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Second Independent Evaluation 2002-2008
Country Visit to Kazakhstan - Summary Report

UNAIDS

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Summary Report

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Table of contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
CAAP	Central Asia AIDS Control Project
CAPACITY	Central Asian Program on AIDS Control in Vulnerable Populations
CARISA	Central Asia Regional Information System on AIDS
CBO	Community-based Organisation
CCA	Common Country Assessment
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRIS	Country Response Information System
CSO	Civil Society Organisation
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
ECOSOC	Economic and Social Council
ERP	Enterprise Resource Planning
FBO	Faith-based Organisation
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MSM	Men who have sex with men
NGO	Non Governmental Organisation
NPO	National Programme Officer
OST	Opioid substitution therapy
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
RC	Resident Coordinator
TB	Tuberculosis
UA	Universal Access
UBW	Unified Budget and Workplan
UCC	UNAIDS Country Coordinator
UNAIDS	Joint UN Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDG	United Nations Development Group
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office for Drugs and Crime
UNTG	United Nations Theme Group
USAID	United States Agency for International Development
WHO	World Health Organisation

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Disclaimer

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS or of the people consulted.

1 Introduction

1.1 This report summarises findings from a short evaluation visit (23rd March – 3rd April 2009) to Kazakhstan as part of the Second Independent Evaluation of UNAIDS. The team consisted of Roger Drew, Anya Sarang and Konstantin Osipov. The team were based in Almaty and made a two day visit to the capital Astana and a field visit to Shymkent[1].

1.2 The summary report draws on material in a set of evaluation framework tables[2], which are based on information gathered from meetings with a range of stakeholders (Annex 1, p14) and from review of key documents (Annex 2, p19).

1.3 Kazakhstan is one of 12 countries sampled for visiting during the evaluation[3]. The material in the framework tables from these country visits, visits to regional offices of UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised together in an overall evaluation report, due to be submitted in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings from the visit in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box below). Section 4 highlights key issues and discussion points arising from the findings.

Evaluation scope and objectives

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

a) The evolving role of UNAIDS within a changing environment
c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
e) Strengthening health systems
f) The administration of the Joint Programme
g) Delivering as One
h) Involving and working with civil society
i) Gender dimensions of the epidemic
j) Technical support to national AIDS responses
k) Human rights
l) The greater and meaningful involvement of people living with HIV

Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works.

[1] Roger Drew and Konstantin Osipov went to Astana and Anya Sarang went to Shymkent
[2] Described in The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008
[3] The other eleven are Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Peru, Swaziland, Ukraine and Vietnam

2 Country context

2.1 Kazakhstan is facing a significant HIV epidemic, concentrated particularly among injecting drug users. The annual number of new diagnoses of HIV infection reached a new high of 2,335 in 2008. This had been less than 50 prior to 1997. It rose to 437 in 1997, was between 650 and 750 from 2002-2004 and increased to 1,754 in 2006 and 1,979 in 2007. There are currently an estimated 14,200 people living with HIV (PLHIV) in Kazakhstan. In 2006, there was an outbreak of HIV in Shymkent, South Kazakhstan. More than 100 children were infected through medical services. In 2008, more than half (60%) of all HIV infections occurred as a result of injecting drug use. This percentage remained steady from 2003-2008, although the absolute number of new infections among injecting drug users (IDU) almost trebled in that period, from 500 in 2003 to 1,401 in 2008 (Republican AIDS Centre, 2009). In 2008, almost one third (31%) of the new diagnoses of HIV infection were made within the prison system. Of these, based on repeated testing, almost half (44%) were considered to have occurred within prisons. The most recent surveillance data shows that HIV prevalence is 4.3% among IDU, 1.4% among sex workers, 0.2% among men who have sex with men (MSM) and 2.4% among prisoners (Republican AIDS Centre[4], 2009).

2.2 Kazakhstan's national response to HIV and AIDS is encapsulated in the National Programme on the Counteraction of the AIDS Epidemic 2006-2010[5] (Government of Kazakhstan, 2006b). The level of financial resources available to the national response from domestic sources expanded considerably following the 2006 outbreak.

2.3 However, there are a number of policy and programming barriers which have hindered the country's response to HIV and AIDS (CCM, 2007):

- Utilisation of and adherence to antiretroviral therapy (ART) has been lower than expected. Gaps and barriers have been identified and it is intended to address these with funding from the state budget and the Global Fund.
- Until recently, opioid substitution therapy (OST) was unavailable in Kazakhstan. Two small-scale pilot projects are now providing methadone to 50 people using financial resources from the Global Fund Round 2.
- Harm reduction services, such as provision of sterile injecting equipment and opioid substitution therapy, are not available in Kazakhstan's prison system. However, government respondents from within the National AIDS Centre and the Ministry of Health recognise the need for these services.

2.4 The UNAIDS Secretariat office in Kazakhstan has both a national and regional focus. The UNAIDS Coordinator covers three countries – Kazakhstan, Kyrgyzstan and Turkmenistan. The Monitoring and Evaluation Adviser covers five countries – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Therefore, this report refers to the UNAIDS Coordinator in preference to the UNAIDS Country Coordinator and the UNAIDS Secretariat Subregional Office rather than the UNAIDS Country Office.

[4] The full name of this Centre is the Republican/National Centre for AIDS Prevention and Control. The terms Republican and National are used interchangeably in this context. In general, this report tends to use the term National AIDS Centre.

[5] This document largely refers to this as the National AIDS Programme

3 Findings

How UNAIDS has responded to the five year evaluation

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 (p24) lists these 18 country-oriented recommendations in note form with a comment on the situation in Kazakhstan. Of the 17 recommendations relevant to Kazakhstan, one was assessed as having achieved a high level of progress; 11 medium progress; and five low progress.

3.2 Significant progress has been made in aligning the activities of donors and international organisations to national priorities, as embodied in the National AIDS Programme. The UNAIDS Secretariat country office is recognised as having played a strong role on this issue.

3.3 There is a perception, however, that the secretariat has interpreted the need to align activities with government priorities as precluding advocacy activities and that UNAIDS is reluctant to engage in advocacy and policy dialogue with government on:

- Sensitive policy issues relating to the response to HIV and AIDS, particularly the need for scaling up of harm reduction services for injecting drug users, both in the community and within the criminal justice system.
- The importance of developing a functioning national AIDS coordinating body with meaningful involvement of major stakeholders.

