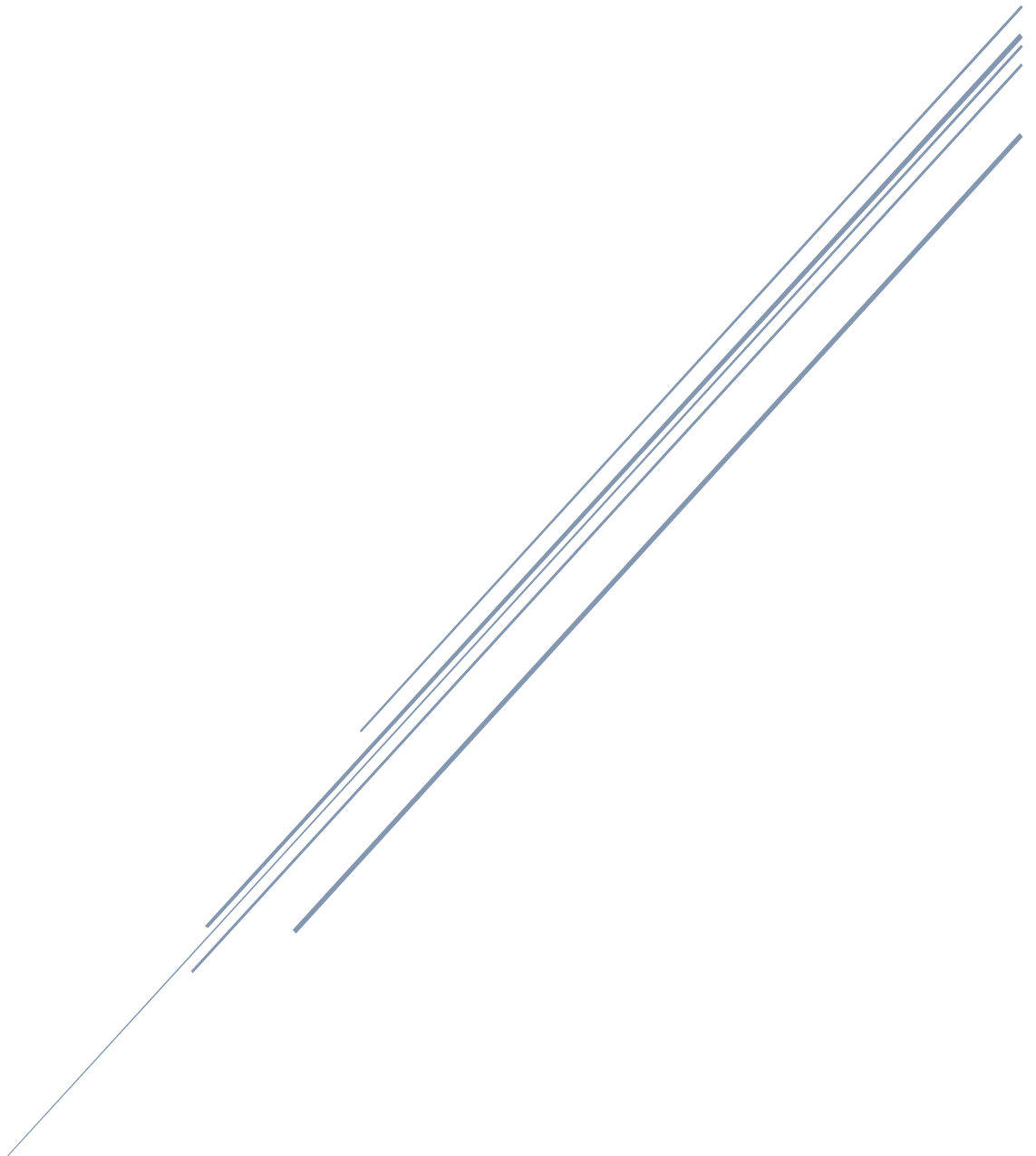


# TECHNICAL PROPOSAL

For RFP TGF-20-063 Long term capacity strengthening of  
Community Networks and Organizations of People Affected  
by Tuberculosis (TB)



