18.03.2021 директором РГП на ПХВ «Казахский Научный Центр Дерматологии и инфекционных заболеваний»

[55] *ibid*

CAAPL highlighted three factors that were most helpful in their efforts:1) building in-house expertise and access to leading technical experts on medicines and procurement; 2) engaging with members of Mazhilis (Parliament) which only started in the last year; and 3) bringing up issues directly to the Minister of Health and finding other multi-stakeholder in addition to the CCM. Practical work can be further advanced by the Oversight Committee during their visits meet with maslihat (local authorities) and departments of health – they could expand involvement of community members and meet with departments of social affairs explaining the country's commitment to HIV and the role of the local authorities to deliver on social contracting.

An additional gap is that the country does not have a legally binding document that would adopt the UNAIDS 95-95-95 goals for care and prevention targets for key populations. The last National HIV Program ended in 2010. While the National Health Program 2021-2025 mentions HIV, its only HIV-specific indicator is for treatment coverage, without any for preventing HIV. There are internal targets set by QDI-AGO, but they cannot influence regional decisions on social contracting. Advocates point out that in the field of TB there is a comprehensive action plan, approved by the Cabinet of Ministers, which has enabled to more progress TB social contracting than is seen in the field of HIV.

Sources used:

- *Interviews with Oxana Ibragimova, Kazakhstan Union of PLHIV; Nurali Amanzholov, Central Asian Association of PLHIV; Batyrbek Assembekov, HP+ & EpiC/Palladium*
- *Description of work on ART optimization and improving procurement from 100% Life*

Reviewed by: Oxana Ibragimova, Nurali Amanzholov, Batyrbek Assembekov, Tatyana Vinichenko.

Montenegro

Population:	**0.62 million**
PLHIV number estimated:	**370** (2020, UNAIDS as communicated by the CCM)
PLHIV virally suppressed:	**48%** (2020, UNAIDS estimate)
Health expenditure as % of GDP:	**8.4%** (2018, WHO data)
Health as % of government expenditure:	**10.60%** (2018, WHO data)

HIV financing: Share of government (domestic public) resources, US$

	2017	2020
- overall HIV expenditure	100% EUR 2.44 or US$2.76 million	75-80% EUR 3.26 or US$3.74 million
- HIV treatment	100%	100%
- HIV prevention (without opioid agonist therapy)	100%	60%

Data from CCM except the most recent data for HIV prevention coming from respondents.

Currency rates: the annual average is taken from the European Central Bank at: https://www.ecb.europa.eu/stats/policy_and_exchange_rates/euro_reference_exchange_rates/html/eurofxref-graph-usd.en.html (EUR vs USD 1.1297 in 2017 and 1.1475 in 2020).

**The Global Fund support has been interrupted between July 2015 and April 2018 due to the country's ineligibility and then re-eligibility based on the epidemiological criterion. Therefore, during the interruption, prevention is assumed to be fully funded from the state budget, while being vastly underfunded and utilizing volunteer contributions from civil society.*

HIV budget advocacy: How civil society organizes itself

An informal coalition of the five civil society members represented in the CCM are communicating regularly and cooperate on advocacy. Community voices are represented by an LGBTIQ group, QUEER, and the PLHIV support group, the Montenegro HIV Foundation. The two largest service providers and advocacy groups, CAZAS and JUVENTAS, are leading advocacy efforts. During the period without the Global Fund support, in 2017-2018 JUVENTAS was the driving force of mobilization of national and international support to ensure Montenegro acts on HIV prevention among key populations.

The CCM, the Secretariat of which is hosted in the Institute of Public Health, has been used as the key platform. The CCM remained vibrant during the 'break' between the Global Fund's HIV grants from July 2015 till April 2018.

Funding amounts and sources, US$:

US$372,000 in 2018-2021	**65%:** multi-country grant from the Global Fund, SoS (2019-2021)
US$93 thousand annually	**35%:** Open Society Foundations directly and through ERA, LGBTI regional network
	No advocacy in the country HIV grant from the Global Fund

Key achievements and progress

The greatest achievement of the last 3 years was ensuring the government upheld its commitment to providing 40% co-financing of NGO-led HIV prevention and peer treatment support services to complement the Global Fund support. The Global Fund's role was crucial and co-financing is part of the current grant agreement between the country and donor. After the closure of the Global Fund's support in 2015, in 2018 the funder made social contracting and co-financing a pre-condition to its return to Montenegro. The funding is disbursed through a MoH calls for NGOs to provide services for key populations.

Success story: **Getting parliament to earmark funds to HIV prevention for the first time.**

Civil society campaign to raise awareness about interruption of support for services for key populations was wide and started in 2015-2016. It has secured support from the European Parliament, the European Commission delegation, also such strong international networks as EHRA and ILGA (leading global LGBTIQ organization). The Global Fund's strong condition and return were feasible because strategic advocacy by civil society and the CCM led the Parliament to allocate a specific budget line in the State Budget Law for HIV prevention amounting to 100,000 euro. This was the first state funding had been allocated to HIV prevention among key populations. This amount would cover one-third of the need. The effort leading to this was vast, as outlined in the graph below. Additionally, JUVENTAS continued its services, though in drastically reduced coverage and capacities, basing on the voluntary basis of the whole staff involved and operational grant from the Norwegian Embassy. In 2014, the Institute of Public Health conducted the integrated bio-behavioral surveillance study among men who have sex with men, finding HIV prevalence at 12.5%. A testing campaign by civil society confirmed this worrying trend. The epidemiological evidence built the case for changing the eligibility status of the country by the Global Fund.