3.4 In addition, delays in receiving the Russian translation of the latest version of the Country Response Information System (CRIS) have resulted in long delays in introducing a national database and have undermined the perceived usefulness of CRIS. A UN Joint Team on AIDS has been established, but there has been very limited progress on developing joint programming among UN agencies. Although UN agencies indicate the financial resources they might have available for HIV-related activities, this does not constitute a complete budget for the joint plan and agencies do not produce clear reports on actual expenditures against the joint work plan on AIDS.

How UNAIDS is responding to the changing context

The evolving role of UNAIDS within a changing environment

3.5 The most significant contextual factors facing the UNAIDS Joint Programme in Kazakhstan relate to identifying its role in a middle income country facing an HIV epidemic concentrated largely among injecting drug users. Views about what this should be include:

- Providing support, as requested by stakeholders, particularly government, to the national AIDS response
- Coordination of the HIV-related activities of UN agencies and possibly others.
- Provision of technical assistance to the national response and among UN agencies.
- Raising funds for the national AIDS response and the work of UN agencies.
- Developing partnerships, particularly among civil society and PLHIV.

3.6 There are differing views regarding the extent to which UNAIDS should be proactive or responsive to the lead of government. In general, the current staff of the UNAIDS Secretariat country office have placed strong emphasis on the need for UN agencies and other international

organisations to align their activities with national priorities and to ensure that they are playing a support role with government clearly in the lead. However, respondents expressed concerns that this has resulted in certain critical issues not being sufficiently emphasised, such as harm reduction services in prisons and the availability of OST. Government respondents commented that they would welcome UNAIDS advocating on issues like these, which may be difficult for government staff to address directly themselves.

3.7 In general, UNAIDS is perceived as the Secretariat rather than as a joint programme of UN agencies. Secretariat staff would like to see UNAIDS become a UN agency in its own right. However, other respondents would prefer the Secretariat to remain a coordinator of UN agencies. There are particular concerns about potential duplication if the UNAIDS Secretariat raises its own resources and implements its own activities in country.

3.8 The Global Fund to Fight AIDS, TB and Malaria (Global Fund) is providing significant support to the response to HIV and AIDS in Kazakhstan. UNAIDS[6] has provided support for a number of applications to the Global Fund. However, there were challenges in coordinating this support, both among UN agencies, and with other actors. In addition, it appear that the UNAIDS Secretariat country office tried to influence the proposals to focus more on young people, in general, rather than on those most at risk of HIV infection, such as IDU, sex workers and MSM.

Strengthening health systems

3.9 Kazakhstan's health system is based on the Semashko model (Drew and Purvis, 2006). Under this system, services are financed and provided by government through vertical structures. As a result, issues such as tuberculosis, sexually transmitted infections, drug use and AIDS each have their own vertical structures, which manage both public health and clinical elements. AIDS Centres handle HIV and AIDS, and other elements of the health system have little, if anything, to do with HIV and AIDS. Some consider that this model is still the most appropriate for Kazakhstan. However, this is considered by others to have been an important factor in the documented outbreak in health facilities among children in Shymkent, as, prior to the outbreak, relatively little had been done to apply universal precautions or to reduce unnecessary blood transfusions and injections throughout the health system. Subsequently, the number of blood transfusions has reduced but other transfusions and injections are still widespread.

3.10 Although UNAIDS has no clearly-agreed approach to health systems strengthening, most of its activities in Kazakhstan have focused on strengthening the existing system, for example, by support to AIDS Centres. In addition, UNAIDS has supported the development of a multisectoral response to HIV and AIDS, involving civil society and government ministries other than the Ministry of Health. There are a few examples of UN agencies seeking to promote integration of HIV and AIDS into the broader health system, for example, UNICEF's support for integration of prevention of mother-to-child transmission (PMTCT) into maternal and child health (MCH) services.

3.11 The country proposals supported by the Global Fund also largely aim to strengthen the existing system. For example, the Principal Recipient for both Global Fund grants is the National AIDS Centre. The recently-approved Round 7 proposal included $4.3 million of earmarked funding for strategic actions focused on health systems strengthening. These actions are strongly focused on the role of civil society in the health system and include:

- Sustaining the institutional infrastructure of non-government organisations (NGOs) implementing HIV prevention services among particularly vulnerable groups.

[6] This support has been provided by the UNAIDS Secretariat and other UN agencies.

- Establishment and sustaining of NGO resource training centres.
- Expanding harm reduction services for IDU through outreach services.
- Strengthening monitoring and evaluation of HIV prevention interventions.

3.12 Both the World Bank and USAID have been supporting significant programmes aimed, to various degrees, at reforming the health system. The USAID-supported ZdravPlus (ZdravPlus, 2009) has focused on financing mechanisms for the health system concentrating on MCH in general and the integrated management of childhood illness in particular. This project is about to end and USAID have just announced a new health systems project, worth $60 million over five years, which will have a broader focus, including HIV, AIDS and TB in addition to MCH. The World Bank is supporting a major health reform initiative, entitled Health Sector Technology Transfer and Institutional Reform, through a loan of $300 million over five years (World Bank, 2007).

Delivering as One

3.13 There is recognition that HIV and AIDS represents the area in which the UN has made most progress in delivering as one. Nevertheless, progress has been very limited. There is a sense of frustration and unrealistic expectation. One respondent commented that '*everything is being put on us at country level… I can not understand it. What does it mean? Without one UN at the headquarters level, how can it be at bottom level?*'

3.14 There are significant barriers to delivering as one. These include different agency mandates, different planning cycles and processes and, particularly, current funding mechanisms. Although small amounts of funding are available through the Unified Budget and Workplan (UBW)[7] and through the Programme Acceleration Fund (PAF), funding still largely comes through existing agency budgets. There is no specific funding available for joint HIV-related activities at country level.

How UNAIDS works

The division of labour between the Secretariat, Cosponsors, agencies and countries

3.15 Cosponsor staff are aware of the 'Division of Labour' document, which was discussed at a Joint Team meeting. However, overall, it has not been considered particularly relevant to Kazakhstan because the mandates of each agency are considered to be well-known and relatively low levels of activity mean that there is little overlap or duplication. As a result, the Joint Team have not adapted the Division of Labour for Kazakhstan.