Alliance for Public Health  
Ukraine

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## Concept Note

### **Summary**

The project focuses on 3 countries of EECA region: Ukraine, Kyrgyzstan and Uzbekistan, all of them are among 18 high-priority countries for TB control in WHO European Region, and in the global WHO MDR-TB high burden countries list for 2015-2020. The countries experience variety of human rights- and gender-based barriers to TB care, as it was reported by range of studies (*Evaluation of socio-economic factors, including gender-specific factors affecting receipt of medical services by TB patients in the Kyrgyz Republic* (USAID)<sup>i</sup>, *Communities, Rights and Gender TB Tools Assessment* (APH with support of the STOP TB Partnership)<sup>ii</sup> and documented in the REAct monitoring system implemented in 3 countries (APH with support of Frontline AIDS) and OnelImpact platform in Ukraine (TBpeople Ukraine with support of STOP TB Partnership). The overall project aim is to strengthen the capacity of community networks and organizations of people affected by TB with long-term sustainable results. Three main goals of the project are (1) creation of the *regional educational platform* complemented by the *web-platform for networking*, aiming at raising capacity of CSO and empowering them to move human rights and gender agenda in-country TB response through cooperation, partnership, and open dialogue with policymakers including CCM, national policy level working groups, and through parliamentarians; as well in data collection and analyses to monitor national program coverage and quality, and commitments to end tuberculosis and to utilize the evidence generated for advocacy and programmatic action, including through CCM; (2) *assessment of the capacity* of civil society and identify capacity gaps in regards to the transition from GF funding, social mobilization, human rights protection, gender issues, and address these gaps; (3) *support through subgrants* to CSO on national level to ensure the sustainability of TB people and TB affected communities participation in the national and regional strategy or policy-making working groups, committees, and any other platform to influence decision making on TB program design, funding allocation and program implementation process in regards to CRG response, as well as provide technical assistance to implementing partners in the implementation of the ACSM strategy. Outcomes of the project involve various aspects of strong and engaged communities: a stronger civil society with increased CRG capacity; stronger civil society- government relationship; transparent and participatory decision making in planning and implementation of TB programs; sustainable transition; increased capacity of creation of evidence and its use for advocacy and programmatic action on grass-root level; sustainable human rights protection, gender-awareness in TB-affected communities work.

### **Applicant's profile**

Alliance for Public Health (APH) for almost 20 years follows its mission – to support community action against TB/HIV/AIDS, to reduce the spread of TB/HIV and related epidemics through disseminating effective services and approaches, strengthening health care systems and social services, and building the capacity of vulnerable communities. It has technical expertise in the implementation of successful and strategic HIV and TB programs for key populations, with a proven track record of technical support and sub-granting in Eastern Europe and Central Asia region. APH is managing Global Fund HIV/TB national grant to Ukraine as one of the Principal Recipients since 2003. The current GF grant (including

Catalytic funding) for 2018-2020 has a budget of over US\$ 45 Million. Since 2017 APH has been implementing the Global Fund funded 3-year *Fast-track TB/HIV responses for key populations in the cities of the EECA project*, in which APH was enhancing the dialogue between civil society and municipalities of big cities, which resulted in cities Osh and Bishkek (Kyrgyzstan,) joining the Zero TB initiative. Since 2016 APH has been implementing the Robert Carr civil society Networks Fund funded *Eastern European Regional Platform for Accelerated Action for Women, Girls, and Transgender in HIV/AIDS Context* project

For 18 years APH has been the strategic partner of Frontline AIDS in delivering HIV prevention, TB and HCV treatment programs in Ukraine, and managing for 4 years the Community Action and Harm Reduction project aiming at increasing access to harm reduction services through action at the community level in China, Indonesia, Kenya, and Malaysia. In 2019 the consortium, headed by APH, launched an HIV and AIDS project in 14 countries in the region to ensure the sustainability of services for marginalized communities. With the support of the Dutch Ministry of Foreign Affairs through *Dialogue and Dissent* Program Alliance implements the Partnership to Inspire, Transform and Connect the HIV Response (PITCH) program in Ukraine, sub granting 5 national NGOs. The project focuses on building the institutional capacity of local civil society organizations to advocate, generate evidence, and develop robust policy solutions<sup>iii</sup>.

To comply with national aim to find missing TB cases in Ukraine, APH has been implementing impactful interventions aimed at improving the access to TB services to key populations at risk and/or with limitations in accessing services. More than 20 local non-governmental organizations are engaged to work with hard-to-reach populations by providing screening for TB symptoms via questionnaire and support those with TB symptoms during the diagnostics till the enrollment on treatment. Since 2014, APH works on TB screening with PWID, SW, MSM, homeless, ex-prisoners, and Roma population (IDPs are included starting 2017). In August 2020 APH in consortium with TB people Ukraine launched the project *Improving TB care in Ukraine by protecting human rights and overcoming gender-related barriers*, supported through CFCS mechanism by the STOP TB partnership. The project aims to improve TB-care by protecting human rights and overcoming gender-related barriers.

### ***Project Management and Structure***

Having almost 20 years of working with TB-affected community and key populations, APH will utilize the best practices and evidence-based approaches, as well as effective partnerships and networking in planning, designing, and implementing project activities, and in sharing knowledge and scaling up project outcomes. Having strong capacity in studies and research and having been the implementors of TB CRG Assessment in Ukraine, APH will use the available evidence and conduct additional research to identify very specific capacity gaps and needs in regards to CRG in civil societies of 3 project countries.

