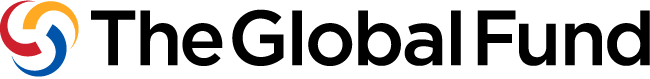
|  |  |
| --- | --- |
| |  | | --- | | Funding Request Form  Allocation Period 2020-2022 |   Tailored for Focused Portfolios |

*Refer to the “Tailored for Focused Portfolios” Instructions to complete this form.*

Summary Information

|  |  |
| --- | --- |
| **Country(s)** | Kyrgyz Republic |
| **Component(s)** | HIV/TB |
| **Planned grant(s) start date(s)** | 01.01.2021 |
| **Planned grant(s) end date(s)** | 31.12.2023 |
| **Principal Recipient(s)** | United Nations Development Programme |
| **Currency** | US Dollars |
| **Allocation Funding Request Amount** | 26,436,393 |
| **Prioritized Above Allocation Request (PAAR) Amount[[1]](#footnote-2)** | 10,301,131 |
| **Matching Funds Request Amount[[2]](#footnote-3)**  (if applicable) | 1,000,000 |



# **Section 1: Funding Request and Prioritization**

To respond to the questions below, refer to the *Instructions*, as well as national strategy documents, **Programmatic Gap Table(s), Funding Landscape Table(s), Performance Framework, Budget and Essential Data Table(s)**.

## Overall Context and Funding Priorities

a) Highlight the critical elements of the **country context** that informed the development of this funding request, including key and/or vulnerable populations, human rights and gender considerations.