3.16 However, some respondents did feel that it would be useful to adapt the Division of Labour for Kazakhstan and pointed out areas of overlap between the work of different UN agencies. These include:

- UNESCO and UNICEF both working with journalists.
- UNICEF and UNFPA both working on youth friendly clinics.
- UNICEF working on PMTCT but UNFPA sees this as part of their work on reproductive health.

[7] For UNESCO

- UNAIDS Secretariat direct activities with young people overlapping with work of UNFPA, UNESCO and UNICEF.
- UNESCO and UNICEF were both working on life skills, although UNICEF has now stopped.

3.17 The UN Joint Team on AIDS has been established. It is reported to meet every two months although minutes are only available for six meetings in the last three years. There are concerns that some cosponsors, for example WHO, are not particularly active within the team because of limited human and financial resources for HIV and AIDS. The team is seen as useful for sharing information about what different agencies are doing. However, respondents would like to see more discussion of substantive issues and more joint planning and review.

3.18 A specific challenge faced by the Joint Team is that some cosponsors, for example, UNDP, UNODC, WHO and UNICEF, are based in the national capital, Astana, while others, for example, UNESCO, UNFPA and the UNAIDS Secretariat (as well as UNIFEM and UNDP projects) are based in Almaty[8]. This reduces opportunities to interact, although this is overcome, to some extent, by including staff from Astana in Joint Team meetings by video link. Although the UNAIDS Coordinator explained that members of the Joint Team are expected to be accountable to the UNAIDS Secretariat for their work in the Joint Team, there are significant challenges in achieving this because of the primary requirement for staff to be accountable within their own agencies. There is no evidence of this accountability to the UNAIDS Coordinator operating in practice.

3.19 When the Joint Team was established, a decision was taken to disband the theme group and use the UN Country Team as the place where heads of agencies discuss issues related to HIV and AIDS. In general, respondents see this as appropriate. However, there are concerns that because of the low HIV prevalence in Kazakhstan, this means that issues related to HIV and AIDS are not prioritised by the UN Country Team (UNCT) and are rarely included in the agenda. Although external partners are sometimes invited to Joint Team and UNCT meetings, there are also concerns that the function of broader coordination and communication previously offered by the expanded theme group had been largely lost. Although some of these functions have been taken on by the regional partners' forum organised by the Central Asia AIDS Control Project (CAAP) and UNAIDS Secretariat, there appear to be broader problems with the national mechanisms for coordinating the response to HIV and AIDS[9].

3.20 The UNAIDS Secretariat compiles a joint work plan of UN activities on HIV and AIDS in the country each year. Each agency is asked to submit its planned activities and these are aggregated in to a joint plan. However, this is very much an aggregation of individual agency plans. There is very limited joint planning and review.

3.21 The Secretariat reports that the UN's response to the HIV outbreak in Shymkent provides a good example joint programming. A joint plan was produced focused on short-term, mid-term

[8] The government has asked all international organisations to re-locate from Almaty to the national capital, Astana. However, many staff are reluctant to make this change as it is seen as 'being sent into exile'. For example, when UNDP relocated, almost all staff left and had to be replaced. Currently, the UN argues that agencies with a national focus will re-locate to Astana, while those with a regional remit will remain in Almaty. However, there are exceptions to this. For example, UNODC operate a regional project and are based in Astana not Almaty.

[9] Kazakhstan does not have a National AIDS Coordinating Authority as such. There is a National Health Council but this meets infrequently, is seen as having little focus on HIV and is perceived as largely a Ministry of Health structure. There is a Country Coordinating Mechanism (CCM) but its focus is limited to Global Fund grants, it meets infrequently and is perceived as a formal structure. Many concerns were expressed about the functioning of the CCM. At the time of the evaluation, USAID and the Global Fund had approached UNAIDS to raise these concerns formally with the government.

and long-term responses (UN, 2007b). However, other respondents felt that the response had been poorly coordinated and that there had been competition and duplication between different UN agencies and other partners. An internal UN report produced at the time summed up these differing perspectives, commenting that '*the coordinated response has seen examples of good practice, where UN bodies have effectively avoided duplicating work. There have, however, equally been instances where a lack of inter-agency communication and resulting overlapping activities have threatened to jeopardise important working relationships and break down trust… As a result of poor inter-agency communication during the response, several international experts held consultations with the same health care professionals and affected families, and in cases gave conflicting advice and recommended different protocols*.' (Stockley, 2007)

The administration of the joint programme

3.22 Respondents had a variety of views on the financial mechanisms used to fund UNAIDS in Kazakhstan. UNESCO is extremely appreciative of the funds it receives through the UBW as it does not have funds for HIV and AIDS in its core budget. For the last four years, PAF funds have been channelled through UNDP projects and have been combined with some funds from the UNDP core budget. The main reason for this appears to be that UNDP is more 'neutral' than other agencies in terms of mandate and is willing to implement activities prioritised by the UNAIDS Secretariat. However, there are concerns about this among other UN agencies and NGOs who are unclear about how PAF monies are allocated and spent. They would value the opportunity to also benefit from PAF funds as they do in other countries, for example, UNIFEM in Tajikistan. Funds available to the UNAIDS Secretariat to directly support activities are very limited. Programme Support Funds (PSF) consist of $40,000 for three countries over two years. However, it is unclear if these are being used strategically. Given the epidemiology of HIV transmission in Kazakhstan and the challenges facing the national response, the decision to use PSF funds to sponsor an activity aimed at 3,000 university students does not seem the most strategic use of these funds.

3.23 The UNAIDS Secretariat sub-regional office in Kazakhstan currently consists of five staff[10]. There are concerns that the current Secretariat lacks the momentum and energy seen previously. Reasons for this are unclear. However, there are significant problems with the management and communication systems between UNAIDS Secretariat headquarters in Geneva, the Regional Support Team in Moscow and the sub-regional office in Almaty. The post of Regional Director has been vacant for around a year and there have been two acting Directors during that period. Opportunities for staff development are reported to be poor. Systems for support, supervision and appraisal are either absent or function at a formal level only.

3.24 The administrative relationship between UNDP and UNAIDS Secretariat subregional office works reasonably well. This covers the general operating budget and payment of support staff. There were some challenges related to UNDP's move to Astana when almost all administrative staff left and had to be replaced. In addition, the lack of access to Atlas means that the process of reconciling and correcting financial issues is reported to be extremely laborious. The administrative arrangements between WHO and the UNAIDS Secretariat[11] have recently experienced severe problems related to the introduction of the Enterprise Resource Planning (ERP) system. This was described by one staff member as a '*nightmare*'. There have been

[10] Three are three international staff funded through WHO systems – a Coordinator, who covers three countries (Kazakhstan, Kyrgyzstan, Turkmenistan); an M&E Adviser who is funded through extra-budgetary support from DFID and covers five countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan); and a National Programme Officer. There are two support staff funded through UNDP mechanisms – an administrative assistant and a driver.

