
Funding Request Form

Global Fund COVID-19 Response Mechanism

Summary Information

Country	Bosnia and Herzegovina and Russian Federation
Funding for COVID-19 response already accessed with Global Fund grant flexibilities	0 USD
Priority 1 funding request	422 500 USD Ensuring continuity of HIV service provision in cities of Russian Federation and Bosnia and Herzegovina; making services simplified and easily accessible
Priority 2 funding request: contingent on additional sources of funding	835 520 USD Ensuring continuity of HIV service provision in cities of Russian Federation and Bosnia and Herzegovina; making services simplified and easily accessible Ensuring human rights, gender, equity and dignity of KAPs in response to COVID-19 Analyzing the best practices/models of HIV service delivery to KAPs in the conditions of COVID-19 pandemic Ensuring contingency planning for sustainable service provision in the EECA countries during and after COVID-19 Ensuring community-led monitoring of ART stock outs during and shortly after the outbreak of COVID-19 and strengthening the national procurement and supply chain management (PSCM) systems

Section 1: Funding Request

1.1 Context

a) Briefly describe the **country context** that informed the development of this funding request. If there is a national COVID-19 response plan you are invited to attach it and refer to this document.

The HIV epidemic remains a significant public health issue in the Eastern Europe and Central Asia (EECA) region. According to UNAIDS estimates, the EECA region is one of the few regions in the world with a continued increase in the incidence of HIV infection. The majority of PLHIV in the EECA region are living in the following nine countries: Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine and Uzbekistan. However, the Russian Federation has been the major driver of new HIV infections in the EECA region contributing to 71% of cases in 2018¹. Injecting drug use was the initial driver and remains the main determinant of the HIV epidemic. Majority of new infections in 2018 were found in PUD and their sexual partners.

The COVID-19 pandemic is the defining global health crisis of our time and the greatest challenge for the whole EECA region. It is rampant, taking human lives and undermining healthcare systems. As of May 28, 2020 there were totally more than 5 800 000 COVID-19 cases registered worldwide². The countries which have the biggest number of COVID-19 patients, are: Russian Federation, Belarus, and Ukraine.

SoS project country	New cases registered	Recovered	Died	Mortality, %
Belarus	31 508	10 620	175	0,6
Bosnia and Herzegovina	2 321	1 522	134	5,8
Georgia	713	475	12	1,7
Kazakhstan	6 969	3 598	35	0,5
Kyrgyzstan	1 270	910	14	1,1
North Macedonia	1 839	13	51	2,8
Moldova	6 340	2 508	221	3,5
Montenegro	324	312	9	2,8
Romania	17 191	10 166	1 141	6,6
Russian Federation	299 941	76 130	2 837	0,9
Serbia	10 733	4 904	234	2,2
Tajikistan	1 936	641	41	0
Ukraine	19 230	5 955	564	2,9
Uzbekistan	2 880	2 338	13	0,5
Total:	416 368	127 390	5 734	1,4

Data as of 20 May 2020: <https://www.worldometers.info/coronavirus/>

The Global Fund awarded Alliance for Public Health (APH)-led consortium the EECA regional program for 2019-2021 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia' (or SoS Project) with the aim to significantly contribute to sustaining HIV services in the region. As a result of the project, by 2021, national funding for HIV/AIDS programs will be increased by \$10 million from national, regional and municipal budgets in the countries of the EECA region; it is also planned to ensure \$73.4 million savings in the countries budgets through optimized ARV procurement.

The amount and proportion of government funding for HIV services among key populations and people living with HIV has been severely inadequate in the EECA region. And with a view to the COVID-19 outbreak that took place in all EECA countries, even these insufficient funds that were previously budgeted in national budgets for servicing key populations vulnerable to HIV are now questioned by local governments – they consider that COVID-19 is currently the most prioritized area for budget expenditures.

¹ https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf

² <https://www.worldometers.info/coronavirus/>

Global Fund support has been critical in immediate responses to COVID-19 challenge. The funding that was provided to EECA countries (thus far from country grants optimization at 4.1 M USD) was the most significant international contribution and alongside the existing infrastructure of services of governmental and non-governmental institutions, - has majorly contributed to halting the epidemic.

Country	GF grant funds relocated for COVID-19, USD
Albania	80,400
Armenia	1,650
Azerbaijan	119,040
Belarus	105,270
Georgia	484,500
Kazakhstan	488,932
Kosovo	102,943

Country	GF grant funds relocated for COVID-19, USD
Kyrgyzstan	417,595
Moldova	257,433
Romania	354,901
Tajikistan	324,140
Turkmenistan	17,790
Ukraine	1,383,094
TOTAL	4,137,688

GF May 26th 2020 roundtable data

Yet, the countries that are not any more eligible to receive Global Fund funding and that have no current grants, e.g. Russian Federation and Bosnia and Herzegovina, are experiencing a number of significant gaps which is negatively impacting their epidemic development, as the above table demonstrates. Additional support is needed to help contain COVID-19 spread which is fuelling the new cases of HIV and TB in these countries. This endangers adequate provision of HIV prevention, diagnostics, treatment, care and support services. During the COVID-19 pandemic, there are concerns related to the safety and health conditions of key vulnerable populations and people affected by HIV, tuberculosis (TB) and viral hepatitis. These populations are exposed to stigma and discrimination, and lack access to quality health services, universal health coverage, information and social support – which makes them more vulnerable during the COVID-19 pandemic.

A number of guidance has been issued on COVID-19 response, by WHO, GF, UNAIDS. Analysis was conducted and statements made by EATG³, EHRA⁴ and ENPUD⁵, SWAN⁶, ECOM⁷, APH⁸ and concerns raised as per services delivery, modalities and approaches used, human rights, stocks out of vital drugs and commodities.

Based on the epidemic analysis, available latest technical guidance and assessments, the existing funding landscape, the following areas of concern have been identified in EECA HIV and program sustainability programming related to COVID-19 challenge. These areas inform the development of this funding request.