Three subgrantees of the project are: *Convictus* (Ukraine), *Partnership Network* (Kyrgyzstan), and *Ishonch va Hayot* (Uzbekistan).

The project will be managed at the Alliance level with the core team:

- Zahedul Islam – leading the project, responsible for the overall project performance
- Eugenia Geliukh – the technical lead, responsible for implementation of the project and subgranting

- Olga Tsviliy – the technical advisor on ACSM

Eugenia Kuvshynova (*Convictus*) is a manager for a subgrant to *Convictus*, Ukraine.

Sergey Uchaev (*Ishonch va Hayot*) is a project focal point in Uzbekistan.

Aibar Sultanhaziev (*Partnership Network*) is a project focal point in Kyrgyzstan.

All the core project staff has more than 15 years experience of working with TB-affected community and key populations, as well as in program management.

The financial management of the grant and sub-grants will be provided by APH, as well as procurement of goods and services not included to subgrants. APH will supervise all procurement performed within subgrants.

Implementing partners of the project in Ukraine, Kyrgyzstan and Uzbekistan are *Convictus*, the *Association of Legal Entities Partnership Network Harm Reduction Programs Association* (hereinafter – *Partnership Network*) and *Ishonch va Hayot* (Uzbekistani Network of PLWHA), respectively. *Convictus* is active in Ukraine since 2006, and has proved expertise in such strategic areas: (1) Prevention of HIV, TB, HCV, STI among key populations, ensuring access to treatment; (2) Assistance to reforms of the health care system, social policy and penal system in Ukraine; (3) Protecting human rights and gender equality; (3) Strengthening of organizational capacity. *The Partnership Network* includes 26 NGOs active in HIV and TB counteraction, operated since 2004. *Ishonch va Hayot* works for key populations and HIV/TB people for last 16 years, being included into CCM and supports social transformation in society. All three organizations are key civil society players in the country and have substantial experience in empowering communities, enhancing civil society participation in country decision-making mechanisms, advocacy and the human right protection for key populations, expansion of interaction and cooperation between communities, NGOs, international and state organizations, integration of services for vulnerable groups into state institutions. Organizations from Kyrgyzstan and Uzbekistan are partners of the SoS\_project, and these partnership as already created tangible results within limited time: By this stage the advocacy within the SoS\_project managed to decrease radically price of DTG in Kyrgyzstan (from \$120 to \$65), leading to savings in amount up to \$120K annually for national procurement. The budget advocacy efforts of APH and *the Partner Network* in Kyrgyzstan, and *Ishonch va Hayot* in Uzbekistan were also effective – the government for the first time initiated support of “trust cabinets” for KPs in Uzbekistan (appr. \$500K annually) and social order pilots for KPs in Kyrgyzstan in 2019 (\$43K). Within the project APH is also managing subgrants of OCF+CITI intervention in Tashkent, Uzbekistan, and operational research on transgender people in Bishkek, Kyrgyzstan.

## Action Plan

### **Background**

Ukraine, Kyrgyzstan and Uzbekistan are among 18 high-priority countries for TB control in the WHO European Region, bearing a big burden of TB and MDR-TB<sup>iv</sup>. All three countries are also in the global WHO MDR-TB high-burden countries list for 2015-2020<sup>v</sup>.

Ukraine: Since its early independence years Ukraine is carrying a heavy TB burden. For the last 15 years, significant progress has been made both in regards to incidence – it dropped by 37%, and in mortality – by 69%. Still, both rates are one of the highest in the European Region – incidence is 82 per 100 000 and mortality 8.3 per 100 000<sup>vi</sup>. The rate of HIV/TB coinfection is 18 per 100 000 – ¼ of all new cases and relapses<sup>vii</sup>. TB affects the economically active population, half the cases are in the age group 25-44 years, the proportion of men and women is 3:1 in almost all age groups<sup>viii</sup>. TB mortality is also 4 times higher in men compared to women<sup>ix</sup>.