|  |
| --- |
| ***Epidemiological Situation with HIV:*** Notwithstanding the low incidence, high rates of HIV transmission continue to persist in Kyrgyzstan. Over the past five years, the total number of officially registered HIV cases in the country has almost doubled (from 4,819 cases in 2013 to 9,135 cases in 2019). The estimated number of PLHIV amounts to 8,500[[3]](#footnote-4) whereas the HIV prevalence was 142.9 per 100,000 population as of December 31, 2019[[4]](#footnote-5). While the prevalence rate remains relatively stable, a slight increase in the incidence rate is observed from 9.8 in 2015 to 12.3 per 100,000 population as of December 31, 2019. The total number of registered HIV cases in the Kyrgyz Republic as of December 31, 2019 amounted to 9,135 people whereof 2,049 have died[[5]](#footnote-6). While in 2013, 478 new cases of HIV infection were registered, in 2018 and 2019, 820 and 788 new infections were registered, respectively. In recent years, there has been an increase in the number of HIV-positive women reaching 43% of the total number of PLHIV in 2019. According to the official statistics, the HIV epidemic in Kyrgyzstan continues to be concentrated among key affected populations, primarily among PWID, SW, MSM and TG. At the same time, starting from 2012, a steady upward trend in sexual transmission of HIV could be observed. In 2019, sexual transmission accounted for 70% of all registered HIV cases, whereas mother-to-child-transmission accounted for 12.3%.[[6]](#footnote-7)  The latest routine data of the Republican AIDS Centre shows that most new HIV cases are detected among sexual partners of PWID - 4.6% (422 cases, N = 9,135), PLHIV - 7.5% (689 cases, N = 9,135)[[7]](#footnote-8) and, presumably, among labour migrants. Moreover, following the sentinel surveillance (SS) for 2016, HIV prevalence among PWID amounted to 14.3% (estimated number is 25,000), among MSM to 6.6% (estimated number is 16,900), and among SW to 2.0%[[8]](#footnote-9) (estimated number is 7,100[[9]](#footnote-10)). There are no official data on transgender people. The average annual number of prisoners in the penitentiary system of the Kyrgyz Republic amounts to about 8,000 people, with an annual rotation of about 3,500 people. There is a high prevalence of HIV (11.3%), HCV (34.5%) and syphilis (14%) among prisoners[[10]](#footnote-11).  ***National strategic response to HIV:*** The national response to HIV is implemented according to the Government Programme for 2017-2021[[11]](#footnote-12), which was informed by the 2016 IBBS Midterm Review. The interventions of the Government Programme aim at ensuring universal access to prevention, treatment, care and support for PLHIV in line with the 90-90-90 goals. Furthermore, it aims to adequately respond to the epidemic concentrated among key populations (PWID, SW, MSM, TG, prisoners) as well as to update national policies. The Programme includes a plan on how to transition to government funding (Appendix No. 5). It commits to increasing government funds for HIV related services, streamlining treatment regimens, improving access to ARV drugs and reducing their costs, improving legislation on drug procurement and introducing mechanisms of government social contracting for the implementation of prevention programmes among key populations. Furthermore, in 2018, the Government of the Kyrgyz Republic adopted the new Health Development Programme for 2019-2030, including a five-year Action Plan for the period 2019-2023. It defines activities in several areas, including the reduction of HIV incidence and (primary and secondary) disability indicators with a focus on socially significant diseases including reduction of HIV incidence.  ***Progress in the implementation of the national strategic response to HIV:***  According to the 2018 Spectrum estimates, the number of PLHIV in the country amounted to 8,500, out of which 68% were diagnosed. 64% of those diagnosed received ART, and 76% of those undergoing treatment had viral suppression (which corresponds to only 30% of reduced viral load among all PLHIV)[[12]](#footnote-13). By the end of 2018, the Ministry of Health of the Kyrgyz Republic approved the Plan to expand treatment coverage and to increase adherence to ARV (Order of the Ministry of Health of the Kyrgyz Republic No. 892, 12/20/2018). The implementation of this plan improved the cascade treatment throughout the year 2019. Thus, by December 31, 2019, having the same total estimate, 6,458 PLHIV were diagnosed (76% vs 68% in 2018), out of those 4,378 PLHIV (68%) were registered, out of those 4,058 people (93% vs 64% in 2018) received ART, and out of those 3,235 PLHIV (80% vs 76% in 2018) had a suppressed viral load[[13]](#footnote-14).  Following WHO recommendations, national treatment guidelines were updated. By March 2020, 2,500 PLHIV switched to the dolutegravir (DTG) based treatment regimen aiming at covering more than 80% of all PLHIV by the end of the year. The updated clinical protocol (December 2019) is expected to be approved in the second quarter of 2020. Prevention programmes for key populations, including harm reduction programmes, remain an important component under the comprehensive country response to the HIV epidemic in Kyrgyzstan. In 2019, under the GF grant implementation, 26 OST sites and 9 NEPs under public health facilities and in the penitentiary system were functioning countrywide, 15 NGOs provided services for PWID, SW, MSM, PLHIV, including 4 centres for PLHIV and key populations. In addition, 6 pilot projects were launched to provide care and support to PLHIV through public social contracting mechanisms.  ***Epidemiological Situation with TB:***  Kyrgyzstan remains among the 30 high DR-TB burden countries globally and the 18 high-priority countries in the WHO European Region, with an estimated share of 29% of MDR/RR-TB among all new cases and 68% among previously treated TB cases (2020, Portfolio analysis). The NTC is registering a declining number of new TB infections from 5,853 in 2015 to 5,249 cases in 2018, but national data registering and reporting system needs improvement. As according to NTP data, the estimated TB incidence rate in Kyrgyzstan in 2018 was 83 cases per 100,000 population, whereas according to WHO it amounted to 116 cases per 100,000 population for the same year[[14]](#footnote-15). Trends in TB incidence in men and women are the same, the ratio of men to women is 1.5%. Most diagnosed cases are among people ranging from 20 to 60 years of age, while the highest mortality rate is observed among previously treated patients above the age of 40.  Among all new cases of pulmonary TB, bacteriologically confirmed cases increased from 59.4% in 2015 to 64.0% in 2018. In 2018, 100% of TB patients were tested for HIV, 71% of HIV-infected TB patients were registered for ARV treatment. The treatment success rate among new TB cases is 82%. Mortality, excluding mortality from TB/HIV, is 6.2 per 100,000 population, with an annual decrease by 8.7% compared to 2015 (2020, Portfolio analysis). The table below shows the trend of declining TB morbidity and mortality according to NTP data (E-Health Centre under the Ministry of Health of the Kyrgyz Republic and the National Statistical Committee[[15]](#footnote-16)).  The currently running “TB-V” Programme covers the period 2017-2021[[16]](#footnote-17), while the by Order of the MoH, the process of developing the subsequent National Strategic/Operational Plan for 2021-2023 has already started. The NTP implements the most recent WHO-recommended approaches for TB diagnostics and treatment, including new TB drugs and the short treatment regimens for DR-TB cases – also in prisons. According to NTP data from 2019, this increased the DR-TB treatment success rate for the cohort of 2016 to the cohort of 2017, from 56% to 74% for MDR-TB and from 15% to 60% for XDR-TB. In 2018, out of 1,685 DR-TB patients, 684 (40.6%) and 174 patients (10.3%) were admitted for treatment with new and repurposed TB drugs under individual and short-term treatment regimens, respectively (2019, WHO Mission Report). At the stage of entry to the penitentiary system, all prisoners are screened for TB, HIV and viral hepatitis (at detention centre). The country is working on strengthening TB detection, diagnostics and treatment at PHC level. There are 24 GeneXpert/MTB-Rif platforms countrywide, at PHC level (13) and within TB service (8) and in the penitentiary system (3). The sputum specimen transportation system is currently covering all 7 country regions aiming to increase the tests coverage and optimize the GeneXpert/MTB-Rif platforms usage.  For the treatment of paediatric TB, the country is using paediatric soluble TB drugs and computerised tomography (CT) is used to enable differential diagnostics. In 2019, 616 children were examined, of which 157 were diagnosed with TB.  ***Progress in the implementation of the national strategic response to TB:***  The National TB Programme has made significant progress regarding the integration of TB services into PHC level, rolling out the out-patient treatment model and reinvesting the funds saved in the procurement of TB drugs and additional financing for PHC[[17]](#footnote-18). Under these pilots, PHC staff received results-based top-up payments for the successful treatment of TB cases. The integration resulted in the reduction of the number of TB hospitals (from 26 to 21) and a 31% decrease of hospital beds (from 3,467 to 2,373) with an envisaged further reduction to 1,500 beds in 2026. The laboratory service is still undergoing the integration with the intention to reduce the number of labs down to 37 in 2026. A new DR-TB guide was developed in line with the latest WHO recommendations in 2019 and submitted to MoH for approval. As part of planned for 2021 operational research, it is intended to cover up to 100 DR-TB patients by mSTR. To increase the effectiveness of treatment and to reduce the number of drop-outs, more effective patient-centred management models were being introduced: case management, video DOT with online feedback, recruitment of treatment supporters, and NGOs involvement resulting in a decline of drop-outs from 24% to 4% in Bishkek (UNDP Report, 2019). Mobile applications are launched in pilot sites in Bishkek and Chui oblast (OneImpact (by AFEW) during 2020 and Accent (by NRCS) till end of 2021). Further support to a WhatsApp-based model for 25% of the patients will be included under this Funding Request, while the support to the OneImpact model is included in PAAR. Also, in the framework of pilots in PAAR, it was proposed to include the latest approaches to TB diagnostics successfully tested on the basis of NRL: such as sequencing the complete genome of mycobacterium tuberculosis and the quantiferon test, with the parallel preparation of a regulatory framework for these studies and the introduction of new drugs for the prevention of TB in the country.  In 2018, the Ministry of Health has adopted the State Social Contracting (SSC) Programme related to 4 diseases including HIV and TB. 4 TB projects are planned to be financed through this mechanism in 2021.  ***Human rights and gender:***  The country's legislation, in general, complies with international law and creates an enabling environment for to implement TB and HIV programmes. However, insufficient levels of knowledge of certain political leaders results in legislative initiatives that restrict the rights of key populations. The draft law banning “gay propaganda”, after undergoing two hearings at Jogorku Kenesh (Parliament of the Kyrgyz Republic)[[18]](#footnote-19), was eventually abandoned as a result of advocacy efforts. Even if its provisions were not included in the Criminal Code of the Kyrgyz Republic, the risk of reinstating this draft law continues to persist. Moreover, while sex work and same-sex relationships are not criminalised or subject to punitive laws, there are increasing and widespread accounts of harassment against these populations, including exposure and extortion from members of the community. In March 2020, the draft law binding non-governmental organisations to excessive reporting has undergone the first hearing at the country's parliament. This includes the provision of information about key populations and individual recipients of services[[19]](#footnote-20), which may require disclosing the identity of individuals. Given the high level of stigma towards key populations, this draft law may increase the pressure, primarily on organisations working with LGBT, SW and PWID.  The National HIV Program for 2017-2021[[20]](#footnote-21), clearly indicates the presence of legal barriers and assumes serious actions to address them.  Law enforcement agencies have obligations to implement the Government HIV Program. The Minister of Internal Affairs of the Kyrgyz Republic approved an action plan for HIV infection for 2018-2021[[21]](#footnote-22); approved instructions for the work of internal affairs bodies with key population groups. However, the implementation of plan activities and monitoring of their implementation requires significant improvement and involvement of civil society and communities to assess implementation.  To enhance the implementation of UN human rights treaty bodies recommendations the Government of the Kyrgyz Republic through the Order of 15 March 2019, No. 55-r approved the Human Rights Action Plan for 2019-2021[[22]](#footnote-23). At the same time, the fragmented monitoring of lawmaker’s compliance to HIV prevention related laws and the insufficient involvement of the prosecutor's office prevents curbing the existing practices. Community efforts to document cases of stigma and discrimination against key populations, to provide support to victims of violence, to ensure continuous advocacy efforts and engage the Ombudsman's office are not enough due to limited resources and ineffective dialogue with decision-makers. Stigma against PLHIV continues to persist as evidenced by the ongoing assessment of stigma and discrimination in the country[[23]](#footnote-24). During the last year, two major cases associated with homophobia and rejection of existing gender perspectives on the part of radical youth under the gender equity campaigns were reported[[24]](#footnote-25).  As part of the Breaking Down Barriers Initiative, the GF conducted a baseline assessment of the national situation of the human rights-related barriers to HIV and TB services in Kyrgyzstan and found notable gender-related barriers. Kyrgyzstan was identified as one of 20 countries where needs, opportunities, capacities and partnerships provide real possibilities for scale-up that will result in important gains for the health of those affected. In this assessment, the GF found that relatively little funding was allocated for gender-responsive programming, and where available, it was for programmes with limited scale and scope. The assessment discusses illegal police practices of harassment and violence, population stigma and discrimination and reports of fear of gender-based violence among SW, gay and bisexual men, and PWID are known barriers of access to health services. Kyrgyzstan applied for and received approximately USD 1 million in matching funds to address these human-rights related barriers.  The provision of HIV prevention and testing services to SW was 70% and 82% respectively[[25]](#footnote-26). The dialogue between civil society organisations and the MoH, representatives of law enforcement agencies and the penitentiary system was regularly held in the country aiming at eliminating the legal barriers and resulting in the 2020-2025 Intersectoral Plan to remove legal barriers to access to HIV and TB services in the Kyrgyz Republic. This plan’s approval is still pending in the second quarter of 2020[[26]](#footnote-27).  High stigma towards TB patients, fear of information disclosure, lack of education and of trust in health personnel, insufficient treatment are the main factors behind dropout of treatment.[[27]](#footnote-28) Despite the existence of a management system for adverse events at the PHC level and in TB facilities, cases have been recorded when patients with tuberculosis did not receive drugs from side effects, diagnostics and timely enrolment to treatment, cases of illegal patients' out-of-pocket payments persist, improper drug management practices especially at PHC level. Meanwhile, treatment interruption risks persist due to a lack of public procurement of drugs, lack of essential drugs and tests locally.  ***Gender inequity and violence:***  Constitutionally and legislatively, Kyrgyzstan has civil, penal, labour and family codes to uphold equal rights for men and women and has ratified over 50 international covenants. It has been implementing its own gender equality strategy (2012-2020) that addresses women’s economic empowerment and development, education for women and girls, access to justice and women’s political empowerment. However, restrictions of the rights of women who use drugs, SW, LGBT and female TB patients are encouraged by public opinion and inadequate practices of government agencies, in particular by law enforcement, health facilities as well as certain groups of citizens with religious and/or traditional values. The Jogorku Kenesh has tightened responsibility for gender-based violence, especially for bride kidnapping and domestic violence[[28]](#footnote-29). The country keeps statistical records of gender-based violence based on applications to law enforcement agencies and social shelters (crisis centers, public leaders, etc.). Several studies on violence against women living with HIV and women who use drugs revealed that more than half of women living with HIV had been exposed to physical violence and nearly one third (28%) to sexual abuse. 71% of them did not seek care, whereas 24.4% of surveyed women were prohibited to either seek health or social care[[29]](#footnote-30),[[30]](#footnote-31). Nonetheless, the facts of gender-based violence against people living with HIV and TB and key populations are not reported by neither government institutions nor community organisations operating in this area.  ***Poor legal literacy of population:*** Activities aimed to improve access to legal information and legal protection of PLHIV and key populations including education, arranging spaces and support groups were implemented under the GF grant on catalytic financing. However, the pilot nature of such activities prevented from rolling-out to legal education and access to legal aid.  ***Provision of legal aid****:* There is a law on guaranteed state legal services for people who cannot afford the services of paid lawyers (SPLA). However, to be eligible to receive this service, it is necessary to provide evidence of their poverty, which they cannot do, because they are already in jail or temporary detention facilities, do not have information or do not have documents.  The HIV and TB programmes prioritise developing the capacity of civil society organisations (CSOs) and community. CSOs are members of international HIV and TB networks. Nonetheless, TB programmes have not yet fully utilised community capacity. The concept for expanding community involvement as part of implementation of GF grants was developed[[31]](#footnote-32) but approval is still pending. |