Ensuring continuity of HIV service provision in COVID-19 context in Russian Federation and Bosnia and Herzegovina is among the major immediate service gaps

Global pandemic of COVID-19 influenced HIV preventive measures in EECA region both on national and municipal levels. The governmental and municipal focus of strong HIV prevention programs and funding for HIV responses shifted to limited attention in 2020. While funding, researchers and healthcare workers are being diverted to work on COVID-19, it is important that essential health services remain available to people living with and affected by HIV to protect against HIV disease progression and complications from any other co-infections or co-morbidities.

Russian Federation

The Russian Federation has the third biggest number of COVID-19 cases globally after the US and Brazil. Almost 390 000 people are registered with COVID-19 in Russia, as of May 29th. Among most vulnerable to COVID-19 are Moscow, Saint-Petersburg, Chelyabinsk and Sverdlovsk regions, where number of newly diagnosed cases is still growing. The total number of cases in these 4 regions is 198 476, which is 51% out of national number.

In Chelyabinsk region, that is implementing Fast Track Cities approach within GF regional grant, as of May

³ <https://drive.google.com/file/d/1Fhv4dMkfGg3Bb4NWvhvDxGVQZiZAedJtP4/view>

⁴ <https://hamreductioneurasia.org/the-position-during-the-covid-19/>

⁵ <https://www.talkingdrugs.org/coronavirus-covid-19-curfews-supply-shortages-take-home-prescriptions-ost-is-being-administered-in-the-eeca>

⁶ <http://swannet.org/en/content/swan-statement-covid-19-and-demands-sex-workers>

⁷ <https://ecom.ngo/wp-content/uploads/2020/04/COVID-Report-ENG-1.pdf>

⁸ http://aph.org.ua/wp-content/uploads/2020/05/EN_Lessons20from20COVID2019.pdf

23, 2,073 cases of COVID-19 infection were registered, additionally over 7 thousand people were diagnosed with community-acquired pneumonia over three months of 2020. Sverdlovsk region is one of the most disadvantaged in Russia – 3 983 people were found with COVID. Outbreaks are recorded on daily basis throughout the last week of May in different cities and districts of the region. In Saint-Petersburg 13 713 cases of COVID19 were registered. 3 590 people recovered from COVID-19 during this time. Lack of personal protective equipment is one of the main problems faced by the regions in Russian Federation

A serious problem is testing for COVID in the regions. The possibilities are limited not only by the fact that the service is provided on a paid basis, but also by the limited number of medical institutions where you can take the test. For most people, testing is not available for free and anonymously.

Measures are being tightened for patients with COVID-19 infection or who have come in contact with patients with coronavirus. Not only isolation measures are applied to them, but also geolocation tracking, as well as huge fines in case of violation of the restrictions on movement outside their homes.

All of these measures affect the effectiveness of HIV prevention and treatment projects among key populations. Physically, people cannot seek help, so nonprofit organizations are developing new approaches for the delivery of ART, syringes, condoms, hygiene kits and protective equipment. To ensure the sustainability of services and the impact on the HIV epidemic, HIV service NGOs in Saint-Petersburg, Chelyabinsk and Sverdlovsk regions in the context of the spread of coronavirus infection are actively involved in helping those in need and are restructuring their work formats.

Additional reinforced responses aimed at reducing the impact of the COVID-19 situation on existing HIV programs and strengthening the country response to the coronavirus pandemic will enable one of the most difficult and affected EECA countries from the HIV and coronavirus epidemics to support emergency mitigation measures.

Another area that requires attention in Russia is provision of HIV-related services, in particular, access to ART and laboratory diagnostics for international migrants. According to Russia's migration authorities, in 2019 the country hosted 12.4 million international migrants. Most of them come from East Europe and Central Asia. One needs to be HIV-negative to obtain a residence permit. If HIV-infection is found, a person is subjected to undesirable stay and eventual deportation with a life-long ban to re-enter Russia (Federal Law 38 from 1995). The same residence restriction applied to migrants with tuberculosis with the only difference that once the migrant is cured, he or she can return to Russia and apply again for a legal status. Since foreign citizens with HIV are not welcome to remain in the country, no government services are provided to them. KAPs such as sex workers, PUD, MSM and transgender people in migration are particularly vulnerable to HIV (and other infectious diseases including Viral Hepatitis, STI, COVID, TB). Limited access to services and information, language barrier, residence ban for migrants with HIV and other factors contribute to the spread of HIV within the migrant communities, including through contacts with sex workers. As result, many of HIV infections in Central Asian countries (largely dependent on labor migration to Russia) occur through migrant workers infected in Russia according to data from national AIDS centers.

A growing number of HIV-positive migrants seek help from local NGOs in Russia but provided services are not sustainable due to limited resources.

In the time of COVID-19 outbreak in Russia the structural barriers faced by HIV-positive migrants (especially those belonging to KAPs) were exacerbated by the consequent lockdown and had resulted in many more migrants having difficulties in accessing existing HIV services and other limited medical services, and that many people had lost their incomes and locked in their rented apartments or dormitories.

Bosnia and Herzegovina

As of May 29th, 2020, Bosnia and Herzegovina has 2 485 COVID-19 cases. The country has one of the highest COVID-19 mortality rates at 5.8% which is over 4 times higher than the average of SoS project countries. Rapid spread of COVID-19 in Bosnia and Herzegovina (B&H) poses a huge challenge for the health system and for health security of its population. B&H has a complex system of administrative units and healthcare systems within them – in emergency situation such as COVID-19, decision making and provision of an effective leadership and coordination, which are essential in conduction of the national response to the COVID-19, presents an enormous challenge and further threatens the people and health system.