The national TB response is implemented through a special body under MOH – Public Health Center (PHC), being guided by the *National Strategy to end HIV, TB, and Viral Hepatitis till 2030*<sup>x</sup>, followed by corresponding Action Plan for TB separately, and *National Strategy for Development of TB Care for the Population for 2020-2023*<sup>xi</sup>. The PHC hosts a working group on human rights aimed to address human-rights based barriers in health care and coordinate all corresponding activities of all donors. Ukraine is one of the partners of the *Breaking Down Barrier Initiative* and has had a comprehensive approach to identifying and prioritizing human rights and gender barriers. *The National Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services to 2030*<sup>xii</sup> and the corresponding Action Plan for 2019-2022 were developed and approved. Additionally, the country has *conducted Communities, Rights, and Gender TB Tools Assessments in Ukraine and Legal Environment Assessment for HIV and TB in Ukraine*. The CRG TB Tools Assessment indicated a lack of gender sensitivity in the Ukrainian TB program, as well as it doesn't address human rights and stigma to a sufficient extent. CCM in Ukraine functions as the mechanism to enhance partnerships and the sustainability of health governance, it includes the TB-affected population representative. Together with STOP TB Partnership Ukraine and Parliamentarian TB Platform, CCM endorsed the development and approval of the *National Advocacy, Communities and Social Mobilization Strategy in TB response (ACSM TB) for 2019-2021*, as a set of tools for principles included in the *National Strategy to end HIV, TB and Viral Hepatitis till 2030, WHO End TB Strategy for 2016-2035*.

Kyrgyzstan: Kyrgyzstan has similar TB incidence as Ukraine – 83 per 100 000, TB mortality is 6.2 per 100 000. Men are getting infected 1,5 times more compared to women, most of the cases are in the age group 20-60. In 2018 140 patients were diagnosed with HIV/TB coinfection<sup>xiii</sup>.

The TB response in Kyrgyzstan is guided by the National Program 'Tuberculosis-5' for 2017-2021<sup>xiv</sup>, there is an order from the Ministry of Health on the preparation of the National Strategic/Operational Plan for 2021-2023. The national program has made significant progress in optimizing TB care services, a Roadmap is being implemented to optimize TB care, expand the outpatient treatment model and reinvest savings in the purchase of anti-TB drugs and additional funding for primary care<sup>xv</sup>. In 2018, the Ministry of

Health approved the State Social Order Program for 4 diseases, including HIV and TB. It is planned that 4 projects regarding TB care will be launched in 2021. Within request to GF for 2021-2023 the component to reduce legal barriers builds on the continuity of the implementation of the current grant and the expansion of its actions to achieve results on access to health services. It includes actions in all 7 strategic directions recommended by GF. To ensure a consistent flow of action, 3 modules are proposed, including 2 combined modules: (1) Monitoring and reforming HIV and TB laws, regulations and policies to sensitize legislators and law enforcement agencies; (2) Provision of legal services, including community training; and Module 3: Training Health Service Providers on Human Rights and Medical Ethics. The implementation of modules on gender equality, on reducing stigma and discrimination, as well as on community mobilization will be cross-cutting directions, both in the framework of catalytic funding, as well as in the implementation of components on HIV and TB.

Uzbekistan: Uzbekistan has a TB incidence rate of 70 per 100.000 individuals. Among them, 3.2 per 100 000 are co-infected with HIV. The mortality rate is 5.2 per 100.000<sup>xvi</sup>. A male-to-female ratio remains 1:1.2. The disease affects predominantly young and the most economically active part of the country population: 44% of new and relapsed TB cases are registered among people aged between 15 and 44 years<sup>xvii</sup>.

The Government of Uzbekistan has adopted comprehensive health reforms, including the National Strategy Concept of Healthcare Improvement for 2019-2025 that specifically outlines TB incidence reduction goals.

In August 2020 USAID launched the new \$1 million project with a non-governmental organization, Republican Informational Educational Center (RIEC) "INTILISH", to raise the detection of TB and improve access to TB care for vulnerable populations and children. The civil society.

TB control activities in Uzbekistan are carried out through an extensive network of specialized service providers (TB and lung disease specialists: doctors and nurses); integration with other specialized services (HIV, drug treatment) and primary health care (PHC) is limited, leading to the predominant use of hospitalization of TB patients during the intensive treatment phase and gaps with the provision of pre-treatment care or on the continuation treatment phase in outpatient settings, particularly, in remote areas. Focus on hospitalizations consumes limited domestic resources necessary in other critical areas of TB control, e.g. procurement of TB medications. Participation of TB-affected communities in decision-making is scarce, possibilities of budget, coverage, human rights and gender monitoring are limited. Currently the network of key populations is in the process of legal registration. impl

### ***Objective, goals, and expected outcomes***

The overall project aim is to strengthen the capacity of community networks and organizations of people affected by TB with long-term sustainable results. The project is developed to support the component 2 of the CRG Strategic Initiative<sup>xviii</sup>: Long-term capacity building, which works for networks developing the capacity to ensure that communities are (1) engaging safely and effectively, (2) advocating for increased investment and more rights-based and gender-responsive programs, and (3) adapting and using evidence-based implementation tools and guidance. One of the recommendations from the external evaluation of the CRG Initiative also suggests that progress on the country-level impact on

community engagement in Global Fund grant processes should be monitored and documented<sup>xix</sup>.