Given the country context, size of the Global Fund’s allocation, latest available data, and guidance in the allocation letter:

b) Summarize the **approach used for the prioritization** of modules and interventions (or in the case of Payment for Results, the performance indicators and/or milestones).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HIV**  Despite the progress achieved in implementation of the national strategy and ongoing interventions to contain the HIV epidemic, Kyrgyzstan still lags significantly behind the achievement of 90-90-90 goals, high mortality rate in people living with HIV continues to persist and nearly 50% of detected cases are at advanced HIV stages. HIV prevalence among key populations remains high and the increased number of HIV cases in sexual partners of key populations and migrants is raising concerns.  The volume of aggregated funding of HIV programmes, including the funds in pipeline from GF, PEPFAR (CDC, USAID) and state budget earmarked for purchasing drugs and prevention programmes among key populations, in 2021-2023 will range between $ 6.5-7.0 million per annum[[32]](#footnote-33).  1. By 2021, the process of decentralisation of HIV care services will be finalised - HIV will be treated at PHC level[[33]](#footnote-34). The RAC will coordinate, monitor and evaluate programmes including drug management, introduction of new treatment regimens, provision of methodological guidance as well as monitoring ARV drugs toxicity and resistance. The differentiated provision of services will be rolled-out including provision of ARV drugs for longer period (6-12 months) and early start of ART. Continue activities for index testing of PLWH sexual and injection partners, maintain adherence to ART, expand pre-exposure prophylaxis activities for discordant couples and key groups, as well as the introduction of prescription testing with support from PEPFAR. Integrating testing and case management services for HIV and TB co-infections in TB hospitals will expand. TB Programme staff will be trained in managing HIV and TB co-infection patients, rapid testing and co-prescribing of treatment together with infectious disease doctors.  As part of this funding request, the innovative approach to evaluate the performance of all sites based on final outcomes - “tested and registered,” “covered by treatment and undetectable viral load is achieved” will be piloted.  Case management will be provided to PLHIV with the help of eight multidisciplinary teams under Service Delivery Points of NGOs across the country. SDPs will focus on those PLHIV which are not covered by treatment programmes and have high viral load. The performance of peer consultants, social workers and outreach workers will be coordinated via electronic case management information system. Online applications for PLHIV counselling; reminders on taking ARV drugs and reporting cases of rights violation will be introduced. There will be three centres for providing integrated care for PLHIV, one of which is for children and women with HIV. The practice of hosting summer camps for children and adolescents with HIV will continue.  The capacity of PLHIV communities and NGOs to provide support for treatment and monitoring of the quality of services will be strengthened. The community will continue monitoring the health system's procurement of ARV drugs and health commodities, the website «pereboi.kg» will continue functioning to enable PLHIV and TB patients to report cases of treatment denials or drug provision delays supported by the PLHIV network.  Efforts to monitor the treatment effectiveness and increase the treatment coverage will be provided by the “rapid response groups”, who conduct detailed reviews of treatment coverage, develop and implement actions to remove barriers to adherence. The findings of the barriers review will be presented on a regular basis to the boards of the Ministry of Health of the Kyrgyz Republic; the meetings of Public Council under the Ministry of Health of the Kyrgyz Republic and at the Board of Trustees of AIDS Centres.  Efforts to revise the legislation on public procurement to enable health procurement through international mechanisms will continue and efforts to apply TRIPS provisions for flexibilities on the patented drugs will expand. The efforts to create an enabling environment to ensure access to HIV treatment will be undertaken in partnership with the civil society and communities through PLHIV networks, the Ministry of Health’s Public Councils and the Mandatory Health Insurance Fund (MHIF), as well as the Board of Trustees functioning under AIDS centres and CCM.  2. Given the need to improve HIV case detection, the programme will scale up the testing services to key populations (PWID, MSM, SW, TG, prisoners). Taking into consideration the increase in sexual transmissions, sexual partners of key populations and PLHIV will also be offered testing. Testing will be provided in health facilities or in NGO settings using the provider-initiated testing and self-testing. Awareness raising campaigns will be conducted by outreach workers in addition to online consultations for key populations that do not seek care at service delivery points. Meanwhile, to increase the detection of HIV cases, performance-based payments for field workers and organisations involved in testing key populations will be provided for detected cases followed with dispensary registration. The target is testing coverage of at least 50,000 people belonging to KPs annually. The efforts to promote self-testing will continue, guidelines and SOPs will be introduced to make tests available over the counter in pharmacies, the state registration of rapid tests and their availability in the pharmacy network will be facilitated.  3. Given the increased use of new chemical drugs, but at the same time, the limited official data on the number of new drug users, insufficient information on effective harm reduction approaches among this group, the activities of harm reduction programs will be divided for 2 groups. For the group that is consumers of “traditional” opiates, OST points, service centres based on NGOs, including a set of services for sharing needles and syringes, testing for HIV and TB, and others, will continue to operate. One of the key performance indicators will be the results of the involvement of new, previously unreached drug users in harm reduction programs, the results of HIV detection, support for enrolment in the dispensary and the subsequent treatment of HIV and tuberculosis.  In two NGOs dealing with drug users in Bishkek and Chui Oblast, harm reduction services will be piloted for those using novel drugs. In 2020, UNODC and USAID will conduct research in the Kyrgyz Republic on novel drugs’ use and practices and develop recommendations to reduce HIV transmission and contribute to a tailored harm reduction approach. Meanwhile, due to greater frequency of injections and sexual contacts, the number of distributed syringes and condoms will increase for this group. Considering the growth of the psychiatric disorders caused by the consumption of the new psychoactive substances, psychiatrists-narcologists will be employed in centres.  By 2020, there were 7 OST points in the penitentiary system and nine NEPs, ART was provided for more than 300 PLHIV and at least 1,000 TB cases were detected annually. The new grant will continue to support all existing OST and harm reduction sites in the penitentiary system.  The support to the three sites in Bishkek, Chui and Osh oblasts in which MSM groups are greatly concentrated and accessible will continue. HIV testing will be provided with a focus on increasing HIV detection. STI diagnosis and treatment will be provided as well as condoms, and lubricants. Risk behaviour change interventions will include training under sexual and reproductive health programmes. The National Clinical Protocol on HIV Prevention and Treatment[[34]](#footnote-35) includes pre-exposure prophylaxis (PrEP) since 2018. In partnership with PEPFAR, Prep will be provided to 500 people per annum, including MSM. Given the high level of stigma among MSM, hostel type shelters will be supported. Activities designed to document rights violations, support and develop communities will continue.  Transgender people (TG) are among the new groups to be included in the prevention programmes. In 2020, with the support of CDC, UNAIDS will conduct IBBS along with population size estimates of the key populations. In the meantime, under the GF Regional Grant “Sustainability of Services to Key Groups in EECA Region” in 2020 the activities are scheduled to increase the involvement of TG in HIV prevention programmes and to facilitate their access to services by 2021. Taking into account that TG are mainly concentrated and accessible in Bishkek, one NGO will be supported to provide services to TG. All TG that need ARVs will be provided with ARV drugs under PEP.  In 2017-2019 The Global Fund / UNDP reports a reduction in the coverage of sex workers by more than 40% due to police raids and related restrictions on access to the group. The indicators stated in the current country application were not achieved. To remove legal barriers, a number of steps were taken, including sending letters to the Ministry of Internal Affairs, holding meetings of the CCPH, which, unfortunately, were not very effective. At the same time, there is a tendency for sex workers to leave the street and provide sex services through dating sites, social networks and other Internet opportunities. Young people using sex workers are also looking for such opportunities through the Internet. Often, it is these groups that remain inaccessible for conducting preventive programs. At the same time, traditional places for the provision of sex services, such as saunas, hotels, rented apartments, continue to operate. In this connection, in 2021-2023. 3 NGOs will continue their activities and a pilot project will be launched to counsel and initiate HIV testing of sex workers and their clients searching through social networks and dating sites. Condoms and lubricants will be provided for sex workers who provide services in traditional places, rapid HIV testing will be conducted, and diagnostic and treatment services for STIs will be expanded, including training in sexual and reproductive health programs.  All outreach workers will be equipped with tablets to enter data on service delivery. This should facilitate the evaluation of the efficiency of the above interventions on the treatment cascade outcomes.  **Tuberculosis**  The country with the support of partners aims to detect and ensure treatment of DR-TB patients in line with UN 2020-2022 targets revised by Stop TB Partnership in 2019.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Indicators** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023\*** | **Total 2018-2023** | | Pediatric TB diagnostics and treatment targets | 350 | 350 | 300 | 300 | 300 | 300 | 1,900 | | **MDR-TB diagnostics and treatment targets** | **1,282** | **1,465** | **1,740** | **2,015** | **2,290** | **2,290** | **11,082** | | Preventative Therapy (PT) targets in contacts of under-five children | 498 | 952 | 1,360 | 1,740 | 2,130 | 2,130 | 8,810 | | Preventative Therapy (PT) targets in contacts above 5 years of age / | 646 | 964 | 2,018 | 3,466 | 4,453 | 4,453 | 16,000 | | Preventative Therapy (PT) targets in PLHIV | 821 | 600 | 692 | 956 | 991 | 991 | 5,051 | | Resources required for TB prevention and care | 30,384,235 | 38,441,780 | 43,892,647 | 47,441,192 | 47,994,462 | 47,994,462 | 256,148,778 | | TB diagnosis and treatment targets / | 7,600 | 7,300 | 6,900 | 6,500 | 6,300 | 6,300 | 40,900 | | TB preventive therapy targets | 1,960 | 2,510 | 4,070 | 6,160 | 7,570 | 7,570 | 29,840 |   \* Bearing in mind that the targets for 2023 were not proposed the country in line with ambitious UN targets, taking into account the current context and realistic potential of the country for 2023 decided to keep the targets proposed for 2022.  