Information from Ivana Vujovic and the presentation by Sanja Sisovic, 2019

The first allocation for HIV prevention was included in the national budget as a separate budget line by the Parliament. Currently, the funding is allocated by the Ministry of Health on the basis of the contractual agreement with the Global Fund. The compliance to the government's co-financing is checked by the Global Fund on annual basis in the last three years, 2019, 2020 and 2021.

The funding procedure has been changing and remains unresolved issue. The Ministry of Health has utilized the administrative regulations under the 2018 Law on Non-Governmental Organizations (which foresees up to 0.6% of the state budget being channeled to NGOs). However, the Law on Non-Governmental Organizations says that one NGO cannot get more than 20% of the budget allocated under the sectorial civil society engagement program but in the HIV field in this small country there are few service providers that reach MSM, people who use drugs, transgender people and sex workers. Therefore, the search for an alternative model of ensuring legal basis for allocation of funding and contracting is one of the strategic priorities for civil society.

A true test to resilience and sustainability came again in 2020. The parliamentary election was won by the opposition, ending 30 years of domination by one ruling party. The HIV prevention budget and the procedure for distribution and allocating funds to NGO services were questioned extensively by the new leadership of the Ministry of Health. Again, the CCM, civil society groups, successfully using evidence and working closely with Global Fund staff in Geneva managed to find a path forward. The Global Fund's precondition and contractual arrangements were key.

Engagement with the multi-country HIV project, SoS, enabled advocates to look at the long-term sustainability of the HIV response. It supported their interconnection with other advocates in the region. They are now exploring ways to influence health legislation, specifically the law on health protection and health insurance so that NGOs are recognized as service providers and so prevention can be funded through the National Health Insurance program. This path was also suggested as a possibility in the legal analysis conducted back in 2017-18 by UNDP. A similar approach is used by the Ministry of Labor and Social Welfare, where the main NGOs are already licensed for delivering social services.

The advocates continue to seek new partnerships and support. Advocacy has been supported by the European Commission, EHRA, Open Society Foundations, the Norwegian embassy among others.

While ensuring sustainable, quality HIV prevention is their main focus, the advocates are also working on addressing their clients' other needs. As 62.8% of people who inject drugs[56] have hepatitis C virus, NGOs are advocating for better drugs and a larger budget for hepatitis C treatment with the National Health Insurance Fund and other partners.

Sources used:

- *Interview with Miso Pejkovic, CAZAS*
- *Presentations by Sanja Sisovic, CAZAS & Ivana Vujovic, JUVENTAS in EHRA events*
- *UNDP. NGOs as Health Service Providers in Montenegro: Legal Analysis, 2019*
- *Country case study in OSF. Lost in transition, 2017*

Reviewed by: Ivana Vujovic, JUVENTAS; Vladan Golubovic, Secretary of the CCM Secretariat on HIV/AIDS at the Institute of Public Health

[56] Preliminary data from the unpublished IBBS on people who inject drugs, conducted in November and December 2020. In comparison, prevalence was staying at the level of 53-55% between 2008 and 2013.

COUNTRIES THAT TRANSITED FROM THE GLOBAL FUND SUPPORT

Bulgaria

Population:	**7 million**
PLHIV number estimated:	**3300** (2019, UNAIDS estimate)
PLHIV virally suppressed:	**42.42%** (2019, UNAIDS estimate)
Health expenditure as % of GDP:	**4.2%** (2018, World Bank)
Health as % of government expenditure:	**11.5%** (2018, World Bank)

HIV financing: Share of government (domestic public) resources, US$

	2017	2020
- overall HIV expenditure	76% 9.9 million (2015)	100%
- HIV treatment	97% (2015)	100%
- HIV prevention	12% (2015)	100%

Data for 2015 from UNAIDS financial dashboard; data for 2020 are based on absence of donor support.

HIV budget advocacy: How civil society organizes itself

In Bulgaria, the Sofia-based Coalition of CheckPoint Sofia, Initiative for Health, and XY Foundation of PLHIV together with a network of other 24 HIV and TB NGOs is leading advocacy efforts. The Coalition cooperates with the National Council for Prevention of HIV, TB, and STIs, the Minister of Health, and also working with selected members of parliament, journalists, and international stakeholders. At the end of 2019, the Coalition started an advocacy project, with the support of ICSS and OSF, which aimed to come to an agreement with the MoH about a funding mechanism that would allow NGOs absorb state funds to sustainably provide coverage with services to key populations. That project came to an end in the first quarter of 2021 and currently NGOs in Bulgaria have no funds for either service or advocacy work. The Initiative for Health Foundation closed in 2020 due to a lack of financial resources.

