Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria

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This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund.[[1]](#footnote-1) This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with **maximum 20 items** may be submitted.

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| **Country** | Kyrgyz Republic |
| **Component(s)[[2]](#footnote-2)** | HIV/AIDS,TB |
| **Civil Society Representative(s)** | Aibar Sultangaziev |

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| **Description of recommended intervention and expected impact or outcome[[3]](#footnote-3)** | **Activity included in the final funding request submitted to the Global Fund** | **Activity included in the final PAAR submitted to the Global Fund** | **Additional comments** |
| HIV treatment | Yes  Partially  No | Yes  Partially  No | Provision of ARV drugs, SMS notifications about the testing need, treatment related counseling, treatment of comorbidities |
| TB treatment | Yes  Partially[[4]](#footnote-4)  No | Yes  Partially  No | Provision of antituberculosis drugs and drugs against adverse events, hospitalization if needed, counseling related to treatment and adherence to treatment. Providing medications for longer periods |
| Timely diagnosis and monitoring of HIV and TB treatment | Yes  Partially  No | Yes  Partially  No | Locating the test facilities closer to the place of residence, reducing number of tests, possibility of remote testing for migrants |
| HBV vaccination for PLHIV and HPV vaccination for female PLHIV | Yes  Partially  No | Yes  Partially  No |  |
| Rapid HIV testing | Yes  Partially  No | Yes  Partially  No | Expansion of self-testing, installation of vending machines |
| Health products (syringes, condoms, lubricants), including the use of vending machines | Yes  Partially  No | Yes  Partially  No | Increase the standard quantity of health products in line with the international recommendations. Currently, the quantity is limited. |
| Treatment for PWID, Substitution therapy for PWID, including buprenorphine | Yes  Partially  No | Yes  Partially  No | Providing detoxification, rehabilitation, expanding the list of drugs for substitution therapy (opiate analogues, prolonged-acting buprenorphine) |
| Pre-exposure prophylaxis (PrEP) | Yes  Partially  No | Yes  Partially  No | Research on the willingness to accept the PrEP, raising awareness related to PrEP |
| HIV and TB care and support (social support, case management) | Yes  Partially  No | Yes  Partially  No | Counseling, provision of transportation expenses, psychological assistance, drug delivery and outreach teams, support after release from prison |
| Online Outreach | Yes  Partially  No | Yes  Partially  No | Introducing effective outreach counseling models, referrals to receive services through vending machines and obtaining confirmation of test results.  Sex work - to develop online counseling and information, it is required to develop a model for safe outreach work |
| Sexual and reproductive health of PLHIV, people with TB, key populations | Yes  Partially  No | Yes  Partially  No | STI diagnostics and treatment, gynecologist’s, urologist’s, endocrinologist’s services, pregnancy testing, cervical cancer screening, SRH counseling |
| Eliminating stigma and discrimination against all groups | Yes  Partially  No | Yes  Partially  No | Scale up of activities with community participation, especially in the field. Improvement of legislation, including anti-discrimination legislation, participation in country decision-making mechanisms. Monitoring by communities of the quality of services, level of stigma and discrimination, etc. |
| Diagnosis of viral hepatitis B and C | Yes  Partially  No | Yes  Partially  No | Expand for all KPs |
| Treatment of viral hepatitis C | Yes  Partially  No | Yes  Partially  No | Provide free medical treatment for all key populations |
| Motivational payments to children with HIV | Yes  Partially  No | Yes  Partially  No |  |
| Motivational payments to DR-TB patients | Yes  Partially  No | Yes  Partially  No |  |
| Legal support/reissuance of documents/ | Yes  Partially  No | Yes  Partially  No | Legal support through paralegals, financial support for reissuance of documents, precedent-setting cases, support from the state-guaranteed legal aid attorneys, electronic documentation of rights violations and presentation of results on various platforms |
| Training of PLHIV, people with TB, KPs in the field of protection of rights, adherence, SRH, etc. | Yes  Partially  No | Yes  Partially  No | Expanding training activities for all groups, especially at the local level |
| Crisis centers, shelters, temporary housing | Yes  Partially  No | Yes  Partially  No | Shelter support for all key groups and maintenance at the 2023 level |
| Product support for key groups in difficult life situations | Yes  Partially  No | Yes  Partially  No | Significant numbers of representatives of KPs are in difficult life situations, especially in prison; nutritional support is required for proper adherence to HIV and TB treatment |

List of civil society organizations and constituencies consulted and represented in the development of this list.