To achieve these goals, the TB Programme in the National Strategic Plan has outlined 2023 targets and indicators as follows:  **Impact indicators:**   * TB I-3(M): TB mortality rate per 100,000 population – 3.8 * TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients (Proportion of new TB cases with RR-TB and/or MDR-TB) – 30.5%   TB I-2: TB incidence rate per 100,000 population – 77.0  **Outcome indicators:**   * TB O-2a: Treatment success rate of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapse cases – 85% * TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated – 75% * TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB-bacteriologically confirmed plus clinically diagnosed) – 90%   **Coverage indicators:**   * MDR TB -4: Percentage of cases with RR TB and /or MDR TB started on treatment on MDR TB who were lost to follow up during the first six month of treatment – 10% * MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified – 1,778 * Percentage of confirmed MDR-TB cases tested for susceptibility to any fluoroquinolone and any second-line injectable drug – 77% * MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that initiated second-line treatment – 1,600 * MDR TB-8: Number of cases of XDR TB enrolled in treatment – 120 * TB/HIV-5: Percentage of registered new and relapse TB patients with documented HIV status – 94% * TB/HIV-6: Percentage of HIV positive new and relapse TB patients on ART during TB treatment – 90%   1) As part of the upcoming GF grant for 2021-2023, the country plans to improve the detection efficiency through increased molecular genetics tests coverage. Currently, 24 GeneXpert platforms in TB services and six platforms in HIV services are installed in Kyrgyzstan. Given that the ongoing GF grant supports the sputum specimen transportation system and TB drugs procurement, the NTP proposes to continue funding the sputum transportation system except for two regions (Chui and Talas oblasts) since these are covered by the MHIF. The main challenges include poor laboratory network management, large number of laboratories, inadequate diagnostics, especially in Osh oblast (2019, WHO Mission Report)[[35]](#footnote-36). Taking into account the recommendations of the WHO Mission to address the disproportionate variances in the capacities of regional laboratories, the NTP, with the support of other donors, will make efforts to integrate the laboratory services with TB services and enhance the capacity of regional laboratories. To increase the number of available diagnostic tests and ensure timely monitoring and external quality assurance in the regional laboratories, it is necessary to increase the number of skilled staff and support the National Reference Laboratory (NRL) with appropriate support from partners and donors. The NTP, with the support from the USAID-funded project, will enhance the capacity of the regional laboratories. The programme proposes to remunerate 40 laboratory professionals under GF financing to retain qualified staff. Under the GF Grant 2021-2023, the Programme requests GF funding to support the national TB diagnostics capacity through the supply of reagents and consumables, support the operation of NRL by ensuring biosafety standards and support to the Supranational Reference Laboratory (SRL).  2) Due to a lack of national mechanisms to cater for enough WHO pre-qualified TB drugs, the efforts will continue to ensure an uninterrupted supply of second-line TB drugs from international sources, such as GDF and others. Currently, the country is revising the law on pharmaceuticals procurement, which is under the approval of Parliament. By the end of 2023, the country intends to procure around 20% of the required second-line drugs (SLD) from the state budget.  The Table below shows the number of patients disaggregated by available financing.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Financing** | **Number of patients in 2021** | **Number of patients in**  **2022** | **Number of patients in2023** | **Total**  **2018-2022** | | GF grant – primary financing | 1,292 | 1,295 | 1,280 | 3,867 | | State budget | 228 | 265 | 320 | 813 | | GF PAAR | 495 | 730 | 690 | 1,915 |   As part of the GF’s Funding Request for 2021-2023, the budget to support patients is calculated based on actual patient enrolment in previous years 1,540, 1,560 and 1,600. In line with the country's commitments on financing of 15%, 17% and 20% of the amount required for drugs procurement in 2021-2023, the funds from the government will be allocated for procurement of drugs to support 228, 265 and 320 DR-TB patients, respectively. Taking into account the expected number of detected DR-TB patients, there is a funding gap for 495, 730 and 690 DR-TB patients which will be requested under the PAAR.  Currently, all first-line TB drugs, including isoniazid for preventive TB treatment, are procured by domestic resources. In addition, under the requested funding, the NTP is planning to introduce a system of monitor the stock at the facility level. Mechanisms to monitor medicines supply at the facility level will ensure tracking of TB medicines stocks. In addition, the community and Board of Trustees established under the TB service will oversee the procurement and supply chain management of the TB medicines.  3) One of the main reasons behind the low treatment success rate is the high percentage of treatment dropouts associated with the duration of DR-TB patients’ treatment from 18 to 24 months. To tackle this issue, the NTP, following the WHO recommendations, introduced short-term 9-months treatment regimens for DR-TB patients (over 20%). In addition, effective as of 2021, the NTP, as part of the operational study, intends to initiate the use of pretomanide in 6-month (BPaL regimens recommended by WHO). The current funding request includes the budget for the procurement of second-line and the BPaL regimen, the preparation and implementation thereof will be supported by the KNCV branch in the Kyrgyz Republic upon the agreement with TB Alliance as part of KOICA funding. Adverse effects (AE) are among the main reasons for DR-TB patients to drop out of treatment. Due to restrictions in the procurement procedures of the NTP, it currently purchases drugs of unknown quality to address AE. To address this issue, the Programme included the purchase of AE treatments under PAAR. As part of PAAR, it also proposes to include piloting new TB diagnostics for NRL: such as sequencing the full genome of TB mycobacteria and Quantiferon test in addition to the development of the regulatory framework for these studies and the introduction of new drugs for prevention of TB in the country.  4) Optimisation of TB services and transition to out-patient treatment in accordance with the national plan will improve the TB case management of TB patients, who will not be admitted to hospitals. The programme will fund measures to improve the service delivery (with the definition of hospitalisation criteria, duration of inpatient treatment, discharge and coordination). Cases of treatment dropouts will be decreased through out-patient TB treatment and motivational support. In the new grant, it is intended to scale up the TB case management programmes by involving four NGOs, which will operate in the regions with the largest number of DR-TB patients. In other oblasts, the support of field case managers under the NTP will continue. NGOs will do active case finding among risk groups (dropouts from treatment or at high risk of dropping out) and guide them back to treatment.  It is proposed to make the first hostel/dormitory services with temporary accommodation accessible to patients released from the penitentiary system and those in difficult life situations. This hostel will be managed by the NGO.  In order to prevent treatment failure and to decrease the number of dropouts, all patients with DR-TB during the out-patient phase of their treatment, will continue to receive motivational support in the form of food packages and reimbursement of transportation costs. The NTP has developed a system of State Social Contracting (SSC), which is intended to ensure, through NGOs, adherence support with motivational payments. This model of SSC in the TB sector will be launched in pilot sites as part of the government budget funding in 2021, with subsequent rollout.  In Kyrgyzstan, the projects to introduce video observed treatment at home was piloted and demonstrated good outcomes. Several innovative approaches using mobile applications have been tested: WhatsApp, OneImpact and Accent.  One of the challenges in managing TB patients is the lack of good data systems to identify missing cases and understand the reasons behind the pattern for not seeking care. Mainstreaming and scaling up the implementation of the Onelmpact E-Application[[36]](#footnote-37) for TB patients undergoing treatment will contribute to increase adherence to treatment, strengthen monitoring at community level and improve the response provided by TB services. The network will ensure support to TB patient rights, monitoring the quality of services, including procurement of drugs, and advocacy activities for the review of legislation and the expansion of domestic funding for TB programmes.  **Strengthening the health system**  **Human resources**  As for HIV, most regions have decentralised the services to thePHC level pursuant to the MoH Decrees No. 717 dated December 31, 2012[[37]](#footnote-38). HIV services are currently provided by 53 PHC facilities. Most PHC organisations have ample resources to provide services to PLHIV, laboratory facilities, specialists and a well-functioning system of interaction both at the PHC level and at in-patient facilities. However, according to the MoH Republican Medical Information Centre, PHC organisations are still faced with a shortage of trained personnel to provide services to PLHIV. The lack of quality services is one of the reasons for PLHIV to stop taking ART, low adherence and loss for supervision, care and support.  The National TB Service is a network of tertiary, specialized hospitals in the country to provide in-patient care for TB patients. At the PHC level, services are provided by 65 TB offices for out-patient care. At out-patient level, TB is treated by PHC providers, who provide directly observed treatment and the recording of supplies of anti-TB drugs.  According to the National Statistical Committee, the TB service of the Kyrgyz Republic employs 256 TB doctors, most of which are based in PHC organisations and provide TB detection and out-patient treatment services at the PHC level. In most cases, TB specialists are of retirement and pre-retirement age and/or experts from other fields who have undergone training in PHC. For them, mastering new approaches in the diagnosis, patient management and active monitoring of side effects may be challenging. Due to the insufficient alertness and interest of PHC physicians, the country fails to detect all TB patients in the early stages and demonstrates inadequate examination of TB-exposed people and management of TB patients in the out-patient phase of treatment. The above is also evidenced by the large number of unobserved treatment cases, as well as the largest number of treatment interruptions at the out-patient stage. In this regard, partners should focus their efforts on building the capacity at the PHC level, conducting regular trainings, performance monitoring and providing additional incentives.  **Data collection system**  Data on the HIV situation is regularly updated on the website of the Republican Aids Centre (RAC) and provided upon request of parties concerned. At the same time, the implementation of national programmes is monitored with the support of international organisations. In 2019, an assessment of investments in HIV was carried out. HIV spending data is provided in the national GARP report and national HIV accounts.  