Challenge with COVID-19 pandemics unfortunately affects the entire health system and people suffering from HIV, TB and other diseases. The PLHIV, KAPs and communities are facing a challenge to access the health system and receive services from the clinics, while the testing and other preventive measures have

been completely stopped. PLHIV and communities feel isolated.

In May 2020, the municipalities of Sarajevo, Mostar and Bijelina have joined Fast Track cities global initiative aiming at reaching HIV 90-90-90 goals by signing the Paris Declaration. The cities are serious about overcoming the HIV epidemic and provide strong support to key populations. Sarajevo, Mostar and Bijelina need to address this challenging situation and support the health system and local communities by providing a technical assistance and support via telemedicine platform in addressing the COVID-19 pandemic, also to ensure provision of the critically important services for people living with HIV and communities by ensuring the continuation of the ARV treatment, lab services, provision of testing and counseling on HIV, provision of the psychological support to the PLHIV and affected communities by community based testing and support centers.

Challenges in addressing human rights, gender and dignity of KAPs in the response to COVID-19 as well as lack of services adaptability to the current client needs is threatening HIV service delivery and sustainable access to services

The area that requires attention to observing human rights is access to HIV prevention services by KAPs. Human rights violations monitoring database ReACT that was launched by APH from the beginning of 2020 in Georgia, Moldova, Kyrgyzstan, Tajikistan and Ukraine currently contains over 300 cases shown rise in specific COVID-related violations, cases of police harassment and challenges in accessing medical services. These issues require systemic responses in EECA.

Based on the results of the interactive assessment of the situation with EHRA members conducted online from April 14 to April 23, 2020 in seven sub regional groups, in most countries in the CEECA region, opioid substitution therapy (OST) and harm reduction (HR) needle and syringe programs continue to operate under COVID-19 quarantine measures⁹. Such work required flexibility, readiness for mutual partnership and strong advocacy by community and harm reduction activists. At the same time, the change of the drug scene has become apparent. In many countries, due to the closure of the borders, access to some drugs has become more difficult, and people have started to use everything they find, up to various prescribed drugs with alcohol. Many of the clients need advice to reduce harm of using new psychoactive substances (NPS), as well as help to prevent overdoses. The closure of borders has also led to a disruption of the supply of substitution therapy drugs in Moldova. There is such a risk in other countries. In addition, the government authorities responsible for the OST and harm reduction programs of several countries did not announce a tender for the purchase of drugs and call for proposals from public organizations providing harm reduction services (this is a critical situation in Montenegro and Bulgaria).

Reduced mobility, one of the most important protection measures from coronavirus infection, led to changes of operating mode of services where use of new technologies was one of very efficient tools. Besides on-line and telephone consultancies, counselling, case management and practical arrangements, development and functioning of distant and online outreach service provision is also very important in strengthening the community relations and building trust and cooperation between service providers and members of the communities.

Emerging best practices/models of HIV service delivery to KAPs in the conditions of COVID-19 pandemic need to be analyzed and successes sustained

Key WHO guidance to reduce community transmission of COVID-19 includes self-isolation at home for those with minor symptoms and, more generally, avoiding contact with other people through physical distancing¹⁰. Complying with such public health direction has required a rethinking and simplification of service delivery models for the prevention, care and treatment of communicable diseases, including HIV, TB and HCV, among key populations who, due to a usually lower immunity than the general population and a higher prevalence of co- and multi-morbidities, are at greater risk of contracting, and dying from, coronavirus. Prior to COVID-19, such services in countries of the SEE and EECA region involved waiting in often crowded rooms during regular visits to health centers and/or hospitals. Such legacy service modalities are dangerous within the context of breaking the transmission of COVID-19.

Consequently, increased flexibility has been seen across the region in how regulations are implemented, with some jurisdictions demonstrating how more progressive approaches to service delivery can be both

⁹ <https://harmreductioneurasia.org/hr-programs-overview-in-a-covid-19-situation/>

¹⁰ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

cost-effective, efficient and in accordance with a greater role for the individual in deciding how they wish to access and receive such services.

Contingency planning for sustainable service provision in EECA countries during and after COVID-19 is lacking

Following from the previous statements in light to the COVID-19 pandemic (and considering that the second wave of the pandemic is expected), there is the need to assess the situation in which service projects beneficiaries have found themselves. There is a need to come up with the plan how to operate to immediately respond to the crisis and protect the beneficiaries, to adapt already planned activities to the medium term needs and draw up a new avenue for approaching the longer-term interventions for the years to come.

ART stock outs during and shortly after the outbreak of COVID-19 pose major risks to HIV care cascades; national procurement and supply chain management (PSCM) systems demonstrates weaknesses

As COVID-19 interrupted our life, the issue of functioning public procurement systems, in particular, related to health products procurement, became of great importance. The effect which COVID-19 has now over medicines procurement and supply chain is very significant¹¹: “The recent lock down in India has resulted in reduction in some supplier’s production capacity and increased lead times for medicines sourced from India due to in-country logistical challenges”. Naturally, it affects not only medicines and supplies aimed to overcome pandemic, but other lifesaving medicines like ARVs¹² as well. On the other side, in order to address areas of concern in medicines supply, stakeholders (governmental and NGOs) have to have reliable and correct data. However, the issue of non-transparency once again demonstrates its utmost importance. For example, questionable statistics about COVID-19 pandemic¹³ has demonstrated the fact that official information has to be verified. Lack of electronic platforms for procurement or their not obligatory use in some countries, vast increase of volume of COVID-19 related medicines and supplies procurement by countries, may create potential corruption risks as well as to provide incomplete picture in access to health commodities by population. This may be also hampered by the fact that some healthcare facilities are closed down because of identified COVID-19 cases or “reprogramming” to provide treatment and care solely for COVID-19 infected population. In these circumstances, civil society efforts in monitoring the state procurements of ARVs and identifying barriers for access to ARVs from bottom to above seems to be the right link in a system to ensure uninterrupted treatment for the patients.

