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

KAZAKHSTAN COUNTRY CASE

Vilnius, 2021

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[1], 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

[1] 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[2], 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.

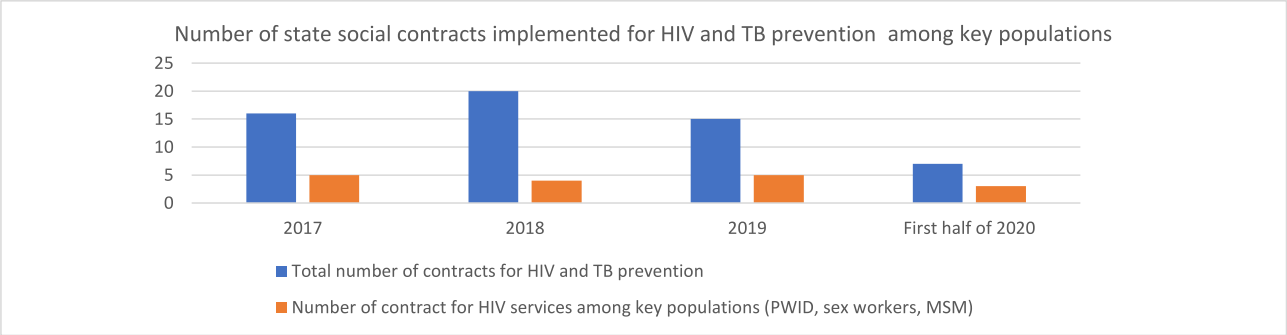
Social contracting

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[3]. 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

[2] 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.

[3] 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[4],[5]. 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[6]. In 2019, only US$30,000 was allocated to NGOs through social contracting for HIV service delivery.



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[7]. 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.

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

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

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

[7] 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[8] and encouraged revising the funding model[9].

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.

[8] 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»

[9] *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*

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