For the purpose of collecting, storing, processing and reporting epidemiological, laboratory and clinical data on all registered HIV cases, the country uses the Electronic Surveillance system for HIV cases (ESS) in order to make informed prevention and treatment decisions. ESS has been installed and is used in 31 institutions (9 AIDS centres, 21 FMCs and facilities within the State Penitentiary Service). As part of decentralisation of services, the GF grant will support the ESS scale-up to cover all sites providing services for PLHIV. ESS should be integrated into the general e-health system, and an ARV drug accounting and forecasting module should be implemented throughout the country.  The NTP developed an M&E manual, moved to electronic recording and reporting, designed checklists for monitoring visits, collects and verifies data on a quarterly basis and implements regular monitoring through the oblast TB Centre. The WHO TB profile has not yet revealed significant discrepancies. However, data on TB expenditures is not available open source, but only upon request. Similar to the HIV ESS, an electronic database has been developed within the TB service system but has not yet been widely deployed.  **Providing medicines and health commodities**  The decrease in donor funding caused the MoH to allocate additional funds to the RAC, which were used to purchase ARV drugs, tests and reagents. By the end of 2019, the RAC purchased ARVs (TLDs) for 2,000 PLHIV from the state budget. Since 2016, the TB service has been procuring first-line TB drugs. Only small quantities of second-line TB drugs were purchased by domestic funds in 2019.  Given the expansion of public procurement, the need for affordable and high-quality drugs and the possibility of transferring the GF grant management function to the MoH, it was revealed that a number of key medicines were missing on the local market, and if available, they were sold by single source at a high cost. Moreover, the country’s legislation does not allow access to international markets and procurement through international platforms, which could ensure the procurement at lowest price and high quality. In this regard, amendments to the “Law on public procurement” have been initiated, aiming to provide possibility of procurement of essential medicines through international platforms. The respective bill was registered with the country's parliament in 2019, but its approval has been faced with active resistance. Broad advocacy efforts are needed to create such opportunities.  **Laboratory systems**  The Kyrgyz Republic has rolled out GeneXpert platforms for the diagnosis of HIV and TB as part of the decentralisation of services to the PHC level with the transition of the running costs to state funding by the end of 2023. Drug resistance and HIV tropism are detected through genotyping. As part of the monitoring and quality assurance of HIV diagnosis in the country, a number of regulatory documents were developed and approved: the MoH Decree dated April 17, 2019 No. 530 “On approval of the Rapid HIV Testing Program in the Kyrgyz Republic”, the MoH Decree dated June 28, 2019 No.728 “On approval of the Methodological Guide for Rapid HIV Testing in the Kyrgyz Republic”. The training of specialists in ESS was carried out including research using the electronic surveillance (ES) method. At the same time, there is a lack of certified professionals to train laboratory specialists, medical and non-medical personnel involved in ES. Due to staff turnover and lack of ongoing training, the number of specialists trained in ES and their qualification are quite low. Due to financial constraints in organizations conducting ES, the External Quality Assessment (EQA) programme is not carried out in full. The existing national EQA programme for 2018-2019 is implemented under the co-operation agreement between the MoH RAC and CDC (USA) and covers 25% of all existing sites/ES stations. The full implementation of ES programmes requires additional funding under the GF grant.  Standard biological samples are being developed for a professional testing program at the LDV and ET HIV sites, and the production of interlaboratory standard samples for the needs of the LDV. Work is underway to prepare the HIV Diagnostics Reference Laboratory of the Republican AIDS Centre for accreditation according to the international standard ISO 15 189.  Laboratory equipment was provided in 2009-2011 as part of the KfW project. The wear and tear of equipment in all HIV diagnostic laboratories caused the need to upgrade and maintain the equipment. The number of laboratory equipment maintenance engineers in the country is limited. In this regard, support is required for the maintenance of laboratory equipment and training of a pool of laboratory equipment maintenance engineers.  With the increase in the number of GeneXpert diagnostic platforms and the strengthening of the sputum transportation system, a gradual reduction of microscopic examination points across the country is underway. Specifically, in recent years 12 microscopy points have been closed bringing their total number to 119 in 2020. It is expected that microscopy points be further optimised and reprofiled for other types of examination.  **Human rights and gender**  This component includes activities under all the strategic directions recommended by the GF, considering the needs of key populations identified during the focus group discussions and the current situation in the country. To ensure a consistent algorithm of actions, three modules are proposed of which two are combined (TB/HIV): (1) Monitoring and reforming laws, regulations and policies on HIV and TB to sensitise lawmakers and law enforcement agencies; (2) Providing legal services, including communities’ training; and (3) Training health providers on the rights-based approach and medical ethics. Interventions to ensure gender equality, reduction of stigma and discrimination, as well as community mobilisation will be cross-cutting both within the catalytic funding and as part of the HIV and TB funding request.  Efforts to remove legal barriers will be comprehensive, including the work with communities and legal literacy and training of medical personnel to ensure that the prevention and treatment services are based on human rights principles. When documenting violations of the rights of target groups, emphasis will be placed on domestic violence and its impact on access to services. The elaboration of this focus area within the application takes into consideration the actions of other partners (UN organisations, PEPFAR, etc.).  The main activities and outputs under this component are aimed at changing the current situation and removing legal barriers. Work on this component will follow the legislation of the Kyrgyz Republic, including national strategic documents on health, HIV, TB and human rights.   * In accordance with the interdepartmental plan to overcome legal barriers, steps will be made to improve laws and regulations to bring the existing law enforcement practices in line with the legislation of the Kyrgyz Republic. This will result in the removal and the detection of illegitimate legal practices. The HIV and TB programmes, the national gender plan for 2022-2030 will include measures and indicators to ensure a supportive legal environment for PLHIV and TB and key populations. * Assistance in establishment and implementation of the law enforcement reform in the country will contribute to creating an enabling environment. The result will transform these institutions to supporting key population. This will be achieved through training, consultations, performance indicators, and collaboration with community organisations. * Strengthening the monitoring of legal instruments and promoting accountability: support the monitoring function of the parliament and the prosecutor's office. Building the accountability of law enforcement agencies will be through strengthening the public councils at the relevant ministries, as well as by bringing legal issues to the Parliament, the Coordinating Council of Public Health and the Human Rights Committee under the Government. * A country accountability mechanism will be established to monitor the international human rights obligations by supporting the preparation of shadow reports. * Experience from implementing the current grant and focus group discussions indicate a need to expand legal assistance to cover all target groups. This will be achieved through state-guaranteed legal aid (SGLA), the involvement of legal clinics and work with the judges. 120 lawyers will be trained in HIV/TB and key populations rights and litigations. * The Public Defenders (Paralegals) Institute has proven to be relevant and important. Paralegals will continue to train the community representatives in human rights, documenting violations of rights, counseling and providing social support, as well as documenting gender and domestic violence. Work will be done to provide official status to paralegals to expand their ability to provide legal support. Under this component, four additional paralegals will be involved in providing assistance to TB patients from key populations, as well as to TG. A total of 27 paralegals will provide services throughout the country’s regions. Newly hired paralegals will receive basic training, while all will participate in biannual consultative meetings. * A key role in the protection against the illegal actions of law enforcement agencies is played by licensed lawyers. An increase in the number of licensed lawyers through two additional positions (4 in total) will support the provision of protection services to key populations including the representation in the courts, initiation of lawsuits and involvement of a lawyers’ task group. The licensed lawyers together with the civil sector level will contribute to the advocacy efforts. At least three high-profile court cases are expected. * Documenting rights violations including electronic systems (for example, REACT) for court cases; implementing the stigma index will inform the advocacy/information campaigns and lead to better tolerance and increased sensitivity to HIV and TB on the part of decision-makers. This will serve as the basis for promoting anti-discrimination legislation and increasing budgetary funding for tackling the HIV and TB epidemics. * Enhancing the knowledge and skills of key populations to protect their rights and introducing tools to protect witnesses will also be prioritised. A system will be created to provide legal support to TB patients, as well as to ensure access to legal services and court protection for TG. A total of 360 representatives of all six groups of communities will receive human rights training. * An indispensable component is the creation of the community advisory groups and their involvement at all levels of implementation. Two NGO forums and one NGO network are included in this request which will also contribute to an open dialogue and stronger leadership among community representatives. * An important area of assistance to victims of gender-based violence remains the support of two centres for women victims from key populations. * Legal competency of the health care providers will help eliminate the stigma towards PLHIV, TB patients, and key populations including TG. This will include ensuring confidentiality of the diagnosis, provision of state-guaranteed medical care, improve access to services and prevent treatment interruption. Medical workers received this training as part of the current grant and through this funding request the Programme will include monitor the implementation. The main outcome will be a decrease in the providers stigma against people living with HIV and TB. The assessment will also be based on the documentation of violations of patient’s rights, including using the OneImpact electronic TB services system and the pereboi.kg platform, where all PLHIV and TB patients will be able to report refusals to be diagnosed and treated. Responding to violations of patients’ rights will be through filing complaints, involving media, and reporting to the public councils under the MoH and to the MHIF). |