Funding amounts and sources, US$:

US$110,700* in 2018-2021
27.7 thousand annually

100%: ICSS/OSF (only October 2019-April 2021)

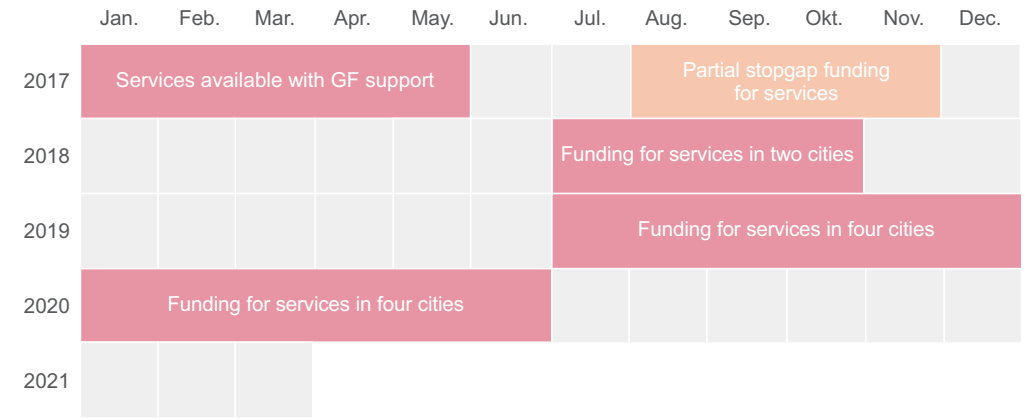
Not a success story yet...

When the Global Fund support ended (the HIV program ended in 2017 and the TB program ended in 2019), there was no social contracting mechanism in place to enable funding of the work of NGOs. Services targeting key populations such as harm reduction programming and non-medical support of PLHIV had been entirely dependent on Global Fund support. The Global Fund HIV support ended with the assumption that a social contracting mechanism was in place but soon different procedures and mechanisms were requested by legal and procurement officials, while essential services quickly began to decline and disappear.

Currently, there are no state-funded services for key populations in Bulgaria though some small-scale local projects are still running with donor funding. In only 21 of the 51 months between January of 2017 and March of 2021 were any services available to key populations at all and geographic coverage was often limited to 4 or fewer cities. Initiative for Health, the oldest harm reduction organization in the country, is now fully closed. Targeted testing of key populations has declined with Health without Borders (Check Point Sofia), an important site for testing having reduced its staff from 17 employees to 1 employee and 2 volunteers.

Availability of HIV services for key populations in 2017-2021

Figure 18



The human cost:

* **Late detection of HIV** (which is linked to poorer treatment outcomes) increased from 47.8% in 2017 (which was on par with the European average of 48.6%) to 62% by 2019.

*There was a **50% increase in new AIDS cases** between 2018 and 2019, the first two years during which NGOs lacked financial support for services.

From Politico's article Lost in transition: Bulgaria's HIV fight, April 2021.

Why allocated funds do not reach NGOs

These shortfalls in services come even though state funding for HIV was allocated under the Public Procurement Act. The absorption of the first public tender announcement (in late 2017) was only 22%. Absorption of a later tender's improved but significant gaps in coverage of services remained. A study by the Coalition revealed numerous factors contributing to low and inconsistent funding of services including:

- untimely calls for upcoming tenders and long duration of tender procedures;
- requirement of a bank guarantee for execution (3%);
- requirement of a bank guarantee for advance payment (100%) and, without a bank guarantee, no advance payment is available (first payment were made in month 4);
- the 'lowest price' criterion is applied (which hinders consideration of the quality of services);
- VAT registration for bigger cities is required;
- significant administrative and financial burden of the application process;
- targets to be reached by the services are unrealistically high and there are fines for non-execution.

The most recent prevention tender, announced by the MoH in 2021, set very high coverage targets and limited resources. For example, in Sofia with 20,000 clients in Sofia to be reached by 3 field workers, 0.5 health staff and 1 coordinator. Moreover, one service was to reach four groups – Roma, MSM, people who inject drugs and sex workers. Support for PLHIV and case management was eliminated.

The application procedure is so complicated that the help of a lawyer is needed to prepare the various documentation required. Therefore, the Sofia Coalition did not apply to this tender.

Advocacy momentum which could be lost

In the face of these difficult circumstances, the Sofia Coalition undertook strategic advocacy with the support of OSF and ICSS for a 14-month long "bridge fund" for advocacy work. The Coalition assessed the outcomes of transition in Bulgaria, NGO capacity and experiences with the public procurement tenders, and civil society vision on appropriate funding mechanisms. As mentioned above, a network of 27 NGOs was formed. Together with the support NGO law experts, they drafted a proposal for a change in the law, supported by a policy brief document. They carried out a mass media campaign that got the attention of national and international press. They reached out to international partners and donors for support.

They established a meaningful relationship with the Ministry of Health and participated meaningfully in the drafting of HIV and TB national programs (2021-2025). These programs have been approved by the National Council on HIV and TB and are awaiting approval by the Council of Ministers. The Minister of Health understood and supported the need to change the funding mechanism model.

