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STRENGTHENING NATIONAL CAPACITIES IN TAJIKISTAN

EXPERIENCES IN ENHANCING NATIONAL
SYSTEMS TO IMPROVE THE
SUSTAINABILITY OF GLOBAL FUND
GRANT IMPLEMENTATION



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1 BACKGROUND

Tajikistan has emerged from a troubled decade in the 1990s. Independence was declared after the collapse of the Soviet Union in 1991, but quickly thereafter the country fell into unrest and civil war. In 1997 a peace agreement was signed and the country could begin to address the severe challenges faced by the public sector in delivering services to its population.

With a gross national income (GNI) per capita of just US\$ 990 (only 14% of the average for Europe and Central Asia), Tajikistan is one of the poorest former Soviet republics. More than 1,000,000 Tajiks migrate seasonally in search of work and the country remains highly dependent on remittances that, according to some estimates, now constitute more than half of the country's GDP.¹ Limited resources seriously hamper the health budget- in 2012 public spending for health was just 1.7% of GDP, compared to an average of 7.2% in Europe and Central Asia.² Limited availability of qualified human resources is one of the key impediments to improved health outcomes- in 2011 2.1 physicians were available per 1,000 population, compared to 3.3 on average in Europe and Central Asia.³

Global Fund Support to Tajikistan

In 2003, Tajikistan became one of the first countries in Central Asia to implement a Global Fund HIV grant. UNDP was selected by the Country Coordinating Mechanism (CCM), called the National Coordination Committee (NCC) in Tajikistan, to be Principal Recipient (PR) for HIV in 2003 and, later in 2005 and 2007 for malaria and tuberculosis grants.⁴ UNDP's support to the implementation of Global Fund grants is in line with UNDP's Strategic Plan, which defines overarching priorities for the organization for the period 2014-2017, and includes a focus on strengthening institutions to progressively deliver universal access to basic services.

Currently, UNDP is managing a total grant portfolio of more than US\$ 136 million. The grants for all three diseases are performing well, with an A1 rating for the tuberculosis grant, and A2 ratings for the HIV and malaria grants.⁵



1 World Bank (11 April 2014) Migration and Development Brief #22

2 World Bank Databank (17 November 2014): <http://databank.worldbank.org/data/home.aspx>

3 Ibid.

4 See more facts about the Global Fund grants here: <http://www.undp-global-fund-capacitydevelopment.org/home/country-impact/europe-the-cis/tajikistan.aspx#Tajikistan>

5 The Global Fund grant rating scale: A1 - Exceeding expectations, A2 - Meeting expectations, B1 - Adequate, B2 - Inadequate but potential demonstrated, C - Unacceptable, NR - No rating available.

Figure 1 - The 2104 Global Fund grant portfolio in Tajikistan

Portfolio Overview				
Disease Component	Grant	Phase	Amount	Rating
HIV / AIDS	TAJ-809-G07-H	Extension TFM	\$47,642,371	A2
Tuberculosis	TAJ-809-G09-T	Extension TFM	\$47,642,615	A1
Malaria	TAJ-809-G08-M	Extension TFM	\$12,908,783	A2

The HIV epidemic in Tajikistan is classified as a concentrated epidemic. The main key populations (KP) are people who inject drugs, sex workers and men who have sex with men (MSM). An estimated 12,000 people live with HIV and the adult prevalence rate in Tajikistan is 0.3%.⁶

According to the World Health Organization (WHO) Tajikistan is one of the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world. Currently, the Global Fund is one of the main donors providing significant support to the Ministry of Health, including essential life saving treatment services.⁷

Malaria is nearly eradicated in Tajikistan, with no new reported cases in the first half of 2014 and only 14 cases (of which three were local infections) registered in 2013. This is down from a high of more than 30,000 reported cases in 1997.

“Malaria is nearly eradicated in Tajikistan, with no new reported cases in the first half of 2014.”



⁶ See UNAIDS information on HIV in Tajikistan here: <http://www.unaids.org/en/regionscountries/countries/tajikistan>

⁷ See WHO information on tuberculosis in Tajikistan here: <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/country-work/tajikistan>

UNDP Support Underpinning Global Fund Grants

UNDP has been interim PR for Global Fund grants in Tajikistan since 2003. During that time, UNDP has worked to support national and civil society organizations in the delivery of programme activities aimed at prevention, testing and counselling for HIV; implementation of the Stop TB Strategy, including TB services for prison population; and distribution of bed nets, spraying and awareness activities for malaria.

In addition to these activities UNDP has emphasized the need to strengthen the institutional capacities for managing and implementing Global Fund grants and improve management of national disease responses. As such, the strengthening of Government capacities for programme management, procurement, financial management and monitoring and evaluation has been a prime focus area of UNDP's support to the Government of Tajikistan and the national Sub-Recipients (SRs) of the grants.