[11] For the payment of professional staff

significant delays and mis-payments of salaries and various allowances. There are plans to appoint a country coordinator in Kyrgyzstan. It is reported that these were delayed because the post was incorrectly entered into ERP as being based in Geneva. All staff of the Secretariat interviewed in country expressed the view that things would be much easier if UNAIDS was an organisation and had its own administrative systems. One staff member with long experience of working in the UN system expressed the view that they had never encountered '*such a negative operational environment*'.

How UNAIDS is fulfilling its mandate

Involving and working with civil society[12]

3.25 Civil society has an expanding role in Kazakhstan's national response to HIV and AIDS. There are more than 80 registered AIDS Service Organisations in the country. The importance of civil society is recognised both in the National AIDS Programme and in proposals submitted to the Global Fund. Availability of funds for the work of civil society on HIV and AIDS in Kazakhstan has increased dramatically in recent years with funds available from CAAP, the Global Fund and through the national budget. Civil society organisations are particularly appreciative of the support given to them by UNAIDS in the late 1990s, which was crucial in them being established and registered. UNAIDS support is ongoing. For example, the joint work plan for 2009 records a number of activities with civil society including UNESCO training with journalists, commemoration of World AIDS Day, the annual civil society forum and UNFPA training of youth organisations (UNAIDS, undated, c).

3.26 There are a number of civil society networks working on HIV and AIDS in Kazakhstan. These include the Kazakh Union of People Living with HIV, the Kazakh Association of AIDS Service Organisations, the Peer to Peer Association and the Association of South Kazakhstan AIDS Service NGOs. Civil society is well-represented through some of these bodies in national coordination structures, such as the Country Coordinating Mechanism (CCM). However, limited functioning of this, and other coordination bodies, means that civil society's participation in decision-making related to the national AIDS response is limited. In addition, it is unclear if civil society organisations have developed common positions on key issues related to HIV and AIDS in Kazakhstan. Rather, their activities often seem focused on securing resources for their organisations and their activities. As a result, relationships between civil society organisations are often characterised more by competition than collaboration.

3.27 In addition, there are a wide variety of civil society organisations in Kazakhstan. The strongest are international NGOs, such as AIDS Foundation East West and Population Services International. A considerable number are associated with government structures, such as AIDS Centres. These are sometimes referred to as government-owned NGOs. There are relatively few strong, local civil society organisations, and those that exist are dependent on donor funding. With the exception of the Kazakh Union of People Living with HIV, there are almost no organisations run by members of vulnerable populations themselves.

3.28 There are concerns that UNAIDS is not currently as supportive of civil society as it once was. Although it is recognised that UNAIDS is continuing to provide support to civil society, it appears that these activities are fragmented with no overall strategy guiding them. It appears that many within UNAIDS and government have a limited view of civil society organisations, as

[12] Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

alternate service providers in certain contexts. There appears to be less recognition of the important role played by civil society organisations in terms of advocacy and decision-making. Over the past two years, communications between civil society organisations and the UNAIDS Secretariat are reported to have become less frequent and more formal. This has led to the perception that UNAIDS' support for civil society is more of a fulfilment of formal policy, than a matter of genuine focus and commitment. There is a specific concern that although civil society representatives raised concerns about the limited functionality of the CCM with the UNAIDS Secretariat, it appears that no specific action has yet been taken. It is recognised that UNAIDS, as a programme in general, and the Secretariat, in particular, has very limited resources for the support of civil society. For example, the Secretariat does not have a Partnership Adviser. Some NGOs interviewed were unaware of UNAIDS at all, although they were aware of individual cosponsors, such as the World Bank[13] and UNICEF[14].

Gender dimensions of the epidemic

3.29 There are a large number of gender issues related to HIV and AIDS in Kazakhstan. These include:

- High levels of violence towards women.
- Low levels of contraceptive use.
- Limitations on women making decisions about their reproductive health in some areas.
- Recognised vulnerability of female sex partners of male IDU.
- Recognised vulnerability of sex workers, many of whom come from socially-deprived areas and also may inject drugs.
- Very high vulnerability of female IDU who experience very high levels of stigma and discrimination.
- Pregnant women who inject drugs have no access to opioid substitution therapy.
- More than one sixth (17%) of HIV-positive pregnant women present late to maternity services so do not receive antiretroviral therapy for PMTCT (Khassanova et al., 2008).
- A range of problems experienced by mothers of HIV-positive children in Shymkent. These included abandonment by husbands and 'humiliating' court cases.
- Extremely limited information about the situation faced by female IDU in prisons.

3.30 The UN system, as a whole, has had a focus on gender issues in its work in Kazakhstan (UN, 2007a). Some agencies have had some focus on gender in their work on HIV. These include:

- UNICEF – including particularly work with women on issues related to PMTCT.
- The World Bank – through advocacy for a gender focus within CAAP.
- UNIFEM – including a review of the gender situation related to HIV in Kazakhstan. UNIFEM also has links to other organisations working globally on gender and women's issues.

3.31 However, specific activities on gender and HIV are relatively limited and fragmented. For example, the joint work plan for 2009 documents UNICEF's activities on PMTCT (UNAIDS,

[13] Because of its support for CAAP.
[14] Because of its involvement in the response to the outbreak in South Kazakhstan.

undated, c). UNICEF also provided a great deal of support to mothers of HIV-positive children in Shymkent following the 2006 outbreak. UNAIDS, as a Joint Programme, also provides support to work amongst sex workers. However, there is no overall strategy or action plan for UNAIDS' work on gender and HIV. Gender analysis is limited. For example, the 2008 UNGASS report did not provide disaggregated data by sex (Khassanova et al., 2008). The mid-term review of the National AIDS Programme did not specifically look at gender issues, although it did examine issues related to women and ART (Zhussupov and Petrenko, 2008). The UNAIDS Secretariat has limited capacity related to gender and HIV. For example, staff interviewed were not aware of global guidance available on gender and HIV and had not received any specific training on the topic.