1. Fill in **one table for each disease component**, and an additional table for integrated or cross-cutting programming, such as TB/HIV or Resilient and Sustainable Systems for Health (RSSH) modules, to describe the areas prioritized for this funding request.

|  |  |
| --- | --- |
| Component | HIV |
| Module/interventions | * Prevention (Harm reduction interventions for drug users, opioid substitution therapy and other medically assisted drug dependence treatment, behaviour change interventions for MSM, SW, prisoners, pre-exposure prophylaxis, addressing stigma, discrimination and violence); * Differentiated HIV testing services (Community-based testing); * Treatment, care and support (Differentiated ART service delivery and HIV care); * Programme management |
| Priority populations | PLHIV, PWID, MSM, TG, SW, prisoners |
| Barriers and inequities | 51% PLHIV were detected in 2019 at advanced stage of HIV infection with CD-4 less than 350. Only 68% (4,385/6,458) out of detected PLHIV are under treatment follow-up and 4,058 PLHIV as of 31 December 2019 were receiving ART.[[38]](#footnote-39)  HIV detection among key populations decreased during testing.  The OST coverage is low and makes 1,200-1,300 PWID out of estimated number of 25,000 with sub-optimal retention rates. The SWs coverage indicators were reduced by 40% due to police raids. There are no prevention programmes tailored to TG. The coverage of prisoners by prevention programmes remains insufficient and adherence to HIV treatment in PLHIV prisoners only accounts for 50%. |
| Rationale | **PLHIV.** Under this funding request the activities to increase adherence with a focus on PLHIV lost for follow-up and those PLHIV with continuously high viral load will continue. By 2023, 81 % of the estimated number of PLHIV will be covered by treatment which will make 90% out of the detected, whereas more than 80 % of them will get ARV drugs based on dolutegravir (DTG).  The procurement of ARV drugs, tests and health commodities, transportation of samples as well as diagnostics for PLHIV for HCV that are not funded through government will be prioritised. The mechanisms to oversee and track stocks of drugs and health commodities will be improved.  Multidisciplinary teams under NGOs across all oblasts of the country will be supported. The MDTs will be paid based on results achieved and will include components on index testing, administration of ARV drugs as part of MDT as well as pre-exposure prophylaxis.  Supporting three integrated centres for PLHIV under NGOs including one centre for women and children in the city of Osh.  The activities aimed at promoting the involvement of communities and NGOs in the implementation of activities and services quality monitoring will be supported.  **Testing.** Index testing of sexual partners of key populations and PLHIV will reach 9,000 people per annum. Saliva based rapid testing under health facilities and NGOs outreach workers will reach up to 40,000 of key populations per annum.  In partnership with the USAID projects, the mechanisms for introduction and further scale-up of self-testing practices will be supported along with the development and approval of instructions to enable over the counter sales in pharmacies, information campaigns to mainstream self-testing, and online counselling for SW, MSM, and novel drug users not covered by traditional outreach approaches.  Scaling up prevention programs for KPs will continue.  There are plans to support OST sites under health facilities, the penitentiary system and harm reduction programmes in prisons.  Prevention programmes for PWID, SR, MSM, TG will be implemented through NGOs with further expanded coverage.  **PWID/Prisoners.** 15 OST sites under health facilities, 9 OST sites and 3 NEPs in the penitentiary system will be supported. There will be 5 Service Delivery Points (SDP) under NGOs providing integrated service packages and 3 points under merged NGOs providing services for all key populations and PLHIV. Bonus payment mechanisms will be introduced in the system of SDPs for detected cases, initiation of HIV treatment and achieving viral suppression. Naloxone and overdose prevention education will be provided in all SDPs. Interventions to change risk behaviours will be carried out both through traditional outreach activities and online counselling. Each SDP will have staff to search for and counsel new drug users in terms of safe behaviour, HIV testing, diagnosis and treatment of other diseases. All outreach workers will be equipped with tablets with online counselling applications, information on HIV, HCV, STIs, online reporting on delivered services and «React» e-system for documenting rights violations of key populations.  **MSM/TG.** Three NGOs providing prevention services to MSM will continue their work and one pilot project for TG will be launched with, at least, 60% coverage by minimum service package consisting of condoms, lubricants, STI diagnosis and treatment, education under Sexual Reproductive Health Programme targeting, nearly 300 MSM/TG by PEP annually. The shelter for MSM/GBT will be supported. Interventions to change risk behaviours will be implemented through both traditional outreach and online involvement of MSM/GBT in prevention activities. Online outreach will be conducted through tailored online counselling applications, distribution of video clips among groups and chat rooms for MSM/TG.  **SW.** 3 independent sites to deal with SW and two sites under NGO support will be in place to provide services to all key populations. Condoms, lubricants, STI diagnosis and treatment, education under sexual reproductive health programmes will be provided. Prevention programmes will be implemented in two ways: through outreach work and online counselling as well as motivation for HIV testing.  All outreach workers, peer consultants, social workers will be equipped with tablets for online reporting through e-case management system, data will be downloaded in the shared server to enable more reliable verification of the quality of delivered services. The bonus system will be introduced in the programme to pay for detected cases, initiation of treatment and achievement of viral suppression. |
| Expected Outcome | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Size estimate** | **Coverage in 2021** | **Coverage in 2022** | **Coverage in 2023** | | PLHIV | 8,500 | 5,500 | 6,300 | 7,217 | | 5700 | 6,500 | 7,217 | 18,000 | 20,000 | | SW | 7,100 | 5,000 | 5,500 | 5,700 | | MSM | 16,900 | 12,500 | 13,000 | 13,520 | | OST | 1,000 | 1,000 | 1,250 | 1,500 | | Prisoners | 7,079 | 1,200 | 1,200 | 1,200 | |