* * *

With a view to the challenging situation resulting from the need to ensure sustainability of HIV service provision during COVID-19 pandemic, Alliance for Public Health, being the Principal Recipient of the Global Fund regional grant for EECA region and implementing the Sustainability of Services for Key Populations in EECA Project, suggests that the regional COVID-19 response in the region should be well thought off and targeted. It is suggested that the work under this proposal should include EECA region-wide activities, as well as some country-specific response to HIV and COVID-19 in Bosnia and Herzegovina and Russian Federation. These countries are partner countries to the Global Fund regional grant but do not have national Global Fund projects, thus, their capacity to keep sustainability of HIV response in the conditions of COVID-19 is rather limited, especially taking into consideration the latest data on COVID-19 spread.

The five areas where the efforts will be directed in this request are as follows.

- Ensuring continuity of HIV service provision in cities of Russian Federation and Bosnia and Herzegovina; making services simplified and easily accessible
- Ensuring human rights, gender, equity and dignity of KAPs in the response to COVID-19
- Analyzing the best practices/models of HIV service delivery to KAPs in the conditions of COVID-19 pandemic
- Ensuring contingency planning for sustainable service provision in EECA countries during and after COVID-19
- Ensuring community-led monitoring of ART stock outs during and shortly after the outbreak of COVID-19 and strengthening the national procurement and supply chain management systems

¹¹ <https://www.unicef.org/supply/stories/covid-19-impact-assessment-supplies-and-logistics-sourced-unicef-supply-division>

¹² https://www.theglobalfund.org/media/9440/psm_covid-19impactonsupplychainlogistics_report_en.pdf?u=63719603326000000

¹³ <https://thediplomat.com/2020/04/are-there-really-no-covid-19-cases-in-tajikistan/>

This project serves as the major founding platform to implement the interventions outlined in this request and ensures that the services and service delivery modalities are sustained in future. In particular, such SoS Project leverage as existing partnerships and implementers, knowledge of the region and challenges, understanding financing gaps and opportunities and working on budget advocacy on national and municipal levels and ARV monitoring will help strengthen the program and ensure its immediate start up and rapid implementation within 12 months' time.

The SoS project **does not have savings** or opportunities for re-programming therefore separate funding request is submitted for the activities outlined in the tables below.

All CCM members are required to endorse this funding request. Note that CCM Eligibility Requirement 1 applies to this funding request submission.

b) Summarize how a range of stakeholders, including **civil society and key populations**, have been engaged in the development and decision-making on the priorities in this funding request.

As the Regional Organization APH has used the existing EECA regional civil society and key populations data on COVID-19 needs as well as conducted scaled regional inquiry and dialogue on the civil society and key populations priorities for the submission. In particular, the proposal activities are based on the following consultations:

- APH-organized webinar on the lessons to be taken forward from COVID-19 in EECA. Over 1500 persons were involved during the bilingual Russian-English streaming event. The recommendations of the webinar¹⁴ were disseminated widely, including to the WHO, WHO EURO, INPUD, HRI, Stop TB Partnership, OSF, broad EECA dissemination lists - to share the findings and seek reflections. We received media interest with the publication in Central Asia leading online media outlet Asia-Plus¹⁵;
- APH together with partners - UNAIDS regional office in Eastern Europe and Central Asia, Central Asia PLHA Association - gathered and analyzed the existing best practices and collected them in an unique EECA interactive map: <http://act.inyourpower.life/?lang=en> ;
- Global Fund organized on 26th and 27th of May 2020 roundtables 'Responses to HIV and TB in times of COVID-19 – strengthening engagement with civil society and communities in Eastern Europe and Central Asia (EECA)' with over 250 participants from communities, civil society and governments of EECA in Russian and English during which APH additionally informed the stakeholders about this submission and requested inputs which were received and taken into account;
- Data from ReACT database on human rights violations of KAP in 5 EECA countries from the beginning of 2020;
- APH consulted with WHO EURO and agreed the concept in principle as well as WHO involvement into the program especially for technical guidance for KAP part (letter provided in Annex 1);
- results of the interactive assessment of the situation with EHRA members conducted online from April 14 to April 23, 2020 in seven sub regional groups, where 51 representatives of civil society and community from 22 countries took part.

As the scope of work includes elements of service delivery in two countries, the decision was taken to conduct dialogue and obtain support of CCMs/RCM, where the work is planned on city and regional level, namely, from Committee For the Prevention and Control of HIV/AIDS in Russian Federation (letter provided in Annex 2) and from SEE RCM for B&H (letter provided in Annex 3). The following dialogue process took part in the two countries.

Russian Federation

The Forums representing PLHA and 3 key populations (MSM, SW, PUD) are involved in implementation of the regional SoS project and remain the key channels to discuss and resolve the issues related to access to HIV prevention and treatment services. These informal groups have huge expertise in the area of monitoring and protection of human rights of key populations and also take part in development of proposals for priorities to be covered within the grants to be implemented in Russian Federation. For now, when there's no specific program developed to respond to COVID-19 in EECA countries, provision of

¹⁴ http://aph.org.ua/wp-content/uploads/2020/05/EN_Lessons20from20COVID2019.pdf

¹⁵ <https://asiaplustj.info/ru/news/tajikistan/20200525/tadzhikistan-i-mir-posle-pandemii-uroki-covid-19>

support to NGOs and community-based organizations is vital to ensure sustainable HIV response. Thus, all the activities suggested in this proposal were discussed and agreed with the Forums.

Apart from that, the actions were undertaken by NGOs in the regions of Russia to discuss the priorities and needs with their governmental partners. And, to finalize, the application is endorsed by the Coordinating Committee For the Prevention and Control of HIV/AIDS in Russian Federation that, among others, includes representatives of civil society and communities.