3.32 Collectively, UNAIDS as a programme, has tried to support development of HIV-related activities among MSM. In particular, in 2001, the Secretariat supported an international consultant to visit Kazakhstan to conduct a situational analysis, including an estimation of the number of MSM in the country. This was repeated with WHO support in 2005. MSM are included in the annual governmental sentinel surveillance. In 2005, UNESCO used PAF money for a number of prevention training activities, including one focused on MSM. However, prevention services for MSM in Kazakhstan remain very limited. NGOs providing these services are few in number, have limited capacity and receive very little financial support.

Technical support to the national AIDS response

3.33 The provision of technical assistance is a key expectation of UNAIDS by Kazakhstan's government. The country has no specific technical support plan but needs are broadly identified within the National AIDS Programme. Government respondents identified a number of current needs during interviews. These included:

- Review of ART provision because of concerns over high death rates.
- Practical advice on how to introduce harm reduction services for IDU in prison settings.

3.34 Although the Joint Team committed to produce a technical support plan (Savtchenko, undated), this has not yet been developed. However, there are a number of elements of technical support within the team's work plan (UNAIDS, undated, c). These include:

- UNODC support to a review of legislation relevant to HIV prevention among IDU and in prisons.
- UNICEF support for work on access to services for children living with HIV.
- UNDP and the UNAIDS Secretariat support for review, analysis and development of sectoral plans.
- UNODC support to desk reviews of three national programmes on HIV, drug control and criminal justice reform.
- UNESCO support to training and manual development for teachers.
- UNESCO support for training of journalists.
- UNICEF support for development of PMTCT strategy and capacity development.
- UNICEF support to development of ART policies and practices.
- WHO support to adapt guidelines on ART.
- UNFPA support to training of youth peer educators.

- UNFPA support to development of standards for peer education.
- UNODC support to integration of HIV prevention activities among IDU and in prisons into overall health system.
- UNAIDS Secretariat will provide support to development of the UNGASS report[15].
- UNDP and the UNAIDS Secretariat will support publication of surveillance reports for 2006.
- UNODC will support training on programming, planning and monitoring and evaluation.
- UNAIDS Secretariat will support the mid-term review of the National AIDS Programme[16].
- UNODC will support estimates of resource needs for scale-up of opioid substitution therapy.
- UNDP and the UNAIDS Secretariat will support participatory development of local government in three cities.
- UNDP and the UNAIDS Secretariat will support training on opportunistic infections in Shymkent.
- UNDP and the UNAIDS Secretariat will advocate for the re-establishment of the coordinating committee in Temirtau.

3.35 UNAIDS has no system for tracking technical support provided by UN agencies to the national response. However, there are many examples of technical support. These include

- Support for the development of the National AIDS Programme, including targets for achieving universal access.
- Support for development of the National AIDS Law.
- Support by the UNAIDS Secretariat to CAAP in development of a regional AIDS Strategy.
- Support by UNFPA to development of standards for peer education and to a survey on access of young people to friendly clinics.
- Support by UNICEF on PMTCT.
- Support by the UNAIDS Secretariat to the evaluation of the National AIDS Programme with financing from the Global Fund.
- UNODC support to work on prisons legislation and the introduction of pilot programmes on Methadone.
- Production by UNDP and the UNAIDS Secretariat of a report on the work on HIV and AIDS in Shymkent (UNAIDS and UNDP, 2008).
- UNAIDS Secretariat support to UNGASS reporting and development of national indicators.
- UNAIDS Secretariat participation in the National Health Council.
- Support by various UN agencies to capacity development of NGOs.

[15] It is unclear what this might refer to as there is no UNGASS reporting in 2009.
[16] This was conducted in 2008 so it is unclear why this is in the 2009 activity plan.

- Support by various UN agencies in development of applications to the Global Fund.
- UNAIDS Secretariat support to the Global Fund Programme Implementation Unit to visit harm reduction services in prisons in Kyrgyzstan.

3.36 UNAIDS faces a number of challenges in responding effectively to needs for technical assistance. These include limited human resources within the UNAIDS Secretariat and Cosponsors, difficulties in responding quickly to requests and lack of funds to finance consultants. There are also concerns that some government agencies, such as the Ministry of Education, are reluctant to request external technical assistance.

3.37 There is no formal system for national partners to request technical assistance from UNAIDS. This is done on an *ad hoc* basis, through the UNAIDS Secretariat and also direct to relevant agencies. Although every attempt is made to ensure that technical assistance is based on country needs, it is also acknowledged that available funds and agency mandates are powerful factors in what technical assistance is provided.

3.38 There has been no formal evaluation of technical assistance provided by UNAIDS. Overall, perceptions of the quality of technical assistance appear positive. There has been considerable use of national and regional experts, although one respondent commented that Kazakhstan was over-reliant on Russian experts. The mid-term evaluation of the National AIDS Programme (Zhussupov and Petrenko, 2008) did not include an assessment of technical support provided by the UN system. The mid-term evaluation of CAAP (Thomsen et al., 2008) recognised the particular need Kazakhstan has for technical advice. It also identifies UNAIDS as a potential source of technical assistance to NGOs, for example, in proposal writing.

3.39 Several respondents expressed appreciation for the technical support provided by the UNAIDS Secretariat to HIV-related monitoring and evaluation activities in Kazakhstan. Support has been provided for UNGASS reporting, publishing available data and developing a national monitoring and evaluation (M&E) system. In particular, respondents reported that they valued the work of the Monitoring and Evaluation Adviser in this regard.

3.40 However, respondents expressed concern that UNAIDS' support on monitoring and evaluation could have been stronger. The Monitoring and Evaluation Adviser covers four other countries in addition to Kazakhstan and the post is temporary, financed through extra-budgetary support from DFID. Not all agencies have yet agreed to work according to the emerging national M&E system. Staff of some international organisations report that it has been difficult to work with the UNAIDS Monitoring and Evaluation Adviser because of the strong focus on national ownership of the M&E system. This issue was said to be unresolved. As a result, there are still uncoordinated surveys being conducted. At the time of the evaluation, particular concerns were raised about an activity in which WHO, UNICEF and the UNAIDS Secretariat internationally are seeking information on the progress in achieving universal access in the health sector. There have been significant delays with the introduction of CRIS because the Russian translation of the latest version has not been available. Links between CRIS and other databases, for example, Central Asia Regional Information System on AIDS (CARISA, 2009) have not yet been developed. Overall, monitoring of programmes, for example on prevention, is not considered as strong in Kazakhstan as surveillance activities.