Unfortunately though, the Public Procurement Agency in Bulgaria expressed a position against changing the law, stating that it contradicts the European Union's regulations (Directive 2014/24/EU of the European Parliament and the Council on public procurement). Based on this, the MoH paused the law amendment to further investigate the issue.

Continued advocacy is needed as, since the spring elections of 2021, a coalition was unable to form a government, and a stable government is not expected earlier than September 2021 and the temporary government has already appointed a new Minister of health.

And, as the bridge fund came to a close in spring of 2021 the NGO Coalition is left without funding for further advocacy work. “We are an organization without administrative capacity,” one of its leaders said.

Sources used:

- *Grant reports of the NGO Coalition for Sustainability Bridge Funding*
- *Politico article Lost in transition: Bulgaria’s HIV fight, April 2021*

North Macedonia

Population:	**2.1 million**
PLHIV number estimated:	**c. 500, concentrated among MSM** (2017, national estimate)
PLHIV virally suppressed:	**45.5%** (2018, national estimate)
Health expenditure as % of GDP:	**6.6%** (2018, WHO data)
Health as % of government expenditure:	**12.41%** (2018, WHO data)

HIV financing: Share of government (domestic public) resources, US$

	2017	2020
- overall HIV expenditure	32.8% EUR 1.4 million*	96% 2.3 million(2019)
- HIV treatment	100%	100%***
- HIV prevention (without OAT)	Ca. 20%**	100%*** Ca. EUR 780 thousand

Data from 2018 and 2020 GAM reports; unless indicated otherwise.

**Stevanovic, M, Senih A, Bozinoska. Republic of Macedonia: Ensuring continuous access to HIV services for key affected populations through sustained involvement of civil society, 2018.*

***Estimated based on the assumption of a similar level of funding provided for the first 9 months from the Global Fund and for the last months from the Ministry of Health*

**** Respondent*

HIV budget advocacy: How civil society is organized

In 2014, a joint HIV platform was established to advocate for sustainable financing of HIV programs. It currently unites 14 civil society organizations including service providers and four community groups including: PWIDs (including OAT clients); sex workers; PLHIV; and MSM/LGBT. The HIV Platform's coordination team consists of five groups: HERA - Health Education and Research Association (an association of sexual and reproductive health and rights); Stronger Together (a PLHIV group); HOPS – Healthy Options Project Skopje (the largest service provider); STAR STAR (a sex worker group) and EGAL – Equality for Gay and Lesbians (an MSM/LGBT peer-led service group). Operating since 2014, the Platform's day-to-day and fundraising work is implemented by HERA in partnership with *Stronger Together*. There are no UN agencies engaged in advocacy, however, there is close collaboration with the National HIV Coordinator who is also heading the National HIV Council.

Funding amounts and sources, US$:

US$320,000 in 2018-2021
US$80 thousand annually

75%: multi-country grant from the Global Fund, SoS (only 2019-2021)
25%: OSF (the 2018 part of three-year advocacy grant 2016-2018)
- The last country grant from the Global Fund finished in 2017, however, it has not included funding for advocacy;
- Multi-country regional grant focused on MSM (2017-2019) included advocacy component, however, it was not possible to extract the exact amount for this period.

HIV budget advocacy: Key achievements and progress

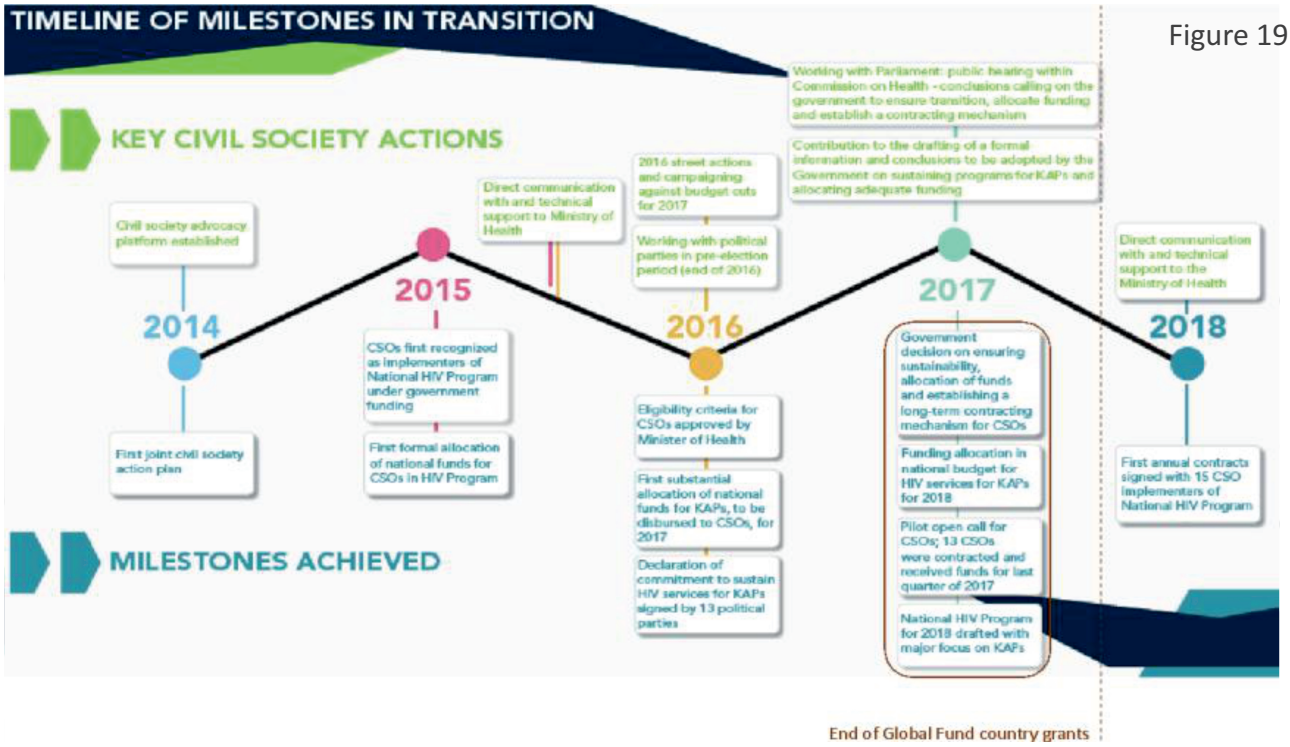
- Since 2017, the Ministry of Health has sustained funding of HIV prevention and treatment support at the level of the Global Fund support, without international support.
- The number of PLHIV on treatment doubled in 2018-2020 even though the budget did not increase.