|  |  |
| --- | --- |
| Component | MDR-TB |
| Module/interventions | * To ensure adequate DR-TB diagnosis and treatment * To enhance MDR-TB treatment efficacy |
| Priority populations | Patients with DR-TB |
| Barriers and inequities | Potential restricted access and interrupted supplies of WHO pre-qualified TB drugs and innovative approached in TB diagnosis and treatment. |
| Rationale | 1. Treatment of DR-TB. Procurement of second line TB drugs. 2. To conduct operational study on implementation of WHO recommended treatment regimens. 3. To develop a mechanism for procurement of prequalified TB drugs   The estimated number of patients with drug resistant TB in 2021-2023 during the implementation of the Operational Plan on TB is presented in the Table below.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | **2019** | **2020** | **2021** | **2022** | **2023** | 3 years | | **Total registered, out of them:** | | **1,530** | **1,701** | **1,727** | **1,753** | **1,778** | **5,258** | | First time detected as MDR/XDR-TB | | 1,230 | 1,431 | 1,484 | 1,534 | 1,571 | 4,589 | | Detected earlier (due to failed treatment, lost for follow up) | | 300 | 270 | 243 | 219 | 207 | 669 | | Expected cases for treatment- MDR/XDR-TB | | 1,440 | 1,480 | 1,520 | 1,560 | 1,600 | 4,680 | | Out of them MDR-TB | | 1,300 | 1,375 | 1,410 | 1,445 | 1,480 | 4,335 | | MDR | 18-20 Bdq Lfx(Mfx)Cfz Lzd Cs | 865 | 909 | 849 | 978 | 1,008 | 2,835 | | КР с Bdq: 6Bdq 4-6Н 0,6 и 9-12 Lfx(Mfx),Cfz E Z Pto | 220 | 230 | 230 | 230 | 230 | 690 | | КР с Dlm (дети до 25 кг): 6Dlm 4-6Н 0,6 и 9-12 Lfx(Mfx),Cfz E Z Pto | 20 | 20 | 20 | 20 | 20 | 60 | | MDR (OI) | modified 9 months:  Bdq (24 нед)  Lfx Cfz Lzd Cs (39 нед.) |  |  | 100 | - | - | 100 | | pre XDR Фт | 18-20 Bdq Dlm Imp Cfz Lzd Cs | 195 | 206 | 211 | 217 | 222 | 650 | | Out of them XDR-TB | | 100 | 105 | 110 | 115 | 120 | 345 | | XDR | 6 Bdq Pa Lzd | 0 | 50 | 50 | 60 | 70 | 180 | |  | 18-20 Bdq Dlm Imp Cfz Lzd Cs | 100 | 105 | 60 | 55 | 50 | 165 |   The set of drugs is estimated based on actual trends in detection and treatment of DR-TB. In order to achieve UN targets the number of patients to be identified and treated with the support of partners will be requested under PAAR.  2. Procurement of reagents, chemical agents and consumables. External quality control of laboratories. Maintenance of laboratory equipment.  3. System for transportation of biological material and TB drugs. The transportation system will ensure timely delivery of biological material and early initiation of tests and obtaining results for timely prescription of adequate therapy.  4. Conducting training sessions, seminars, trainings on patients' rights and counselling for health workers in PHC settings.  5. Enhancing the efficacy of MDR-TB treatment. Following the positive outcomes of previously implemented activities with involvement of case managers, it is necessary to continue and expand this practice and support case managers by including them in the staff of health organisations and continue rolling out the model of care delivery to DR-TB patients in Bishkek city and in each oblast. It is intended to involve civil society organizations/NGOs specialized in countering TB to advise patients and their environment, deliver TB drugs to patients and follow-up the treatment as well as to provide psycho-social counselling to patients. To continue promoting adherence to treatment of DR-TB patients (MDR and XDR only) through monthly motivational payments worth of 1,000 KGS which includes travel costs to the venue of regular check-up and internet access fees for video DOT[[39]](#footnote-40). |
| Expected Outcome | Improved access to new TB drugs and modern approaches in DR-TB diagnosis and treatment. Involvement of the civil sector.  Increasing the coverage by testing and treatment, reducing the number of patients lost to follow-up by up to 10%, increasing MDR TB treatment efficacy up to 75%, reducing TB caused mortality rate down to 4.6 and reducing the incidence rate to 106 per 100,000 population. |

|  |  |
| --- | --- |
| Component | TB/HIV |
| Module/interventions | * Joint efforts to respond to TB/HIV * Screening, testing and diagnosis * Prevention and treatment * Delivery of community-based care to patients with TB/HIV |
| Priority populations | Patients with HIV/TB co-infection, HIV positive patients, TB patients |
| Barriers and inequities | Mortality caused by TB remains the first cause of death in PLHIV and accounted for 30% of all deaths in PLHIV in 2019. However, in the majority of cases delayed seek of care indicates a lack of knowledge of their HIV status at the time of seeking care. There are reported cases that during the patient's first visit to a PHC facility; due to feeling unwell, they are not screened for HIV, which testifies to either poor clinical alertness or poor capacity of PHC professionals. |
| Rationale | Implementation of rapid HIV testing in TB facilities.  Encouraging patients with presumptive TB to go for HIV testing.  New diagnostic methods of TB (LAM tests) - procurement, training, implementation and monitoring.  Ensuring availability of ARV drugs and cotrimoxazole preventive therapy (CPT), use directly observed treatment approaches while using ART and KPT (cotrimoxazole preventive therapy) (ART and Isoniazid DOT PT) along with TB and DR-TB in TB facilities with training and monitoring is included in HIV component.  Monitoring of joint activities of vertical services by expert civil sector organisations.  Annual cross-training of doctors of both services. |
| Expected Outcome | 100% of TB patients will be tested for HIV and 90% of PLHIV will be tested for TB.  80% of PLHIV with diagnosed latent TB will receive TB treatment.  The mortality of PLHIV due to TB will have decreased by 50% in 2023 compared to 2019. |