Realizing that the long-term success and sustainability of the efforts to contain and combat the three diseases depends on the ability of the Government of Tajikistan to manage adequate disease responses, UNDP has provided additional resources to institutional strengthening every year since 2005, totalling more than US\$ 2.6 million.

UNDP Capacity Development Support for Global Fund Grants 2005 - 2014

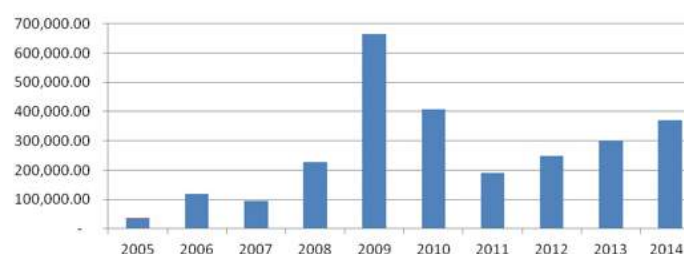


Figure 2 - Annual additional US\$ investment by UNDP to strengthen institutions concerned with Global Fund grant implementation

*"The **strengthening** of Government capacities for programme management, procurement, financial management and monitoring and evaluation has been a prime focus area of UNDP's support to the Government."*



2 PROGRAMME ACHIEVEMENTS

Highlights

The Global Fund programme in Tajikistan has achieved significant successes since the beginning in 2003:

Malaria is near eradication with no reported cases in the first half 2014. This is a significant achievement considering the 30,000 cases that were registered in 1997.

The **HIV** epidemic in Tajikistan is concentrated among KP. The epidemic is affecting mainly people who inject drugs, sex workers and MSM. A cornerstone in the response has been the success in reaching the different vulnerable groups and UNDP's support to building multifaceted partnerships with government and civil society entities. This has enabled a network of service delivery points to be established, covering voluntary counselling and testing (VCT) needs and other prevention services at the local level.

Tuberculosis remains a significant burden in Tajikistan, but remarkable successes have been achieved with the Directly Observed Therapy Strategy (DOTS) programme that is now covering 100% of tuberculosis patients. In addition, community-based TB care and MDR-TB projects have been successfully piloted, showing a relatively low-cost, high-reach strategy and access for tuberculosis treatment in Tajikistan.

*"A cornerstone in the response has been the success in reaching the different vulnerable groups and UNDP's support to building **multifaceted partnerships** with government and civil society entities."*



Timeline of Achievements

The following timeline captures key developments and achievements of the Global Fund presence in Tajikistan since 2003.

Year		Key Achievements
2003	✓	Tajikistan is one the first countries in Central Asia with an approved Round 1 grant from the Global Fund.
	✓	The Republican AIDS Centre is selected as the first Sub-Recipient (SR) for the Global Fund grant.
	✓	As part of the initial activities, 17 service centres for people who inject drugs and sex workers are opened, setting the focus for the Global Fund grant.
2004	✓	The Round 4 grant for HIV/AIDS is approved.
	✓	The programme expands its partnership with civil society organizations that work with vulnerable groups, including people who inject drugs, MSM and sex workers, continuing the focus on KP.
2005	✓	The Round 5 grant for malaria is approved.
	✓	The HIV programme's scope expands to additional KP such as migrants, street children, and prisoners, and begins work on Government's implementation capacity in M&E.
	✓	30 new service centres targeting migrant families are opened.
	✓	UNDP commits additional resources to supplement the programme (US\$ 33,000).
2006	✓	In February the first patient started ARV therapy in Tajikistan.
2007	✓	Continued programme implementation scales up and reaches 91,821 people with HIV testing and 19,935 migrants and their families with consultations and counselling.
2008	✓	Round 8 grants for HIV, tuberculosis and malaria are approved.
	✓	The DOTS programme reaches 100% coverage in Tajikistan and successful treatment of tuberculosis reaches 85%.
	✓	Malaria incidence is dropping rapidly.
	✓	UNDP supports the Ministry of Health in the development of policy, strategy and technical documents supporting the implementation of national Global Fund HIV, tuberculosis and malaria programmes.

The following timeline captures key developments and achievements of the Global Fund presence in Tajikistan since 2003 (continued).