Bosnia and Herzegovina

The community representatives have been consulted in design of the application. Partnerships in Health asked the communities about challenges faced during the COVID-19 pandemics in access to treatment, services from the health system and other means of support that was needed. Feedback received from communities emphasized the following: feeling of isolation and loneliness, lack of condoms and lack of psychological support. Those concerns were taken as inputs in for development of the application and integrated into the proposal. Finally, communities were asked about the relevance of final application. Feedback was positive and supportive.

Apart from that, there were broader discussions on response of Balkan countries to COVID-19 and priorities to keep HIV-related services sustainable. Out of 5 Balkan countries, 3 have the opportunity to apply for additional GF funding, while B&H and North Macedonia don't have national grants for GF. Taking into consideration that B&H has low income level and is severely hit by COVID-19, it was decided to support B&H suggestions to this proposal. This is confirmed by the RCM support letter.

1.2 Priority 1: Primary Funding Request

a) Indicate your allocation in the table below, and **calculate funds available** for COVID-19 Response Mechanism support.

2020-2022 total allocation	13 000 000 USD
Funds available for COVID-19 Response Mechanism support	422 500 USD

The designated funds available for financial support can be used for any of the following areas:

- Mitigating COVID-19 impact on HIV, TB, malaria programs
- Reinforcing the national COVID-19 response
- Urgent improvements in health and community systems

b) Briefly describe your **Priority 1 funding request**. Note that Global Fund investments must be in line with Global Fund technical guidance and WHO recommendations, and should support a national strategic preparedness and response plan.

	Funding Requested	Activities proposed and rationale
Mitigating COVID-19 impact on HIV, TB, Malaria programs ¹⁶	422 500 USD	Currently there are 5 regions in Russian Federation (city of Saint Petersburg and Chelyabinsk, Kaliningrad, Novosibirsk and Sverdlovsk regions) and 3 cities of Bosnia and Herzegovina (Sarajevo, Mostar and Bijelina) where the Fast Track model is being implemented in the framework of the regional SoS project implemented by APH and its country partners. Activities suggested within this application will strengthen community and local governments' response to the HIV/AIDS epidemics and COVID-19 pandemic as well as contribute to sustainability of HIV-related services in the regions in times of COVID-19. They will serve as enablers to the national response and SoS project activities throughout 2020-

¹⁶ Interventions to mitigate the impact of COVID-19 on HIV, TB and malaria programs should be informed by the COVID-19 Technical Guidance Pages published and regularly updated on the Global Fund website www.theglobalfund.org/en/covid-19/technical-guidance/

2021 will work to insure that these services are further transferred to the city funding after 2021. The activities are as follows:

Ensuring continuity of HIV service provision in cities of Russian Federation and Bosnia and Herzegovina; making services simplified and easily accessible:

- **Ensuring sustainable HIV and COVID-19 related service provision in Saint-Petersburg, Chelyabinsk and Sverdlovsk regions.** This will include installation of 4 syringe, 4 condom and 1 commodities distribution machines in the regions to distribute syringes and condoms for key populations; distribution of hygiene kits to clients (including antiseptics, masks and gloves); educational sessions on COVID preventive measures for KPs and NGO staff; tomography of lungs for PLHIV with suspect of COVID, and support with product kits for HIV-positive people with COVID or with suspected COVID.

- **Ensuring sustainable HIV and COVID-19 related service provision in B&H, namely, in Sarajevo, Mostar, Bijelina.** This will include functioning of Community Based Testing and Counseling center in Sarajevo and community based mobile testing and counselling in Mostar and Bijeljina to support PLHIV, affected communities and KAPs (including testing for HIV, HBV, HBC and STIs, psychological support and linkage with the health system) to enable communities to access friendly psychological and peer support and testing. Also COVID preventive kits and HIV commodities (such as ART, antiseptic for hygienic and surgical hand disinfection, disinfectant for surfaces, non-contact thermometer, pandemic kits including but not limited to masks and gloves) will be provided to clinical facilities in 3 cities of Bosnia and Herzegovina: Sarajevo, Mostar and Bijelina.

Expected results: The activities within the project will contribute to:

- Innovative, simplified and easily accessible preventive services, diagnostics and treatment, care and support services for people living with TB, HIV and viral hepatitis will be applied in 8 cities where the project will be implemented (Sarajevo, Mostar, Bijelina in Bosnia and Herzegovina, cities of Moscow and Saint-Petersburg, Chelyabinsk and Magnitogorsk in Chelyabinsk region and Sverdlovsk in Russia), namely:

- 4 syringe, 4 condom and 1 commodities distribution machines to distribute 800 000 syringes and 200 000 condoms, as well as masks, gloves, antiseptics for key populations will be put in place to minimize person-to-

		<p>person contact with service provider in Saint-Petersburg, Chelyabinsk and Sverdlovsk regions</p> <ul style="list-style-type: none"> • Provision of hygiene kits to clients (including antiseptics, masks and gloves) will be ensured • Educational sessions on COVID-19 preventive measures will be held for KPs and NGO staff • 110 HIV-positive people with COVID or with suspected COVID will be provided with tomography of the lungs • 800 product kits will be distributed for most in need among PLHIV <p>- Alternative methods of delivery of diagnostics and treatment services close to patients and KAPS will be taken to guarantee their uptake/continuation, such as take-home doses or home delivery of HIV medicines while providing treatment and adherence support through confidential, safe and user-friendly digital means, in particular:</p> <ul style="list-style-type: none"> • 3000 PLHIV, KAPs and communities will get the opportunity to access services in three cities either through Community Based Testing and Counseling center in Sarajevo or through community based mobile testing and counselling in Mostar and Bijeljina • COVID preventive kits and HIV commodities will be provided to clinical facilities in 3 cities of Bosnia and Herzegovina: Sarajevo, Mostar and Bijeljina <p>- Decentralization of the provision of antiretroviral therapy and harm reduction services for people who inject drugs will be piloted to make them available in local medical and nongovernmental organizations</p> <p>- Uninterrupted and continuous access to HIV self-testing and different preventive supplies (condoms, syringes and disinfectants) will be ensured</p>
Reinforcing national COVID-19 response ¹⁷		<i>[If requesting COVID-19 diagnostic tests, please additionally complete Annex 2]</i>
Urgent improvements in health and community systems ¹⁸		

c) If you are requesting COVID-19 diagnostic tests and will be using machines currently used for TB testing and HIV viral load testing, indicate your **plan to mitigate the impact** on these activities.