Four goals will cover the pathway for reaching the project's aim.

Goal 1: To empower TB-affected communities and raise their capacity to move human rights and gender agenda in-country TB response through cooperation, partnership, and open dialogue with policymakers including CCM, national policy level working groups, and through parliamentarians.

Goal 2: To assess the capacity of civil society and identify capacity gaps in regards to the transition from GF funding, social mobilization, human rights protection, gender issues, and address these gaps

Goal 3: To ensure the sustainability of TB people and TB affected communities participation in the national and regional strategy or policy-making working groups, committees, and any other platform to influence decision making on TB program design, funding allocation and program implementation process in regards to CRG response, as well as provide technical assistance to implementing partners in the implementation of the ACSM strategy.

Goal 4: To raise the capacity and empower TB-affected communities in data collection and analyses to monitor national program coverage and quality, and commitments to end tuberculosis and to utilize the evidence generated for advocacy and programmatic action, including through CCM.

We expect that activities within the project will lead to the following *outcomes*:

1. A stronger civil society with increased CRG capacity
2. Stronger civil society- government relationship
3. Transparent and participatory decision making in planning and implementation of TB programs
4. Sustainable transition
5. Increased capacity of creation of evidence and its use for advocacy and programmatic action on grass-root level
6. Sustainable human rights protection, complying to the principles described in the Declaration of Rights of People Affected by TB<sup>xx</sup>
7. Gender-awareness in TB-affected communities work

Both sides – TB-affected populations and decision-makers will benefit from the project. The community will raise its capacity in raising its voice through cooperation with parliamentarians, have sustainable tools on gender issues and higher empowerment in the protection of own rights and be able to produce evidence of high quality for programmatic and advocacy issues. Decision-makers, including members of a Country Coordination Mechanism, National TB Program, Members of Parliament and city mayors and municipalities, will obtain access to grass-root evidence of high quality, strengthen capacity in CRG. Both sides will benefit from increased capacity in the GF transition.

### ***Implementation strategy***

APH will be directly implementing activities to meet Goals 1 and 4, and providing subgrants to national NGOs in 3 project countries for activities under Goals 2 and 3.



The overall requested budget for 3 project years is \$1,6 mln, including \$1,2 mln for activities in Ukraine (\$400,000 per project year), and \$200,000 for subgrants in Kyrgyzstan and Uzbekistan (\$66,000 per project year each country).

#### Goal 1:

The main capacity raising and empowerment tool, encompassing training in CRG, including the creation of grass-root evidence and using it for programming and advocacy will be delivered in a form of comprehensive educational program – TB-related CRG Academy (TRCA). It is planned as the key and embracing intervention of the project, addressing Goals 1 and 4 directly, and Goals 2 and 3 indirectly. The program will be hosted and managed by APH. APH has not only almost 20 years of experience in planning, developing, delivering and evaluating training on various topics in HIV, TB, and HCV care and capacity building for civil society activists, but also hosts a global learning, dialogue and skills building course established with the vision to end AIDS and Hepatitis C among people who inject drugs – the Harm Reduction Academy<sup>xxi</sup>, which might become a benchmark for the program. It will consist of off-line modules and online support, and might also include on-site consultations and knowledge sharing for participants. The curriculum will be developed to address current needs and capacity gaps in regards to CRG. The program will be designed for the wide audience – both communities and decision-makers, as the intention is not merely to increase awareness of both on CRG and strengthen capacity to use specific tools and approaches, but also to bring both sides to informal networking, open dialogue and sharing knowledge and best practices both within the country and between countries. Each cycle of the program will host up to 12 participants, 3 cycles per project year (one in each project country). The program will also empower participants to develop small projects on CRG using their data and implement it in their own country with the use of mini-grant (one mini-grant per year, awarded to the best project). APH will use the pool of consultants – champions in advocacy, moving gender agenda, and social mobilization for the program development and implementation. TB-affected communities' representatives from project countries and other countries of EECA will also be invited to participate in the curriculum development and as trainers within the program.

For proactive knowledge sharing and networking the CRG web-platform will be developed, launched and moderated by APH.

#### Goal 2:

APH will provide subgrants to national NGOs to conduct CRG assessment if it has not been done (Kyrgyzstan), to advocate for the recommendations from the CRG assessment (Ukraine). In case of Uzbekistan the CRG assessment was planned and started being conducted in August 2019, but was interrupted because there was no unified agreement between NTP and CSO's to carry out the CRG assessment; so, with this grant we will work with the local partners and communities to convince NTP and bring everyone in one understanding to carry out CRG assessment. The project will facilitate dialogue between NTP and CSO's and strive for further engagement of CSO's in the policymaking. Another assessment will be conducted by APH and evaluate capacity of civil society and identify capacity gaps in regards to the transition from GF funding, social mobilization, human rights protection, gender issues and make recommendations how to address this gaps in 3 project countries.