Success story: **Breakthrough change in 2017**

In autumn 2017, the government allocated a budget for HIV that was 4 times higher than the previous year. This ensured that prevention activities funded by the last Global Fund grant in 2017 were sustained. The process leading to this major HIV funding allocation from the national budget was quite a journey. During at least 3 years before 2017, a roller coaster of advocacy work finally led to results. Carefully planned advocacy work would lead to the MoH including the appropriate amount in the budget but then the funds would not be allocated. Civil society engaged in dialogue with decision-makers; achieved commitments; monitored follow-up on those commitments; and hold ministry officials and parliamentarians accountable when commitments were not upheld. They did not even shy away from resorting to street protests and a major media campaign after an initial failure to release funds.

Before the 2017 elections, civil society engaged with political parties and managed to get all but the ruling party to commit to sustainable funding for the HIV response. In 2017, the opposition party which ran on an agenda of openness to civil society used a multi-party declaration to follow up with the new government. There were only 3-4 months left of Global Fund support which added urgency to the process. In less than three months since coming to the office, the new government adopted a legally binding decision, based on a MoH communiqué on establishing sustainability of HIV within the budget of the Ministry of Health. Civil society offered wording to the MoH that was used in that communiqué. There were many factors that contributed to the achievement, including: technical analysis like Optima which enabled evidence-based priority setting; influencing national program planning each year; keeping the issues on the agenda of the Country Coordination Mechanism; and working with mid-level MoH officials in addition to political levels. Having a united front with experts and adaptable strategy led by civil society was key to their success.

Figure 19



Stevanovic, M, Senih A, Bozinovska. Republic of Macedonia: Ensuring continuous access to HIV services for key affected populations through sustained involvement of civil society, 2018

Since 2017, the level of funding for prevention and peer-led treatment support was nearly EUR 780 thousand annually, around one-quarter of which enabled the engagement of a network of 13 service providers in more than 10 towns across the country to reach more than 15,000 beneficiaries from people who use drugs, sex workers, men who have sex with men and people living with HIV.

Since then, though civil society representatives noted that the exciting progress has stagnated. The ad hoc mechanism used by the Ministry of Health to announce a call for proposals from NGOs has not been institutionalized despite multiple efforts. In 2019, two legislation and regulatory packages that could govern the process were suggested - first by civil society and later by the legal department of the Ministry of Health. Civil society noted that the MoH proposal which replicated the mechanism used by the Ministry of Social Affairs was not appropriately adapted for health work, using definitions of service based on the social care legislation instead of health laws. Civil society managed to reopen the subject with the Ministry of Health only in late 2020, after making proposals during the government's public consultation on their programme. However, since October 2020 the Ministry has not made any further progress towards initiating the required amendments to the law. As civil society sees it, there is a major gap in the capacity of the Ministry of Health to address HIV in the last 3 years and the gap was worsened by COVID. Having the only HIV-focused epidemiologist from the Institute for Public Health left to join the Global Fund's team in Geneva has not helped either.

The level of HIV services for key populations remains insufficient. While the HIV epidemic has been successfully contained and eliminated among people who use drugs and sex workers, this is not the case for MSM for whom HIV prevalence remains high at 5.4%. Furthermore, the state allocation has neither factored in changes in the national standard of living for the last 5 years and inflation, nor did it added extra support to cover the cost of PPE and other COVID interventions. Additionally, after one CSO service provider delayed submitting its reports, in 2019 its contract was terminated and its services were not re-contracting to another provider, leaving a town neighboring the capital without harm reduction services.