¹⁷ Early response investments must be in line with WHO recommendations and could include, but are not limited to: COVID-19 response planning, preparation and surveillance (Technical Assistance, in-country planning missions, meetings, M&E investments); Protection of front-line health workers including those working for Global Fund programs (PPE, hospital infection control products, set up of isolation and quarantine wards); Diagnosis of infection (lab equipment and lab consumables, lab staff, specimen transportation); Treatment (ancillary treatment, equipment, hospital beds, systems for home-based care).

¹⁸ Initiatives to make urgent improvements in health and community systems should focus on interventions required to adapt to COVID-19, enabling the maintenance and impact of existing HIV, TB and malaria programs, and supporting the country's COVID-19 response (including with respect to laboratory networks, supply chains and engagement with vulnerable communities). These interventions should draw on the appropriate COVID-19 Technical Guidance Pages.

[Applicant response]

1.3 Priority 2: Additional Funding Request

Briefly describe the **additional prioritized investments** you would request the Global Fund support, in case additional funding becomes available.

	Funding Requested	Activities proposed and rationale
Mitigating COVID-19 impact on HIV, TB, Malaria programs	294 407 USD	<p><u>AREA 1: Ensuring continuity of HIV service provision in cities of Russian Federation and Bosnia and Herzegovina; making services simplified and easily accessible:</u></p> <ul style="list-style-type: none">- <u>HIV testing and treatment services for international migrants.</u> Rapid testing for HIV will be provided in office of Shagi Fund (Moscow). Migrants will also receive psychosocial and legal support. Some resources will be needed to deliver ART to migrants' residence places. Condoms and lubricants will be distributed to project clients and their partners.- <u>Online clinic for HIV and TB in the COVID time.</u> Migrants will be able to get consultation from volunteer doctors on HIV, TB, STIs, Hepatitis, and access to other health services in Russia in the time of COVID-19.- <u>Ensuring sustainable HIV and COVID-19 related service provision in B&H, namely, in Sarajevo, Mostar, Bijelina.</u> The activity will contribute to establishment of telemedicine platform (video conversations, chat or messaging and blog discussion) in collaboration with medical professionals' association to offer free-of-charge consultations to the medical staff managing the COVID-19 response and treating infected people. The overall goal is to improve availability of the specialized medical advice under the emergency conditions and to increase access to medical specialty services in emergency settings with limited health professionals' availability and fast spread of the COVID-19. <p><i>Expected results:</i> The activities within the project will contribute to:</p> <ul style="list-style-type: none">- HIV-related service provision to international migrants who cannot return to place of their registration due to limitation of transportation will take place, namely:<ul style="list-style-type: none">• Not less than 500 migrants will receive HIV testing, support, referral and/or accompaniment services

		<ul style="list-style-type: none"> • 60 ART+IFA kits per client/month will be used to provide treatment services to undocumented migrants in need of ART upon emerging needs • 10 volunteer doctors will regularly provide consultations to migrants • Over 1000 migrants will receive support of the online clinic • 10 strategic cases will be described and showcased in research and promotion materials on migrant health rights in Russia • Information resource center (website) of the project will be created which would include documentation and information regarding migrants in RF and other EECA countries and opportunities to access to HIV-related services at the place of their residence <p>- Alternative methods of delivery of diagnostics and treatment services close to patients and KAPs will be taken to guarantee their uptake/continuation, such as take-home doses or home delivery of HIV medicines while providing treatment and adherence support through confidential, safe and user-friendly digital means, in particular:</p> <ul style="list-style-type: none"> • Telemedicine platform (video conversations, chat or messaging and blog discussion) will be established in BiH in collaboration with medical professionals' association to offer free-of-charge consultations to the medical staff managing the COVID-19 response and treating infected people
Reinforcing national COVID-19 response		<i>[If requesting COVID-19 diagnostic tests, please additionally complete Annex 2]</i>
Urgent improvements in health and community systems	541 113 USD	<p><u>AREA 2: Ensuring human rights, gender, equity and dignity of KAPs in the response to COVID-19:</u></p> <p>- <u>Regional and national advocacy to sustained take-home OST services after the quarantine ends.</u> This will include regional analysis of impact/ consequences of the take-home OST programs implementation during quarantine in at least 5 countries of the region and regional advocacy based on findings of the analysis (developing policy briefs, conducting on-line meeting with policy makers, activists and drug treatment doctors in countries)</p> <p>- <u>Building capacities of national services providers in digital security, protecting personal information and rights, ensuring safety of clients from key affected populations during on-line services provision, counselling, and training.</u> This will include development and sharing digital security and preventing possible human rights violations recommendations/algorithms for digital harm reduction services providers and further technical</p>