#### Goal 3:

The subgrants to national partners will include set of activities identified as relevant to address capacity gaps identified in the assessment under Goal 2 and measures to ensure the sustainable participation in decision-making and amplification of voice of TB-affected communities and key populations, including but not limited to raising awareness among decision-makers, communication strategies, budget monitoring and advocacy.

#### Goal 4:

The module on Evidence-based advocacy and programming, data collection and analysis will be included into the TRCA program. Participants will be encouraged to work with their real data. To train audience not covered by the TRCA program, an online training will be developed.

#### ***Networking and partnerships***

The project is overall in line with goals of current national funding request to GF aiming at cross-cutting health systems and community interventions including human rights and gender, especially Objective 9 (... ensure community-led TB and HIV responses through community-based monitoring, social mobilization, and community linkages and coordination) and Objective 10 (Remove human rights and gender barriers and achieve zero discrimination towards people with TB and HIV and representatives of key and vulnerable groups).

As one of principal recipients of GFATM grants APH regularly presents its reports on the grant activities implementation, these reports will include information on this project. Members of supervisory council participate in APH selection committees' meetings within the framework of open calls for proposals to select NGOs-implementing partners. Supervisory council monitors the implementation of APH projects in the regions of Ukraine and provides feedback. Partnership with PHC includes all strategic RB/HIV issues. APH managers participate in working groups operating under MoH: transition to mSTR, transition to domestic funding, TB/HIV/HCV national strategy and plans development. Three PRs regularly report about the grant implementing process and closely interact within this process.

The Alliance is actively involved in the development of TB policy, continuing to technically support the activities of the inter-factional parliamentary association "Parliamentary TB Platform". Among the main developments - the actualization of the problem of TB among high-ranking officials and decision-makers, as well as the media; prioritization of the issue of developing a mechanism of multisectoral accountability; holding national round tables and intersectoral working meetings in the Parliament on topical issues of tuberculosis control; ensuring the possibility of dialogue between civil society and people affected by the TB problem, with representatives of international and governmental organizations, etc. The activities of the Parliamentary Platform have been recognized by the World Health Organization as one of the best practices in establishing a partnership to combat TB in the European region. For the World TB Day in 2019, the Alliance together with the Parliamentary TB Platform, as well as national and regional partners organized and performed an all-Ukrainian information campaign *It's Time*, during which the regions among the general population and decision-makers More than 8,000 stickers in the form of a clock with the *It's time to overcome tuberculosis* were distributed to draw public attention to the problem of TB. In addition, the Parliament organized a national round table and a public action *It's time*; in front of the parliament building installed a 4-meter

installation in the form of a clock, the dial of which instead of numbers indicated the main messages of tuberculosis, relevant to Ukraine. The information campaign *It's time* was recognized as the best social communication campaign during the forum of social change which took place in Kiev on May 30-31, 2019. The unique experience of the mechanism of functioning of the Parliamentary Platform as one of the key stakeholders in the field of disease control in Ukraine was preserved during the change of the Verkhovna Rada of Ukraine. Thus, with the support of the APH in the Verkhovna Rada of the 9th Convocation continued the activities of the inter-factional parliamentary association, which included 50 MPs from different political parties and factions, and was headed by the Chairman of the Subcommittee on Epidemic Security, Combating HIV/AIDS and Socially Dangerous Diseases of the Verkhovna Rada Committee on National Health, Medical Care and Health Insurance Lada Bulakh. From the end of 2019, all working meetings of the Parliamentary Platform will be held within the framework of official meetings of the Subcommittee on Epidemic Safety, HIV / AIDS and Socially Dangerous Diseases of the Verkhovna Rada Committee on National Health, Medical Care and Health Insurance. discussions in the form of protocol decisions of the subcommittee. At the initiative of the Chairman of the Parliamentary Platform in March 2020, Committee hearings on *Ways to overcome TB in Ukraine in the context of medical reform* were to be held with the participation of all key stakeholders, but due to the introduction of quarantine restrictions in connection with COVID-19, the event was postponed to the next session period. Based on the outcome of the Committee Hearings in October 2020, Parliamentary Hearings on TB should be held, the recommendations of which in the form of a Resolution of the Verkhovna Rada were to become one of the key national documents in the field of TB control. But due to quarantine restrictions, the parliamentary hearings have also been postponed to the end of 2020.