Human rights

3.41 It is reported that UNAIDS has been supportive of activities for populations most at risk of HIV infection by supporting their inclusion in the National AIDS Programme and various funding proposals. This is particularly seen in the Round 7 application to the Global Fund (CCM,

2007) where 59%[17] of the total budget and 83% of the prevention budget is focused on work amongst IDU, sex workers and MSM. However:

- The human rights focus of the National AIDS Programme is fairly general, focused on mobilising civil society, improving coordination and building human and institutional capacity (Khassanova et al., 2008).
- Although CAAP reports that 60% of its grants benefit most-at-risk populations, these appear to have been defined fairly broadly. The World Bank and others have been arguing for a stronger focus on the needs of IDU and sex workers.
- The Joint Team unified work plan (UNAIDS, undated, c) does not contain a detailed budget so it is difficult to assess the proportion focused on particular sub-populations. However, from the figures provided[18], it appears that just over half (52%) of the declared resources are focused on these populations. All of these focused resources are associated with the project operated by UNODC.
- With the exception of the Kazakh Union of PLHIV, there appear to be no organisations specifically representing members of particular sub-populations such as IDU.

3.42 There is a common formal position on the importance of harm reduction activities but there are widely divergent views on the extent to which the national response to AIDS in Kazakhstan should be focused on specific populations. UNODC has a regional project focused on the needs of IDU and prisoners, which includes work on the legal environment. In 2007, it was reported that the national response has 146 'trust points' and that these were visited by 37,310 injecting drug users who received 12,116,640 syringes. This is reported to be coverage of 29% and represents distribution of 94[19] syringes per IDU (Khassanova et al., 2008).

3.43 There appears to be no formal guidance on human rights for the work of UNAIDS in Kazakhstan. Although UNAIDS is recognised for its support in getting harm reduction activities started in Kazakhstan, there are concerns that this support has declined in recent years. In particular, there are concerns that UNAIDS has become simply a supporter of government actions. This appears to be based on a fear of punitive action from government. For example, one staff member commented '*If UNAIDS starts to say something that is sensitive for the government, they will just kick us out of the country*.' Some NGO representatives also noted that '*UNAIDS has turned from an active advocate into an observer*'.

Greater and meaningful involvement of people living with HIV

3.44 UNAIDS has provided support to the formation of a network of PLHIV. The Kazakh Union of PLHIV consists of five associations of PLHIV and there are plans to establish a regional network. However, capacity is limited to a small number of individuals and the Union is reported to spend a great deal of time and effort on organisational and administrative matters. Although the Union is represented in coordinating bodies in Kazakhstan, such as the CCM, these are not currently functioning well.

[17] These figures are calculated from information in section IV 1.27 of the proposal. This gives the total budget as $13,657,100 for prevention activities among IDUs, sex workers and MSM, $2,716,000 for prevention activities among young people and $5,801,000 for treatment, care and support of PLHIV. However, this only totals $22,174,100 which is less than the total requested of $23, 282,000. For this calculation the latter figure has been used.

[18] Not all activities are budgeted. Total financial resources documented are $520,500, of which $270,000 relate to work focused on IDUs, sex workers and MSM.

[19] This figure is not provided in the report but can be calculated from other figures provided.

4 Discussion points

4.1 The context of Kazakhstan presents many challenges for UNAIDS. The most significant of these is that Kazakhstan is a middle income country facing an HIV epidemic concentrated largely among injecting drug users. There are divergent views about what UNAIDS' role should be in this context. The current UNAIDS' Secretariat has interpreted this as supporting government efforts to respond to HIV and AIDS. However, many respondents, including some from government, commented that they would like to see UNAIDS being more proactive in advocacy on critical issues for the national response, which had proved difficult for government to address. Government respondents primarily saw UNAIDS' role as providing high-quality, international technical support to the national response, for example, on provision of good quality ART and practical measures needed to introduce harm reduction activities in prisons.

4.2 Almost all respondents see UNAIDS in Kazakhstan as the secretariat. Although the introduction of the Joint Team on AIDS and the joint programme of support was intended to address this, little seems to have changed as a result of these measures. The joint work plan of UN activities on HIV and AIDS is very much an aggregation of individual agency plans. There is very limited joint planning and review.

4.3 UNAIDS faces significant resource and capacity challenges in seeking to deliver on some of its key mandate areas, for example, civil society, gender, human rights and PLHIV, in Kazakhstan.

4.4 These and other issues were discussed at a debriefing session for staff from UN agencies and other stakeholders at the end of the visit. More details of this meeting are presented in Annex 4 (p26).

Annex 1: List of people met

Family name	Given name	Organisation	Role	Email or contact
Abdrazakov	Artur	South Kazakhstan Oblast AIDS Centre	Chief Doctor	Aidis-shm@chimkent.kz
Aitmagambetova	Indira	CDC	Senior Epidemiologist	iaitmagambetova@kz.cdc.gov
Akhmetova	Leila	RC Office	UN Coordination Assistant	Leila.akhmetova@undp.org
Alimbekova	Bibigul	World Bank	Coordinator Health and HIV/AIDS	balimbekova@worldbank.org
Alseitov	Kanat	Charity Foundation Protection of Children from AIDS	President	Alseitov70@mail.ru
Amanzholov	Nurali	Kazakh Union of PLHIV	Chair	Nurali70@mail.ru
Andreev	Andrey	NGO Legal Initiative	President	legin@nursat.kz
Askarov	Albert	Committee of State Sanitary Epidemiological Control, Ministry of Health	Deputy Chairman	a.askarov@mz.gov.kz
Assilbekova	Bates	UNHCR	Programme Assistant	ASSILBEK@unhcr.org
Bekenova	Zhanara	WHO	National Programme Officer	bzh@euro.who.int
[20]Belkesheva	Dilyara	NGO Social Service	Social Worker	
Bokazhanova	Aliya	UNAIDS	National Programme Officer	Aliya.bokazhanova@undp.org
Borisov	Sergey	NGO Nazym-Shimkent	Volunteer	Serge1983.83@mail.ru
Burmashova	Inna	UNAIDS	Administrative Assistant	burmashovai@unaids.org
Chernov	Alexander	Ministry of Defence	Head of Epidemiology Department	
[21]Chernyavskiy	Valery	Global Fund	Fund Portfolio Manager	Valery.chernyavskiy@theglobalfund.org
Davletgalieva	Tatyana	Project Implementation Unit of the Global Fund to Fight AIDS, TB and	Manager	Gf.davitat@rcaids.kz