Year		Key Achievements
2009	✓	Round 6 and 8 grants for tuberculosis and HIV/AIDS are consolidated.
	✓	The Government of Tajikistan and UNDP integrate HIV, tuberculosis and malaria in the overall development programming for the country (2010-15 UNDAF).
	✓	The Government of Tajikistan approves the first opioid-substitution therapy (OST) programme for people who inject drugs and the first OST site is established for Dushanbe.
	✓	More than 200,000 people receive VCT services and the Healthy Lifestyle programme for 7th-9th grade is introduced in 300 schools throughout the country, stepping up prevention activities.
	✓	The first MDR-TB project is successfully piloted. Based on this achievement, WHO/GLC recommends an expansion of MDR-TB project implementation.
2010	✓	The annual Global Fund programme budget managed by UNDP as interim Principal Recipient triples from US\$ 10 million to US\$ 30 million.
	✓	By the end of 2010 UNDP has established partnerships with over 40 Sub-Recipients, both governmental and non-governmental. These partnerships are instrumental in the programme implementation.
	✓	UNDP's additional contribution focuses on health systems strengthening and addressing identified capacity gaps in the health care management system.
	✓	A Memorandum of Understanding on TB services provision and TB reports is agreed and signed between seven Ministries, including the penitentiary system.
	✓	UNDP supports the development of a new national TB programme for the period 2010-2015.
2011	✓	Following a successful pilot the Multi Drug Resistance (MDR) programme for tuberculosis was scaled up from 4 to 11 districts and the treatment success rate for MDR reached 70%.
	✓	A community-based DOTS programme is piloted showing potential for reaching more tuberculosis patients at a low cost.
	✓	100 service delivery points and 35 AIDS centres are established and attached to laboratories assisting with testing services. The service delivery points and AIDS centres ensure that KP are reached with VCT services and treatment.
	✓	Advocacy work is carried out to strengthen the practical knowledge among judges, prosecutors and lawyers on the provision of legal support to PLHIV and other key populations.
	✓	The malaria programme shows significant progress, with only 76 cases in 2011 compared with more than 2,300 cases in 2005.

Timeline of Achievements

The following timeline captures key developments and achievements of the Global Fund presence in Tajikistan since 2003 (continued).

Year		Key Achievements
2012	✓	UNDP provides financial and technical support for the Government of Tajikistan to apply for transitional funding with the Global Fund. An additional US\$ 25 million approved for essential prevention and treatment in 2013-15.
	✓	315,718 people receive VCT services in 2012, including 90% of all pregnant women.
	✓	A capacity assessment to define the way forward towards transition to a national Principal Recipient is undertaken.
	✓	Improvements achieved in HIV testing of TB patients in comparison to previous years, reaching 87.8%.
	✓	The treatment success rate for MDR-TB patients reaches 62%.
	✓	UNDP supports the establishment of a laboratory network and introduces new laboratory technology within the TB programme.
2013	✓	The Government of Tajikistan adopts the final Capacity Development and Transition Plan for the Ministry of Health, which lays out the activities, milestones and results required for successful transition to a national Principal Recipient.
	✓	HIV legislation is amended to ensure adherence to human rights obligations, remove travel restrictions of people living with HIV (PLHIV) and align with the 2011 UNAIDS political declaration on HIV and AIDS.
	✓	More than 12,000 people who inject drugs and MSM are reached by HIV prevention services.
	✓	Over 485,000 migrants and vulnerable women are reached by peer educators or receive HIV education.
	✓	Trade legislation is revised and trade-related aspects of intellectual property rights (TRIPS) flexibilities introduced to ensure affordable access to essential medicine.
	✓	Only 14 reported cases of malaria in Tajikistan in 2013. More than 100,000 bed nets distributed and an anti-malaria spraying campaign undertaken covering over 68,000 households in malaria prone districts.
	✓	A study is conducted on the management of climate change impact of the Global Fund programme in Tajikistan, which is awarded a Guardian Business accolade.
	✓	A health care waste management toolkit is developed.

3 CAPACITY DEVELOPMENT AND TRANSITION

The Capacity Development Response

A significant part of UNDP's role as *interim* PR for Global Fund grants is to strengthen the capacities of the national counterparts to assume the responsibilities for grant implementation as and when capacities and circumstances permit.

UNDP Tajikistan has committed additional capacity development resources underpinning the Global Fund grants every year since 2005. This strategic support complements the Global Fund investments and adds value by supporting priority activities that contribute to sustainability and a more effective national response to the three diseases.

UNDP Tajikistan's approach to capacity development has been characterized by flexibility, and by a deliberate process of testing, feedback and learning. A key example of this is the progress seen with several SRs in financial responsibilities. UNDP Tajikistan has deployed a process of continuous improvement through an increase in the financial responsibilities of a number of SRs, while learning from the experiences along the way. Based on feedback and monitoring the UNDP Country Office has conducted assessments, trainings, study tours and development of business processes to address shortcomings.

This iterative process has led to significant progress among key government SRs that were managing only a few thousand US dollars per year, to now managing hundreds of thousands.

UNDP has also worked on policy engagement throughout the programme, working on different areas such as legal reform for HIV and trade legislation; advocacy for key populations among civil servants; and sustainability issues such as health care waste management.