Ukraine has a well-developed and mature civil society and networks of key populations, some of which were created, officially registered and developed with technical assistance from APH. APH provides technical support to communities networks, both key populations and TB-affected, as well as supports the implementation of projects. Members from APH and community networks are included into various working groups and partnerships, as STOP TB Partnership. Ukraine; thus, the cooperation and knowledge sharing is sustainable and active. Number of ongoing projects work on building the capacity of civil society and community-based organizations so they represent a strong voice in the TB and HIV responses and participate in all decision-making processes in the country.

Since 2016 APH has been an implementing partner of the TB Regional EECA Project (TB-REP<sup>xxii</sup>) - funded by the Global Fund (PR is PAS Center, Moldova), on the strengthening of health systems for effective TB and DR-TB control. Within the key objectives, APH also facilitates sharing advocacy experience in the EECA region to support a sustainable response to TB. APH is leading the consortium (including *100% Life* (All-Ukrainian Network of PLWH), the *Central Asian HIV' Association* and the *Eurasian Key Populations Health Network*) implementing the the SoS\_project, running in 14 countries in the EECA region with the participation of national governmental and non-governmental organizations, regional key populations networks, international agencies, and organizations, as well as technical partners. The project intends to rely on in-country and regional partnerships developed within the SoS-project.

APH is a long-time partner of TBEC, and provided technical assistance to the Coalition for the TB-REP project, as well as continues support and technical assistance in

various form on regular basis. Andrii Klepikov, the executive director of APH is a Board Member of TBEC.

The project is aware of a range of other Initiatives in the field like *Support TB Control Efforts in Ukraine* project funded by USAID for 2019-2024, *TB-REP-Project 2, Fast-Track TB/HIV Responses for Key Populations in EECA Cities*, CFCS project *Improving TB care in Ukraine by protecting human rights and overcoming gender-related barriers*, and will consult and take in to consideration when planning interventions.

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<sup>i</sup> Evaluation of socio-economic factors, including gender-specific factors affecting receipt of medical services by TB patients in the Kyrgyz Republic. For USAID's TB Defeat Project. Bishkek. 2018.

<sup>ii</sup> Communities, Rights and Gender TB Tools Assessments in Ukraine

<http://www.stoptb.org/assets/documents/communities/CRG/TB%20CRG%20Assessment%20Ukraine.pdf>

<sup>iii</sup> The PITCH project <http://aph.org.ua/en/our-works/ukraine/pitch-partnership-to-inspire-transform-and-connect-hiv-response/>

<sup>iv</sup> WHO/Europe. Tuberculosis <https://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/tuberculosis-read-more>

<sup>v</sup> Global TB Report 2019

[https://www.who.int/tb/publications/global\\_report/tb19\\_Report\\_regional\\_global\\_15October2019.pdf?ua=1](https://www.who.int/tb/publications/global_report/tb19_Report_regional_global_15October2019.pdf?ua=1)

<sup>vi</sup> Global Tuberculosis Report 2019 [https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/)

<sup>vii</sup> WHO Global TB database <https://www.who.int/tb/country/data/download/en/>

<sup>viii</sup> Center for Public Health <https://phc.org.ua/kontrol-zakhvoryuvan/tuberkuloz/statistika-z-tb/analitichno-statistichni-materiali-z-tb>

<sup>ix</sup> <sup>ix</sup> Communities, Rights and Gender TB Tools Assessments in Ukraine

<http://www.stoptb.org/assets/documents/communities/CRG/TB%20CRG%20Assessment%20Ukraine.pdf>

<sup>x</sup> National Strategy to end HIV, TB and Viral Hepatitis till 2030 <https://zakon.rada.gov.ua/laws/show/1415-2019-%D1%80#n11>

<sup>xi</sup> National Strategy for Development of TB Care for the Population for 2020-2023

<https://zakon.rada.gov.ua/laws/show/1414-2019-%D1%80#n8>

<sup>xii</sup> National Strategy for a Comprehensive Response to Human Rights-related Barriers to Accessing HIV and TB Prevention and Treatment Services to 2030