Efforts to influence the agendas of political parties were renewed in 2020, before parliamentary elections. This time, all 16 parties (including the party that was in power before the 2017 elections) signed the new commitment to allocate sufficient HIV funding and establish a sustainable NGO contracting mechanism. This time the declaration explicitly referred to the mechanism to be established by amending the Law on Health Protection[57]. An inter-party parliamentary group on HIV and sexual reproductive health and rights is being re-established by HERA to build a vehicle for advancing the commitments made by the political parties in 2020 election campaign.

Successful practice: **Working outside the sector and sharing with other countries**

To build HIV advocates' budget expertise, HOPS partnered with Association ESE, which has expertise in responsive budgeting, accountability, and transparency of public policies. Already, in 2015, HOPS worked on monitoring of allocation and expenditure of budgets of three national programs; the National Program for Addiction; the National Program for HIV; and the Program for Social Protection. Next year it analyzed the MoH budget for 2011-2015, and, among other things, made the case for increased budget and on opportunities for efficiencies. Furthermore, regular monitoring of the use and distribution of the revenues from the 'sin tax' on beer, alcohol and tobacco sales has helped to increase greater accountability for this particular revenue source[58]. In 2018, some 25% of the annual HIV budget was funded from this source, while the remaining funds came from the Ministry of Health budget.

In 2018, before EHRA and Harm Reduction International issued their materials on budget advocacy, ESE with HOPS support prepared a budget monitoring and advocacy guide for harm reduction[59] that speaks to specifics of the Balkan countries. In 2019, HOPS and Association ESE also teamed up with the Drug Policy Network SEE to support budget analysis and advocacy with small seed funding for local harm reduction NGOs in Bosnia-Herzegovina and Kosovo.

[57] More information in Macedonian at: https://hera.org.mk/16-politichki-partii-se-zalozhija-uslugite-od-znachene-za-javnoto-zdravje-shto-gi-davaat-graganskite-organizaczii-da-bidat-prepoznaeni-vo-zakonot-za-zdravstvena-zashtita/

[58] Антиќ, Дарко и Деков, Влатко. Акцизите за етил алкохол, за пиво и за цигари претставуваат клучен извор на средства кој може да се искористи за финансирање на програмите за зависности кои ги спроведуваат граѓанските организации: Здружение ХОПС – Опции за здрав живот Скопје, 2020. [in Macedonian]

[59] Available at: http://esem.org.mk/pdf/Publikacii/2018/Budget%20monitoring%20and%20advocacy.pdf

Association ESE has also looked more closely at the health sector in its budget and accountability work. They have produced multi-year analysis exposing potential options for improving fiscal space and the need for increased prioritization and transparency of government spending for health[60],[61]. This analysis was put forward as the country was planning reforms of its fiscal policies.

The country also promoted its achievements and challenges to support progress in other countries. Notably, in 2018, the CCM, advocates, and the Minister of Health co-hosted the South-Eastern European Ministerial Meeting on HIV and TB (with OSF support) which enabled high-level exchange on practices and provided an opportunity for the Global Fund's Board and the new Executive Director to hear the realities of the countries in transition.

Looking forward

To support those further efforts, the Platform is also considering how to improve strategic data in the country. In 2017-2018, the Global Fund's multi-country grant through ECOM helped North Macedonia to produce its first HIV care cascade (also for MSM) and review paths to improving it, however, it has not been updated since. Another significant area in advocacy plans for 2021 and beyond is how to ensure adequate funding for expansion and improving HIV treatment. Treatment had been optimized to ensure the funding level from 2017 covered 50% more patients in 2018-2020. With support from the SoS Project through 100% Life and WHO/Europe, North Macedonia is the first Balkan country within the project that plans to engage in improved pricing solutions, especially for dolutegravir. With the EU accession, the country has committed to increased patent protection and data exclusivity, limiting options for better prices. But, as part of that process, like its neighbor Bosnia-Herzegovina, they hope to update the national treatment protocols in line with current WHO and EACS recommended regimens. Significant efforts are planned to establish a contracting mechanism that would enable the Ministry of Health to systemically contract NGOs to provide services. The current model has important flexibilities for NGOs to propose the scope and approaches of work that needs to be done. The activists are keen to learn from the models of other countries like Estonia where services are stably funded from domestic public resources.

Sources used:

- *Interview with Andrej Senih, Stronger Together;*
- *Country poster for WHO inter-regional consultation on the issues of sustainability and donor transition (2018): Stevanovic, M, Senih A, Bozinovska. Republic of Macedonia: Ensuring continuous access to HIV services for key affected populations through sustained involvement of civil society;*
- *Country case study in OSF. Lost in transition, 2017;*
- *Vlatko Dekov, HOPS, presentation 'Budget advocacy: a case of North Macedonia' presented at the EHRA workshop in Albania in 2019*
-

Reviewed by: Elisabeta Bosinoska, Vlatko Dekov.