"This iterative process has led to significant progress among key government SRs that were managing only a few thousand US dollars per year, to now managing hundreds of thousands".

With **UNDP support**, the Ministry of Health has undertaken a comprehensive review of legislation and by-laws to further improve provisions of the HIV Law, integrate the recommendations agreed upon by the international community in the 2011 Political Declaration on HIV and AIDS, and consider good practices recommended by the Global Commission on HIV and the Law.

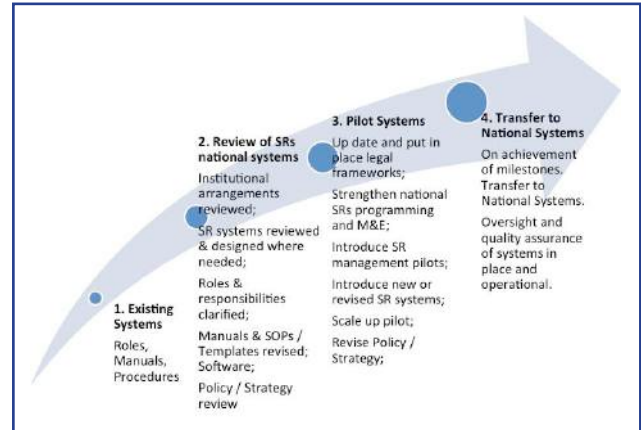


Figure 3 - Transition process to a national PR for Global Fund grants

The Capacity Development and Transition Plan

As part of the capacity development efforts, a Technical Working Group under the Ministry of Health was established in August 2012 to work with UNDP and other partners to define the necessary steps and identify a realistic timeline to further strengthen national systems in preparation for the transfer of the PR role from UNDP to the relevant national entities. The TWG included senior officials from Ministry of Health, the CCM secretary, heads of the National Centres for HIV, Malaria and TB, UNDP, and WHO.

To support the process UNDP facilitated a rapid capacity assessment process focused on a range of implementation capacities including; programme management, SR management, financial management, procurement and supply management, and monitoring and evaluation. In addition, WHO supported the development of the Capacity Assessment of Public AIDS Service Providers and Capacity Enhancement Plan. Based on these assessments a transition process and plan was developed (see figure 3). The Government of Tajikistan approved the Capacity Development and Transition plan in February 2013. The capacity development activities in the transition plan are currently under implementation.



4 LESSONS LEARNED

The importance of partnering with KP: In Tajikistan a key success factor of the Global Fund programme has been the strong partnership with a range of SRs from civil society. These partnerships have been instrumental in reaching the population groups most affected by the three diseases, particularly in the area of HIV. Due to the stigma attached to sex workers, MSM and people who inject drugs, these groups would often be reluctant to seek assistance, counselling and support with traditional health facilities. Civil society organizations have provided the necessary entry points to reach these groups.

Supporting linkages between Government and civil society: Civil society has been instrumental in reaching key population groups and supporting the process of building trust. The strengthening of collaborative partnerships between the Government of Tajikistan and CSOs has created the opportunity to further improve access of services by key populations, going forward.

Emphasize implementation capacity alongside service delivery: Building on the initial investments made by UNDP and the Global Fund, it is clear from the 2013 capacity development and transition planning exercise that the Government of Tajikistan has further progress to make in terms of functional capacities, such as financial management, procurement, risk management, etc. Developing this implementation capacity should increasingly be part of the initial design of Global Fund programmes to help mitigate risks, strengthen the performance of the grants and contribute to the sustainability of national responses.

Understand the challenges to sustainable funding mechanisms: The significant success towards eradicating malaria in Tajikistan leads to additional challenges. As the disease burden from malaria has reduced significantly, the country received zero allocation for malaria under the NFM grant, but is eligible for funding if existing funds are reprogrammed or additional funds allocated from the other two diseases. It is therefore important that the Government of Tajikistan develops the financial capacity to take over programme activities, to sustain the gains achieved. Therefore, linkages to other public sector reforms related to revenue generation and sustainable financing of the health sector could be considered from the beginning of Global Fund programmes, as well as consideration for the development of strategies for alternative funding in case local revenue generation is not sufficient.

Sustainable Transition: The capacity development and transition plan has laid out a clear road map towards transition to a national PR. Meanwhile, experiences from the programme have shown that making gradual increases in financial responsibility has proven the more sustainable route. This highlights that it is important for transition to be based on the achievement of measurable milestones of strengthening and utilizing national systems.

Put a premium on feedback and learning: As part of the capacity development and transition process it is important to build in feedback mechanisms and learning activities that respond to the actual development among national partners and SRs. In Tajikistan this gradual approach has enabled some SRs to move from a financial responsibility of a few thousand US\$ per year to managing hundreds of thousands.

“Civil society has been instrumental in reaching key population groups and supporting the process of building trust.”



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