[https://moz.gov.ua/uploads/ckeditor/%D0%B4%D0%BE%D0%BA%D1%83%D0%BC%D0%B5%D0%BD%D1%82%D0%B8/%D0%9D%D0%B0%D1%86%D1%96%D0%BE%D0%BD%D0%B0%D0%BB%D1%8C%D0%BD%D0%B0%20%D1%80%D0%B0%D0%B4%D0%B0%20%D0%B7%20%D0%BF%D0%B8%D1%82%D0%B0%D0%BD%D1%8C%20%D0%BF%D1%80%D0%BE%D1%82%D0%B8%D0%B4%D1%96%D1%97%20%D1%82%D1%83%D0%B1%D0%B5%D1%80%D0%BA%D1%83%D0%BB%D1%8C%D0%BE%D0%B7%D1%83%20%D1%82%D0%B0%20%D0%92%D0%86%D0%9B-%D0%A1%D0%9D%D0%86%D0%94/%D0%9C%D0%B0%D1%82%D0%B5%D1%80%D1%96%D0%B0%D0%BB%D0%B8%20%D0%B7%D0%B0%D1%81%D1%96%D0%B4%D0%B0%D0%BD%D1%8C/%D0%9C%D0%B0%D1%82%D0%B5%D1%80%D1%82%D0%BB%D0%B8%20%D0%B2%D1%96%D0%B4%2023.05.2019/11\\_%D0%A1%D1%82%D1%80%D0%B0%D1%82%D0%B5%D0%B3%D1%8F%20%D0%B7%20%D0%BF%D1%80%D0%B0%D0%B2%20%D0%BB%D1%8E%D0%B4%D0%B8%D0%BD%D0%B8%20%D1%82%D0%B0%20%D0%92%D0%9B%20%D0%A2%D0%91%20%D0%B4%D0%BE%202030%20%D1%80.pdf](https://moz.gov.ua/uploads/ckeditor/%D0%B4%D0%BE%D0%BA%D1%83%D0%BC%D0%B5%D0%BD%D1%82%D0%B8/%D0%9D%D0%B0%D1%86%D1%96%D0%BE%D0%BD%D0%B0%D0%BB%D1%8C%D0%BD%D0%B0%20%D1%80%D0%B0%D0%B4%D0%B0%20%D0%B7%20%D0%BF%D0%B8%D1%82%D0%B0%D0%BD%D1%8C%20%D0%BF%D1%80%D0%BE%D1%82%D0%B8%D0%B4%D1%96%D1%97%20%D1%82%D1%83%D0%B1%D0%B5%D1%80%D0%BA%D1%83%D0%BB%D1%8C%D0%BE%D0%B7%D1%83%20%D1%82%D0%B0%20%D0%92%D0%86%D0%9B-%D0%A1%D0%9D%D0%86%D0%94/%D0%9C%D0%B0%D1%82%D0%B5%D1%80%D1%96%D0%B0%D0%BB%D0%B8%20%D0%B7%D0%B0%D1%81%D1%96%D0%B4%D0%B0%D0%BD%D1%8C/%D0%9C%D0%B0%D1%82%D0%B5%D1%80%D1%82%D0%BB%D0%B8%20%D0%B2%D1%96%D0%B4%2023.05.2019/11_%D0%A1%D1%82%D1%80%D0%B0%D1%82%D0%B5%D0%B3%D1%8F%20%D0%B7%20%D0%BF%D1%80%D0%B0%D0%B2%20%D0%BB%D1%8E%D0%B4%D0%B8%D0%BD%D0%B8%20%D1%82%D0%B0%20%D0%92%D0%9B%20%D0%A2%D0%91%20%D0%B4%D0%BE%202030%20%D1%80.pdf)

<sup>xiii</sup> Public health and healthcare in Kyrgyz republic <http://www.stat.kg/ru/publications/sbornik-zdorove-naseleniya-i-zdravoohranenie-v-kyrgyzskoj-respublike/>

<sup>xiv</sup> The National Program of the Kyrgyz Republic 'Tuberculosis – 5' <http://hivtbcc.kg/proekti/37-programma-pravitelstva-kyrgyzskoi-respubliki-po-preodoleniyu-tb-infekcii-v-kyrgyzskoi-respublike.html>

<sup>xv</sup> Database of the Ministry of Justice of Kyrgyz Republic <http://cbd.minijust.gov.kg/act/view/ru-ru/215621>

<sup>xvi</sup> Global Tuberculosis Report 2019 [https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/)

<sup>xvii</sup> IHME. 2019 country profiles. Uzbekistan.

<sup>xviii</sup> Danielle Parsons. Community, Rights and Gender Strategic Initiative 2017-2019: Independent Evaluation (June 2020)

<sup>xix</sup> Communities, Rights and Gender TB Tools Assessments in Ukraine

<http://www.stoptb.org/assets/documents/communities/CRG/TB%20CRG%20Assessment%20Ukraine.pdf>

<sup>xx</sup> Declaration of the Rights of People Affected by Tuberculosis

<http://www.stoptb.org/assets/documents/communities/FINAL%20Declaration%20on%20the%20Right%20of%20People%20Affected%20by%20TB%2013.05.2019.pdf>

<sup>xxi</sup> Harm Reduction Academy <http://aph.org.ua/en/our-works/world/harm-reduction-academy/>

<sup>xxii</sup> TB-REP Methodology manual for the Regulatory Framework Assessment of the People-Centred Model of TB Care <http://pas.md/en/PAS/Studies/Details/108>