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[60] ESE. How Macroeconomic Policies and Practices in the Republic of Macedonia Limit and Negatively Impact the Access to Health Care Services, 2018

[61] ESE. Effects of Macroeconomic Policies on Availability of Funds to Finance the Public Healthcare Sector in the Period 2011–2018, 2019

Annex 1: Abbreviations

ART	**Antiretroviral therapy**
ARV	**Antiretrovirals (medicines for HIV)**
CAAPL	**Central Asian Association of People Living with HIV**
CCM	**Country coordination mechanism**
ECOM	**Eurasian Coalition on Health, Rights, Gender and Sexual Diversity**
EECA	**Eastern Europe and Central Asia**
EJAF	**Elton John AIDS Foundation**
EHRA	**Eurasian Harm Reduction Association**
GHRN	**Georgian Harm Reduction Network**
Global Fund	**Global Fund to fight HIV/AIDS, Tuberculosis and Malaria**
HP+	**Health Policy Plus (USAID-funded project)**
IAA	**Institute for Analytics and Advocacy**
IDUIT	**Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs**
IRF	**International Renaissance Foundation**
ITPC	**International Treatment Preparedness Coalition**
ITPCru	**ITPC regional network in Eastern Europe and Central Asia**
LGBTI	**Lesbian, gay, bisexual, transgender and intersex persons**
MoH	**Ministry of Health**
MSM	**Gay and other men who have sex with men**
NCDC	**National Center for Disease Control and Public Health (in Georgia)**
OAT	**Opioid agonist therapy (also known as Opioid Substitution Therapy – OST)**
OSGF	**Open Society Georgia Foundation**
OSF	**Open Society Foundations**
PEPFAR	**U.S. President's Emergency Plan for AIDS Relief**
PHC	**Public Health Center under the MoH of Ukraine**
PLHIV	**People living with HIV**
PPM	**Pooled Procurement Mechanism (at the Global Fund)**
PWID	**People who inject drugs**
PWUD	**People who use drugs**

QDI-AGO	**Kazakh Scientific Center of Dermatology and Infectious Diseases**
SEE	**South-Eastern Europe**
SEE-RCN	**South Eastern European Regional TB and HIV Community Network**
SoS	**Sustainability of Services, a multi-country project supported by the Global Fund**
SWAN	**Sex Workers' Rights Advocacy Network**
TB-REP	**TB-focused multi-country project supported by the Global Fund.**
	TB Rep 2.0 is the project in the next period of 2019-2021
TBEC	**TB Europe Coalition**
UHC	**Universal Health Coverage**
UMIC	**Upper-middle income countries**
UNAIDS	**Joint UN Programme on HIV/AIDS**
UNDP	**UN Development Program**
UORN	**Union for HIV Prevention and Harm Reduction (in Moldova)**
USAID	**U.S. Agency for International Development**
US$	**U.S. dollar**
WHO	**World Health Organization**

Annex 2: Key initiatives and donors supporting budget advocacy during 2018-2021

Key donor and modality / project	Estimated amount in 2018-2021, geography	Examples of support and partners
Open Society Foundations and its national partners – convening, technical support, and grants	US$ 2.6 million (without convening and small grants for national foundations) in regional work, Bulgaria, Kyrgyzstan, North Macedonia, Ukraine, small support to Bosnia-Herzegovina, Georgia, Montenegro, Moldova, and Serbia	The private foundation helped to contextualize the global budget advocacy and accountability principles for the regional HIV efforts. The Budget Advocacy School hosted by the Institute for Public Health in Ukraine was developed and established. In several countries, national and local groups have been trained and supported with follow-up grants. The budget advocacy manuals have been developed and applied in the Balkans, EECA. OSF have also supported bridging efforts between the accountability and HIV groups, convenings. Limited support for advocacy was provided in the Balkans at a time when no other technical support was available. The donor focused on building civil society capacities and on sustainability of prevention service. Institutional funding was provided not only for the budget advocacy school but also for other regional partners focused on budget advocacy including EHRA, the Drug Policy Network SEE and ERA. The support is not exclusively focused on HIV.
Global Fund, country grants	Eligible EECA countries (currently not eligible and/or without country grants are Bosnia and Herzegovina, Bulgaria, North Macedonia, Romania)	Budget advocacy is supported within broader funding requests for HIV (and TB), based on country's requests approved by country coordinating mechanisms. In practice, support for civil society advocacy in this area is included in some but not all funding requests, as the 8 country cases show.
Global Fund multi-country grant, SoS (2019-2021)	US$13 million Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Russia, Serbia, Tajikistan, Ukraine, Uzbekistan and 25 cities In 2022-2024, Albania and Armenia, both the Global Fund's transition grants, will replace Romania and Tajikistan.	Managed by the Alliance for Public Health, the project has national partner in each country, focused on financial sustainability of HIV responses. The project offers mentorship by 100% Life for treatment cost optimization and the Institute for Public Policy for other budget advocacy work. By 2021, it sought to generate additional US$ 10 million investment in HIV from national and sub-national sources and save US$ 73.4 million through treatment cost optimization. Examples of work include: - estimating unit costs of services and developing country-specific service standards; - advocacy for legislation and other steps for instituting social contracting; - mobilization of local leadership and coordination on HIV; - capacity building of local NGOs to compete in social service area and engage in the development and analysis of transition plans (e.g. co-financing of the web-resource transitionplan.online); - analysis of opportunities to re-allocate the funds for HIV services from other budget categories.
Global Fund STE SI – Technical Assistance	Around US$ 1.2 million (not including efforts on national health accounts) on financial sustainability in Armenia, Azerbaijan and Turkmenistan; transition preparedness in Armenia, Albania, Tajikistan, Turkmenistan, Kosovo, Georgia, Kyrgyzstan, and Romania; and efficiency in in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Romania; Tajikistan, Ukraine, Uzbekistan	Support focused mainly on HIV and TB programs as well as health systems, with a focus on technical assistance for specific transition and sustainability challenges. The STE-SI engages a wide variety of partners and technical assistance providers. Examples include work co-financed and implemented in collaboration with a number of key Global Fund partners, including: 1) WHO supported reviewing and strengthening of health insurance in Azerbaijan and supported the review process to prepare a new National TB strategy for 2021-2025 Turkmenistan; 2) In select EECA countries, WHO supported health resource tracking efforts to support the institutionalization of partnerships and mechanisms to support financing and expenditure data requirements as part of broader Global Fund support for resource tracking; 3) World Bank provided technical support related to strengthen universal health coverage in Armenia; 4) UNICEF supported efforts to strengthen quantification and forecasting of ARVs, including addressing country specific procurement challenges in 3 countries. In addition to work co-financed with Global Fund partners, technical assistance was financed via a variety of specific technical assistance providers, and included work on: i) sustainability and transition preparedness, including Transition Readiness Assessment (TRA) analysis and development of transition work plans; public financing of services provided by CSOs (ie "social contracting"); technical assistance to address transition challenges based on specific country context; and allocative efficiency analysis to support countries to apply appropriate epidemiological disease-specific models and costing tools for HIV.