		<p>support to national service providers in analyzing digital security risks in their on-line services for clients and project staff as well as in training of staff providing digital health and social services for PUD.</p> <ul style="list-style-type: none"> - <u>Ensuring protecting rights of PUD and providing mental health support to victims of the violence caused by low access to health and social services and lockdown.</u> This will include building partnerships with key regional/global/national legal aid companies to ensure providing legal support to people who use drugs and victims of violence pro-bono; providing on-line training for NGOs on existing systems of psychological and mental health help to victims of violence; providing support (up to 5 small grants to NGOs in 5 countries) on building systems of referring the victims of the human rights violations from PUD, specifically women, to shelters, for getting psychological, legal and mental health support; sharing experience regionally on best practices. - <u>Exploring new models of online outreach to reach key populations, using technology to encourage HIV testing, adherence to therapy, information sharing, promotion of HIV/AIDS education and prevention activities.</u> This will include development of platforms for reaching key populations and their self-organization in SEE countries; design of online and mobile tools to facilitate health providers and their patient's relationships, including a service for anonymous questions to a team of doctor. <p><i>Expected results:</i></p> <ul style="list-style-type: none"> - Regional analysis of impact/ consequences of the take-home OST programs implementation during quarantine will be held in several countries of the region where during quarantine at first time in such scale OST take home was introduced, and advocacy activities to promote OST take-home doses will be organized - Digital security and preventing possible human rights violations recommendations/algorithms for digital harm reduction services providers will be developed and shared regionally - Regional online training for NGOs will be held on existing systems of psychological and mental health help to victims of violence - At least in 5 countries of SEE and EECA region the systems of referring the victims of the human rights violations from PUD, specifically women, to shelters, for getting psychological, legal and mental health support will be developed - New models of distant and online outreach to reach key populations, using information and
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communication technologies will be piloted to encourage HIV testing, adherence to therapy, information sharing, promote HIV/AIDS education and prevention activities

AREA 3: Analyzing the best practices/models of HIV service delivery to KAPs (in particular, PUD) in the conditions of COVID-19 pandemic with WHO technical support:

- Development (in partnership with UNAIDS, WHO and other stakeholders) of ToR for holding the survey
- Negotiations with country partners on focal points in the countries for the survey
- Holding survey
- Presentation of the report (during virtual meeting) and discussion of the findings and recommendations

Expected results:

- Analysis of the best practices/models of HIV service delivery to KAPs in the conditions of COVID-19 pandemic will be held in the SoS project partner countries from SEE and EECA region
- The regional review containing best practices and recommendations to countries on accommodation of services with a view to the need of distant service provision will be developed in the frames of the project. It'll be distributed very widely and will be used for the purposes of advocacy of cost-effective and impactful service provision according to the new models accommodated to COVID-19 safety restrictions.

AREA 4: Ensuring contingency planning for sustainable service provision in the SEE and EECA countries during and after COVID-19:

- Development of country-specific policy briefs with recommendations on ensuring sustainability and cost-effectiveness of HIV-related services
- Advocacy work with the SoS Project country partners on bringing changes to National HIV Strategies and development of National HIV Plans with a view to cost-effective services revealed during COVID-19.

Expected results:

- Countries' readiness to respond to new challenges will be strengthened, innovative activities that will maintain the coverage with services will be planned, and service provision methods will be reviewed to better address the needs of the beneficiaries
- Contingency plans for organization of services to be delivered during and beyond the COVID-19 crisis will be elaborated in countries from SEE and

		<p>EECA region</p> <p><u>AREA 5: Ensuring community led monitoring of ART stock outs during and shortly after the outbreak of COVID-19</u> and strengthening the national procurement and supply chain management (PSCM) systems:</p> <ul style="list-style-type: none"> - Organization and/or support with the technical assistance provided by CO 'All-Ukrainian Network of People Living with HIV' of in-country monitoring teams in above-mentioned regions to conduct routine civil society monitoring and control under the procurement and supply chain of the HIV-treatment, including control under forecasting, logistics to a patient, regular monitoring of in-country stock status and essential quantities of products for full supply for the HIV programs - Strengthening the capacity of the country partners of the monitoring teams to collect, store, and process the information received within the monitoring by developing specific e-tool and/or algorithms on monitoring - Development and dissemination of the analytical report on results of monitoring with the aim to identify the bottlenecks of the PSCM systems and start a dialogue with the officials responsible for the PSM strategy and/or policy proposals on the corrective measures <p><i>Expected results:</i></p> <ul style="list-style-type: none"> - In-country monitoring teams will be established in up to 8 EECA countries to conduct routine civil society monitoring and control under the procurement and supply chain of the HIV-treatment - Specific e-tool and/or algorithms on monitoring will be developed that will enhance capacity of the monitoring teams to collect, store, and process the information received within the monitoring - The analytical report on results of monitoring will be developed and disseminated with the aim to identify the bottlenecks of the PSCM systems and start a dialogue with the officials responsible for the PSM strategy and/or policy proposals on the corrective measures
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Note: this prioritized request, in addition to funding for the COVID-19 response already accessed with Global Fund grant flexibilities and the Priority 1 funding request above, should not go beyond 10% of the total 2020-2022 allocation. Although there is no guarantee that additional funds will become available, the Global Fund requests that countries complete this section to ensure the Global Fund can fully assess demand. Countries are encouraged to exhaust all flexibilities under grant savings and reprogramming in the interim, following guidance available on the Global Fund website <https://www.theglobalfund.org/en/covid-19/grants/>.

1.4 Implementation

Describe planned **implementation arrangements for each activity**, including Principal Recipient(s) and Sub-recipient(s). These must be existing Global Fund implementers. Indicate the grant(s) into which the funding will be integrated and the planned year of implementation.

Activity	Principal Recipient	Sub-recipient(s)	Grant into which funding will be integrated	Year of implementation (2020 or 2021)
Ensuring continuity of HIV service provision in cities of Russian Federation and Bosnia and Herzegovina; making services simplified and easily accessible	Alliance for Public Health	Partnerships in Health (Bosnia and Herzegovina), Humanitarian Action (Russian Federation)	QMZ-H-AUA	2020-2021
Ensuring human rights, gender, equity and dignity of KAPs in the response to COVID-19 pandemic	Alliance for Public Health	EHRA, EKHN	QMZ-H-AUA	2020 – 2021
Analyzing the best practices/ models of HIV service delivery to KAPs in the conditions of COVID-19 pandemic	Alliance for Public Health	Directly implemented by Alliance for Public Health with WHO technical support	QMZ-H-AUA	2020 – 2021
Ensuring contingency planning for sustainable service provision in the SEE and EECA countries during and after COVID-19	Alliance for Public Health	Directly implemented by Alliance for Public Health	QMZ-H-AUA	2020 – 2021
Ensuring community led monitoring of ART stock outs during and shortly after the outbreak of COVID-19 and strengthening the national procurement and supply chain management	Alliance for Public Health	CO “All-Ukrainian Network of People Living with HIV”	QMZ-H-AUA	2020 – 2021

(PSCM) systems				
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Section 2: Coordination

The Global Fund must ensure that all COVID-19 Response Mechanism funding awarded is complementary to funding from other partners.