[20] The team also interviewed another social worker and two male clients
[21] Visit to Kazakhstan coincided with visit of evaluation team

Family name	Given name	Organisation	Role	Email or contact
		Malaria: AIDS Component		
Deryabina	Anna	CAPACITY Project	Deputy Regional Director	Anna.deryabina@capacity.kz
Dorozhkina	Lubov	Teachers In-Service Training Institute	Deputy Director	
Elkeev	Sagyngali	NGO Peer to Peer	President	sagyn@nursat.kz
Elemesova[22]	Gulnara	South Kazakhstan Oblast	Coordinator of Harm Reduction Trust Points	
Elgibaev	Sabit	Polyclinic No. 4	Chief Nurse of Harm Reduction Trust Point	
Eserkepov	Erbol	South Kazakhstan Oblast AIDS Centre	Head of the Epidemiology Department	
Fedorov	Sergei	AIDS Foundation East West	Program Advisor Harm Reduction and Community Development	Sergei_fedorov@afew.org
Hasanova	Ferangiz	NGO Kuat Shimkent	Coordinator	
Hausner	David	CAPACITY Project	Regional Director	David.hausner@capacity.kz
Ilnitski	Alexei	UNAIDS	Monitoring and Evaluation Adviser	ilnitskia@unaids.org
Ismailova	Khorlan	USAID	HIV Specialist	kizmailova@usaid.gov
Kadirov	Zakir	Central Asia AIDS Control Project	Regional AIDS Fund Coordinator	zkadirov@caap.info
Kadirova	Aigul	UNICEF	Programme Officer	akadirova@unicef.org
Kadyrov	Nurdin	WHO	Technical Officer	huk@euro.who.int
Katrenova	Aigul	Committee of State Sanitary Epidemiological Control, Ministry of Health	Chief Expert on HIV	a.katrenova@mz.gov.kz
Kazkenov	Ruslan	UNDP	National Programme Officer	Ruslan.kazkenoc@undp.org
Kerimi	Nina	UNODC	Project Coordinator for Central Asia and Azerbaijan	Nina.kerimi@unodc.org
Khassanova	Maryam	National Center for AIDS Prevention and	General Director	Khassanovs@rcaids.kz

[22] The team also interviewed a female volunteer at the harm reduction trust point

Family name	Given name	Organisation	Role	Email or contact
		Control		
Korenyak	Irina	UNHCR	Senior Regional Admin/Program Officer	korenyak@unhcr.org
Kossukhin	Alexander	UNFPA	Assistant Representative	Alexander.kossukhin@undp.org
Kudryavtseva	Yelena	UNIFEM	National Programme Officer	Yelena.kudryavtseva@unifem.org
Kulzhanova	Zhanar	Ministry of Foreign Affairs	Counsellor	kulzhanova@mid.kz
Kurbanov	Suhhrob	UNDP	HIV/AIDS Projects Regional Coordinator	Sukhrob.kurbanov@undp.org
[23]Kurmanova	Gulnara	UNAIDS PCB	NGO delegate for Asia	
Kushenova	Leila	Population Services International	Regional Director	koushenova@psi.kz
Kuznetsova	Elena	Kuat-Shimkent	Volunteer	
Li	Galina	UNESCO	HIV and AIDS Specialist	g.li@unesco.org
Meimanaliev	Tilek	Central Asia AIDS Control Project	Executive Director	tmeimanaliev@caap.info
Mimica	Jadranka	UNICEF	HIV/AIDS Technical Adviser	jmimica@unicef.org
Nedera	Steliana	UNDP	Deputy Resident Representative	Steliana.nedera@undp.kz
Neiman	Oksana	NGO Nazym-Shimkent	Coordinator	Ksuhin06@mail.ru
Otzhanova	Indira	NGO Jan-Joldas	Chair	Indira-otjanova@mail.ru
Pak	Marina	CDC	Project Specialist	mapak@kz.cdc.gov
Petrenko	Irina	National Center for AIDS Prevention and Control	Head of Organisational and Methodological Department	orgotdel@rcaids.kz
Rodina	Tatiana	Kazakh Association of AIDS Service Organisations	Chair	kavsn@list.ru
Sartbaeva	Damira	UNIFEM	Regional Programme Director	Damira.sartbaeva@unifem.org
Sauranbayeva	Mira	Population Services International	Deputy Country Director	mira@psi.kz
Savtchenko	Irina	UNAIDS	Coordinator for Kazakhstan, Kyrgyzstan and Turkmenistan	Irina.savtchenko@undp.org savtchenkoi@unaids.org

[23] Interviewed through Skype

Family name	Given name	Organisation	Role	Email or contact
Schmoyer	Michael	CDC	Interim Director	mschmoyer@cdc.gov
Seitalieva	Chinara	Central Asia AIDS Control Project	Component Coordinator	chseitalieva@caap.info
Shiryaev	Sergey	NGO Nazym-Shimkent	Volunteer	Dicom20@mail.ru
Singer	Hanaa	UNICEF	Representative	hsinger@unicef.org
Skakunov	Sergey	NGO Adali		
Surtaeva	Saltanat	Project Implementation Unit of the Global Fund to Fight AIDS, TB and Malaria: AIDS Component	Project Coordinator	Gf.saltanat@rcaids.kz
Takenova	Madina	UNODC	National Project Officer	Madina.TAKENOVA@unodc.org
Tmukeeva	Gulzirash	Kuat-Shimkent	Volunteer	
Turgunbaev	Boltabek	Joldas – Association of AIDS Service NGOs in South Kazakhstan	President	Bolat-shim@mail.ru
Virtanen	Tarja	UNESCO	Head of Office and Representative for Kazakhstan, Kyrgyzstan and Tajikistan	t.virtanen@unesco.org
Xu	Haoliang	UN	Resident Coordinator	Haoliang.xu@undp.org
Yelizarieyva	Alla	National Center for AIDS Prevention and Control	Senior Epidemiologist	epid.alla@rcaids.kz
Yespenova	Makhabat	National Center for AIDS Prevention and Control	Monitoring and Evaluation Manager	Gf.makhabbat@rcaids.kz
Zhussupov	Baurzhan	AIDS Foundation East West	Head of Quality Management Unit	Baurzhan_zhussupov@afew.org