Robert Carr Fund: Money Can Buy Health If You Budget For It	US$ 0.35 million 1 year (2017-2018) – regional work and three countries Armenia, Estonia, Kyrgyzstan	The Eurasian Regional Consortium (EHRA, ECOM, ECUO) developed a budget advocacy training manual, trained groups led by PWUDs, PLHIV and MSM and supported specific advocacy planning and implementation in three countries.
Robert Carr Fund: Thinking outside the box	US$ 1.76 million 3 year (2019-2021)	The Eurasian Regional Consortium (EHRA, ECOM, Eurasian Women's Network on AIDS) prioritizes community monitoring of service quality and creative thinking in budget advocacy. Examples of support include: - documenting 20 cases of alternative generation of funding[62]; - funding a study visit for two organizations to learn about crowd funding and supporting two national experts to learn budget processes; - 6 sub-grants to support community-led monitoring in Georgia and analysis of national budgets for health and social services for key populations in Armenia, Bulgaria, Romania, Ukraine and Kyrgyzstan; - plans to work on unit costs and using IDUIT for costing of comprehensive services in 2021.
USAID /PEPFAR - funded HP+ and EpiC	2015-2021, 2021-2025 Ukraine (only HP+), Central Asia	Technical support for health financing and social contracting through Palladium
UNAIDS Efficiency Studies	12 countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Romania, Russia, Tajikistan, Ukraine, Uzbekistan	The 2nd round of an allocative efficiency modeling analysis (OPTIMA)[63] was conducted by the UNAIDS EECA Regional technical Support team in 11 countries through partnership with the Global Fund and the Burnet Institute. The results of the study inform subsequent National Strategic Plans and Global Fund funding requests for 2020-2022. Additionally, HIV-related social, economic loss was estimated in Russia[64]. Optima results enabled an 11% increase in the Global Fund's decision on allocation for EECA - up to US$335 million for 14 countries (54% for HIV and 46% for TB) and $18.3 million matching funds for 3 countries. UNAIDS also supports countries to develop social contracting mechanisms.
UNDP work on social contracting	Regional and global	A series of country factsheets and publications on social contracting[65] were published by the regional and global offices of the HIV, Health and Development team. The Global Fund, UNAIDS, OSF, and UNDP co-organized consultation on social contracting. The second such global consultation included civil society and government representatives from 8 EECA and Balkan countries. UNDP funds and support advocacy through other roles, e.g. as the principal recipient of two Global Fund grants (Kyrgyzstan, Tajikistan) and hosts the secretariat of one country's CCM in Kazakhstan.
Elton John AIDS Foundation (EJAF)	No specific focus on budget advocacy so far	
Gates Foundation	No support provided, none planned	

62 EHRA (2019). Alternative Financing: Models of sustainable development for non-profit organisations. A collection of case studies. EHRA: Vilnius.

63 Global Fund, UNAIDS, Optima HIV, Burnet Institute. 2020 Resource optimization to maximize the HIV response in Eastern Europe and Central Asia.

64 Аналитический центр при Правительстве Российской Федерации. Оценка социально-экономических потерь общества от эпидемии ВИЧ/СПИДа в России, 2020.

65 For example, UNDP Guidance for NGO social contracting mechanisms, 2019.