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| **Organization, Constituency and Email** |
| 1. Public Foundation "Country Network of Women Living with HIV" - [women.hiv.kg@gmail.com](mailto:women.hiv.kg@gmail.com) - PLHIV 2. Public Foundation "Asteria" - [pf.asteria@gmail.com](mailto:pf.asteria@gmail.com) - PLHIV/PWUD/ex-prisoners 3. Association of Legal Entities “Association of Harm Reduction Programs "Partnership Network”[" -](mailto:%22%20-) [partner-net@mail.ru](mailto:partner-net@mail.ru) - PLHIV;TB 4. Public Foundation "Parents Against Drugs" - [rpn\_osh@mail.ru](mailto:rpn_osh@mail.ru) PLHIV/PWUD 5. Public Foundation "Healthy Generation" - [rosa12@mail.ru](mailto:rosa12@mail.ru) PLHIV/PWUD 6. Public Organization "Ishenim Nuru" - [elya.dzh@mail.ru](mailto:elya.dzh@mail.ru) PLHIV 7. Public Organization "Tais Plus" - [shislamova@gmail.com](mailto:shislamova@gmail.com) - SW 8. Public Organization "Tais Plus 2[" 2-baykozi.ermatov@bk.ru](mailto:2-baykozi.ermatov@bk.ru) - SW 9. Public Foundation "Rans Plus" - [rans\_plus@list.ru](mailto:rans_plus@list.ru) SW; PLHIV; PWUD 10. Public Organization "Ulukman Daryger" - [ulukmandaryger@gmail.com](mailto:ulukmandaryger@gmail.com) - SW; PLHIV; PWUD 11. Public Foundation "ZiOm 21" - [ziom\_account@mail.ru](mailto:ziom_account@mail.ru) - SW; PLHIV; PWUD 12. Public Organization "Kyrgyz Indigo" - [kyrgyz.indigo@gmail.com](mailto:kyrgyz.indigo@gmail.com) - MSM; TG 13. Public Foundation AFEW Kyrgyzstan - [natalya.shumskaya@afew.kg](mailto:natalya.shumskaya@afew.kg) -TB, migrants 14. Public Foundation "Plus Center"- [pluscentre.osh@gmail.com](mailto:pluscentre.osh@gmail.com) - PLHIV, TB, PWUD 15. Public Foundation TB people- [cairos2008@mail.ru](mailto:cairos2008@mail.ru) -TB 16. Public Foundation "Podruga" - [podrugaosh2111@gmail.com](mailto:podrugaosh2111@gmail.com) - SW 17. PWID Community- [tatiana.musa40@gmail.com](mailto:tatiana.musa40@gmail.com) - PWID 18. Public Foundation "Musaada" - [Musaada@rambler.ru](mailto:Musaada@rambler.ru) - MSM 19. Migrants/Youth - [lola-2103@mail.ru](mailto:lola-2103@mail.ru) 20. Public Foundation "Istikhsan" - [istihsankg@gmail.com](mailto:istihsankg@gmail.com) - ex-prisoners 21. Association of Legal Entities "Harm Reduction Network Association” - PWID 22. Public Foundation "Ganesha" – PLHIV/PWUD/ex-prisoners |

1. For Focused portfolios, these priorities should be in line with the areas of focus (as indicated in the allocation letter or otherwise agreed with the Global Fund). [↑](#footnote-ref-1)
2. If a country submits a joint Funding Request (for example, for TB and HIV components) only one list should be presented. [↑](#footnote-ref-2)
3. If possible, interventions should be listed in priority order with estimated cost. [↑](#footnote-ref-3)
4. **NB**: *all necessary activities are included in the FR under the main allocation, but there are some activities from which the country would benefit if additional funding were available. Therefore, some priority areas are "partially" ticked under both the main allocation and the PAAR.* [↑](#footnote-ref-4)