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Annex 3 Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress[24]
3	Support to the GFATM	UNAIDS and the Global Fund have signed a memorandum of understanding at international level. However, specific guidance on how this should be implemented at country level has not yet been provided. The Secretariat reports that UNAIDS has supported the design and implementation of grant proposals submitted to the Global Fund. However, there are concerns that activities of UN agencies have not always been well-coordinated and have not been as influential as other actors, e.g. in proposal development. In addition, respondents would have liked to see UNAIDS being more proactive in encouraging the government to address perceived problems with the CCM.	M
10	UNAIDS …maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	In Central Asia, UNIFEM has been active in advocating for and supporting a gendered response to HIV and AIDS. However, activities in Kazakhstan have been hampered by lack of financial resources. Although the UNAIDS Secretariat reports that it has advocated for the Three Ones and critical interventions, such as harm reduction, respondents, including those within government, expressed the view that UNAIDS could be more proactive in this area. In general, the Secretariat appears to have interpreted the need to align activities with government priorities as precluding advocacy activities.	L
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	This has been done to some extent. However, respondents would like this to be done more systematically with greater availability of printed documents and materials in Russian.	M
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	UNAIDS does not have a strategy or work plan for this but relies on the National AIDS Programme. Surveillance systems are relatively strongly developed in Kazakhstan.	M
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	Introduction of CRIS has been severely-delayed because of the non-availability of the Russian translation of the latest version. An annotated version of CRIS was used for UNGASS reporting in 2008 and this has	L

[24] H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress[24]
		reinforced perceptions that CRIS is for UNAIDS, in general, and UNGASS reporting, in particular.	
14	UBW to bring together all planned expenditure on HIV/AIDS by the Cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	A great deal of expenditure of UN agencies – through core funding or from extrabudgetary sources – still falls outside the UBW. This is seen as somewhat removed from country realities. However, UNESCO are extremely appreciative of the financial resources they receive in Kazakhstan through the UBW.	M
16	Humanitarian response	The UNAIDS Secretariat reports that this is not relevant to Kazakhstan.	
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	This has not been done. Agencies give some indication of available resources when planning with the joint team. But these figures are not used as a basis for reporting actual expenditure.	L
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	AIDS is not treated as a cross-cutting issue in Kazakhstan. Rather, there is a specified National AIDS Programme with its own budget.	M
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the Cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the Cosponsors at country level	The only donor relevant in Kazakhstan is USAID. The UNAIDS Secretariat reports that all activities of donors and other international organisations are strongly aligned with the National AIDS Programme.	H
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	PAF is continuing has not been expanded. In the last four years, PAF has been channelled through UNDP. There would be support for an expansion of PAF and for this to be open to more agencies in Kazakhstan.	M
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	Roles and responsibilities have been allocated between the joint UN team on AIDS and the UN Country Team. However, the groups do not have clear objectives with measurable indicators.	M
23	Expanded theme groups should evolve into partnership forums, led by government	CAAP has introduced a regional partner forum which has been supported by UNAIDS. However, limitations of national coordination systems mean that many respondents are looking to UNAIDS to do more in this area.	M
24	Expand and strengthen national systems to monitor and evaluate	The UNAIDS Secretariat has used extrabudgetary support to finance an adviser	M

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress[24]
	interventions, and analyse surveillance data	position working across five countries of Central Asia. Support has been valued, particularly in terms of UNGASS reporting. However, concerns were expressed that monitoring of the response was not as well-developed as surveillance. A number of respondents expressed the view that UNAIDS could do more in this area with greater technical capacity.	
25	Programme of joint reviews led by national governments should be launched	The UNAIDS Secretariat, the Global Fund and the National AIDS Centre supported a review of the National AIDS Programme. However, this was a fairly limited exercise focused on describing progress against planned activities, results and impact. It is unclear to what extent all stakeholders participated meaningfully and fully in this.	M
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	Many respondents expressed concern that UNAIDS appears to lack a clear strategic view of its role in Kazakhstan. It appears that alignment with national priorities has been interpreted as precluding advocacy on critical interventions that may be politically sensitive, e.g. harm reduction measures for IDUs.	L
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	Some respondents expressed appreciation for this role of the UNAIDS Secretariat. However, there was also the view that this could be more systematic.	M
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	There are concerns among respondents that the UNAIDS Secretariat has not been as active as hoped for on the issue of scaling up critical interventions, e.g. opioid substitution therapy. This appears to be based on an understanding of UNAIDS role that precludes advocacy on issues not yet prioritised by government.	L

Annex 4: Material from the feedback workshop

A short PowerPoint presentation was made to the meeting (see separate file). Participants at the meeting were drawn not only from the UN system but also from other stakeholders including donors, civil society and government. The presentation was followed by a series of comments and questions in which the following issues were raised:

- Clarity was sought over the third conclusion that UNAIDS is widely seen as the Secretariat and that structural changes have affected this very little. One group member from outside the UN system confirmed that they were not fully aware of the changes in the theme group structure.
- Criteria for selecting countries for the case studies and expected outcomes of the overall evaluation report.
- Reasons for selecting particular areas of UNAIDS mandate and not others, such as supporting the national response to HIV and AIDS.
- The danger of giving more focus to recent developments rather than those that had occurred earlier in the period under review. This issue was raised specifically in relation to the point recognising UNODC's contribution in the recent introduction of two Methadone pilots. It was pointed out that this progress had been possible because of a great deal of previous work by the UNAIDS Secretariat on the issue of harm reduction.
- Concern was raised over the validity of the concerns that UNAIDS support for NGOs was less than previous and was considered 'non-strategic'. In particular, it was stated that UNAIDS' work with NGOs had not reduced but had perhaps changed to more of a focus on capacity-building. It was recognised that much of what had been achieved by civil society had only been possible with the support of UNAIDS.
- Concern that the perception of UNAIDS' limited leadership on human rights and work with most-at-risk populations was not valid. This led to a discussion over where Kazakhstan's response to HIV and AIDS should be focused and whether or not UNAIDS has a common position or not. There was a great deal of discussion about whether or not young people could be considered a risk population *per se*. Concern was raised that young people's knowledge related to HIV has been shown to be low.

The members of the evaluation team clarified some of the issues raised. There was a great deal of discussion of these topics among the participants of the meeting and the evaluation team. This discussion has been used to shape this summary report.