List any applications for funding for the COVID-19 response you have made, or intend to make, to international donors. If the funding requests are completed, please attach the applications. Indicate if any of these applications have already been approved.

Indicate name of international donor and focus of funding request	Indicate status of application: [completed or in-progress]	Has this funding request been approved? [Yes/No] If Yes, indicate how much was approved and for what activities

Annex 1: Documents Checklist

Use the list below to verify the completeness of your application package:

<input checked="" type="checkbox"/>	Funding Request Form
<input checked="" type="checkbox"/>	CCM Endorsement of Funding Request¹⁹
<input type="checkbox"/>	National COVID-19 Response Plan (if available)
<input type="checkbox"/>	Funding applications to international donors (as relevant)

¹⁹ <https://www.theglobalfund.org/en/funding-model/applying/materials/>

Annex 2: Only Required if Requesting COVID-19 Diagnostic Tests

Context: There is a currently a global shortfall in supply of COVID-19 diagnostics. Please submit your request for number of tests and sample collection kits for the full amount needed over the next 16 weeks, noting that due to supply constraints the actual amount provided may be less than that or be distributed in tranches over the period rather than as a single batch. We will be transparently communicating updated diagnostic volumes on a frequent basis as and when more supply becomes available. More granular guidance on the exact operational model will be issued shortly. In addition, we are cognizant that there is an evolving landscape of manual and rapid diagnostic tests, and we will be revising our approach and guidance as the WHO guidance evolves on those products. Currently, the Global Fund will focus primarily on funding automated rather than manual tests. The following information is required if requesting COVID-19 diagnostic tests:

A. Manufacturer / Type	B. Name of COVID-19 test kit	C. Required Instrument Model	D. Number of instruments available for COVID-19 testing in Country	E. Indicative Cost per Test (USD)*	F. Number of Tests Requested	G. Implied Cost of Requested Tests (column E x column F)	H. Indicative Cost per Sample Collection Kits (USD)**	I. Number of Tests Requested	J. Implied Cost of Requested Sample Collection Kits (column H x column I)	K. Implied Total Cost of Requested Sample Collection Kits (column G + column J)	
Abbott Molecular Diagnostics	Abbott RealTime SARS-CoV-2 Amplification Reagent Kit	Abbott m2000rt		\$21.85			\$2.00				
		Abbott m2000sp		\$21.85			\$2.00				
Cepheid HBDC	Xpert Xpress SARS-CoV-2 kit	GeneXpert Laptop Instruments									
		GeneXpert II, 2 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert IV, 2 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert IV, 4 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert XVI, 4 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert XVI, 8 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert XVI, 12 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert XVI, 16 sites analyser with Laptop		\$22.80			\$2.00				
		GeneXpert Desktop Instruments									
		GeneXpert II, 2 sites analyser with Desktop		\$22.80			\$2.00				
		GeneXpert IV, 2 sites analyser with Desktop		\$22.80			\$2.00				

		GeneXpert IV, 4 sites analyser with Desktop		\$22.80			\$2.00			
		GeneXpert XVI, 4 sites analyser with Desktop		\$22.80			\$2.00			
		GeneXpert XVI, 8 sites analyser with Desktop		\$22.80			\$2.00			
		GeneXpert XVI, 12 sites analyser with Desktop		\$22.80			\$2.00			
		GeneXpert XVI, 16 sites analyser with Desktop		\$22.80			\$2.00			
ROCHE	cobas® SARS-CoV-2 Test	Cobas® 6800 System		\$18.40			\$2.00			
		Cobas® 8800 System								
ThermoFisher SCIENTIFIC	Applied Biosystems TaqPath COVID - 19 CE-IVD RT-PCR Kit	Applied Biosystems 7500 Fast Dx Real-Time PCR System Applied Biosystems 7500 Fast Real-Time PCR System (RUO version) and		\$17.25			\$2.00			
		Other manual and automated systems such as BGI, Da An, Thermo, Perkin Elmer and PrimerDesign								

*Conservative estimates based on cost of test in USD, EXW (\$19.80 for Cepheid, \$19 for Abbott, \$16 for Roche and \$15 for Thermo Fisher) with additional 15% cost for freight, insurance and quality assurance; these will be updated on a rolling basis to update budgets as more information is known

**Conservative estimates with additional 15% cost for freight, insurance and quality assurance; these will be updated on a rolling basis to update budgets as more information is known

Optional: Please detail out below any needs for additional platforms beyond what is existing in your country that may be required to deliver your COVID-19 testing strategy.

[Applicant response]

Optional: Please provide a description of any other diagnostic-specific health products that may be required to deliver your COVID-19 testing strategy.

[Applicant response]

Optional: Please provide a description and indicative budget for any technical assistance needed to implement your COVID-19 diagnostics strategy.

[Applicant response]

Notes and references:

Note: COVID-19 diagnostics will be procured and utilized in full compliance with the requirements for health products in the relevant grant agreement.

Reference: For a Diagnostics procurement framework reference, see Global Fund HIV Viral Load and Early Infant Diagnosis Selection and Procurement Information Tool whilst developed for viral load, many of the concepts are applicable to COVID-19 diagnostics.

https://www.theglobalfund.org/media/5765/psm_viralloadearlyinfantdiagnosis_content_en.pdf?u=637166002690000000

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