|  |  |
| --- | --- |
| Component | Health system strengthening |
| Module/interventions | * Management of health products and strengthening systems. * Health Management Information Systems and M&E. * Human resources for health sector including health workers. * Strengthening community-based systems. * Laboratory systems. National laboratories: laboratories management and management structure. |
| Priority populations | All people living with HIV, HIV/TB, TB, key populations (PWID, SW, MSM, prisoners) |
| Barriers and inequities | * The shortage of human resources in health care, in rural areas, is one of the critical reasons for low treatment adherence. * The number of trained professionals on HIV rapid testing and their skills is low. * The lack of regular maintenance of HIV and TB diagnostic equipment affects the quality and timeliness of the diagnosis. There is a shortage of trained technicians to maintain this equipment. * The lack of reliable mechanisms at the republican level for sputum transportation, limited government resources pose risks for timely diagnosis and initiation of treatment. * High stigma and discrimination towards patients with HIV and TB at PHC level creates barriers to service delivery. * The country's legislation prevents from using domestic resources to access international markets and procurement through international platforms. |
| Rationale | * Furnishing PHC facilities with equipment to ensure better services with uninterrupted supply of drugs and diagnostics. * Capacity development of laboratory staff of PHC and civil society organisations. * Strengthening the transportation system for delivery of TB and HIV tests. * Improving electronic HIV surveillance system to include a module on tracking the ARV stock. * Introducing external quality assurance mechanisms for procured drugs as part of domestic funding. * Implementing the laboratory quality management system in accordance with ISO 15189 in laboratories of RAC and Osh AIDS Centre. * Scaling up the contracting of NGOs for HIV and TB services using the state social contracting mechanism. * Monitoring by the CSO the national response by extending activities of boards of trustees, operation of the website «pereboi.kg», monitoring of procurement. * Advocating for amendment of the procurement legislation to facilitate the access to international mechanisms and benefiting from the TRIPS flexibilities. * Supporting the interagency monitoring groups (MHIF, NTP and AIDS Centres) to conduct regular monitoring and mentoring visits to all HIV and TB service delivery sites at least twice a year. * National HIV testing algorithm will be updated to include prescription of HIV testing as a routine approach. * Supporting civil society and NGO representatives to address stigma and discrimination through advocacy, patient support, and adherence support. |
| Expected Outcome | * As a result of decentralisation of services all PLHIV and TB patients will access services at PHC level. * Improved skills and quality of services provided by health professionals involved in provision of HIV and TB services. * Functional Electronic HIV surveillance system and the module to track drug inventory is introduced at all PHC sites providing services to PLHIV. * Decreased time from diagnosis to treatment. * 90% of HIV and TB laboratory accredited through EQA |

|  |  |
| --- | --- |
| Component | Reducing barriers to HIV/TB related service delivery associated with human rights |
| Module/interventions | 1. Monitoring and reforming HIV and TB related laws, regulations and policies to improve responsiveness of law makers and law enforcement agencies. 2. Provision of legal aid including improvement of legal literacy of community leaders and representatives. 3. Training health care providers on human rights and code of medical ethics.   **Modules:** Reducing stigma and discrimination; reducing discrimination against women |
| Priority populations | People living with HIV and TB; key populations (PWID, SW, LGBT, prisoners); women from key populations being victims of violence. |
| Barriers and inequities | High levels of stigma and discrimination; legal nihilism: discrepancies between Kyrgyz legislation and law enforcement practices; lack of access to justice for those facing unlawful actions of law enforcement agencies; acceptance of violence against key populations and women at policy and community levels; limited access to prevention, diagnosis, care and treatment services as a result of stigma and discrimination against people living with HIV and TB as well as key populations. |
| Rationale | Under this module a whole range of activities will be implemented varying from performance assessment actions to measures aimed at making a difference.   1. To implement an Assessment of Laws and regulations and the implementation of the legal reforms to date. This will provide data for recommendations and advocacy among the law enforcing mechanisms to respect the rights of people living with HIV and TB and key populations to support improved access to prevention programmes and health care. Evidence-based law, policy, draft government decrees and departmental regulations will be developed. 2. To assess the impact of the reforms of the Ministry of Interior on reducing the number of cases of key populations rights violations and to continue documenting the cases of violations through the React electronic system. This activity will facilitate the representation of NGOs and communities in public councils under the MoI, Ministry of Justice, and State Penitentiary Service. 3. To assess the impact of unlawful actions of law enforcement agencies on the reduced coverage of prevention programmes and increasing the risk of HIV in key populations. The assessment findings will be widely addressed at various platforms. 4. To initiate legal proceedings against officers of law enforcement agencies, which have committed unlawful acts against representatives of key populations. 5. To advocate for the abolition of unlawful law enforcement practices by law enforcement agencies. To disseminate letters, addressing public, holding multilateral meetings at the level of the Government, Parliament and MoI together with civil sector to reach consensus on joint actions to increase coverage of key populations by HIV and TB prevention and treatment programmes. 6. To facilitate the implementation of the interagency plan to reduce legal barriers to HIV and TB services including regular reporting by the MoI, State Penitentiary Service to CCPH, Parliament. 7. To conduct the stigma index among PLHIV, TB patients and key populations. 8. To expand advocacy for increased government funding of HIV and TB programmes, implementation of social support guarantees for TB patients and PLHIV. 9. Documenting the barriers to access TB services through OneImpact and facilitate an increased use of the «pereboi.kg» platform to enable all PLHIV and TB patients to report cases of denials in diagnosis and treatment. 10. To improve access to legal aid through legal clinics as well as through the Bar Association. 11. To increase the number of paralegals by seven people and the number of lawyers by four people to improve access to professional services of attorneys. 12. To develop capacities of community leaders and its representatives. To continue supporting the networks. Hosting NGO fora. 13. To support two centres for women representing key populations affected by violence. 14. To follow up on educational programmes and training of health professionals on legal issues, stigma and discrimination, gender equality. 15. To facilitate an increased representation of communities and NGOs in HIV and TB related public councils under MoH, MHIF and boards of trustees under the health facilities in terms of monitoring legal barriers and access to adequate services for key populations, people living with HIV and TB. |
| Expected Outcome | * The reduction of legal barriers will increase the coverage of HIV and TB prevention, treatment and care programmes services with the aim of achieving the 90-90-90 and UN targets by the end of 2023. * TB mortality rate will be reduced from 4.6 per 100,000 in 2019 to 3.8 per 100,000 population in 2023 as a result of an improved access to treatment and enabling legal environment. * Stigma on the part of health care providers towards PLHIV and TB patients will decrease from 27% to 10% as measured by the Stigma Index conducted in 2022-2023. * The first three strategic legal proceedings will be filed for key populations with high media coverage and high policy level consideration.   The indicators may vary based on the assessment outcomes of the Stigma Index for PLHIV and TB patients in 2022-2023 as well as following the findings of the mid-term review on the implementation of the ongoing catalytic funding grant in 2020. |

*(Add additional tables as relevant)*

1. Does any aspect of this funding request use a **Payment for Results** modality?

Yes  No

If **yes**, in the table below, indicate the relevant performance indicators and rationale for the choice of performance indicators and/or milestones.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance indicator or milestone** | **Target** | | | | **Rationale for the indicator/milestone selection for Global Fund funding** | |
| **Baseline** | **Y1** | **Y2** | **Y3** |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
| Add rows if necessary |  |  |  |  |  | |
| **Total amount requested from the Global Fund** | | | | | |  |

Specify how the accuracy and reliability of the reported results will be ensured.

|  |
| --- |
|  |

1. **Opportunities for integration:** Explain how the proposed investments take into consideration:

* Needs across the three diseases and other related health programs;
* Links with the broader health systems to improve disease outcomes, efficiency and program sustainability.

|  |
| --- |
| Key strategic documents defining the health sector approach to ending the HIV and TB epidemic in the Kyrgyz Republic include the Programme of the Government of the Kyrgyz Republic on the Protection of Health of Population and Health System Development for 2019-2030 “Healthy Person - Prosperous Country”, the Government’s Programme on responding to the HIV Epidemic for 2017-2021 as well as the Government’s Programme “Tuberculosis V” for the period 2017-2021. The State-Guaranteed Programme to provide citizens with health care determines the funded interventions in relation to these diseases. The Action Plan and Indicator Matrix for the “Healthy Person - Prosperous Country” Programme[[40]](#footnote-41) for 2019-2023 among other priority indicators based on the Sustainable Development Goals (SDGs) provides for a reduction in the number of new HIV infections to 10 per 100,000 by 2023 with a baseline of 16 per 100,000 in 2015 as well as a decrease in TB incidence to 74 per 100,000 by 2023 compared to 98.2 in 2015.  In 2019, pursuant to the decision of integrating the HIV and TB treatment, care and support services into PHC level, the MoH approved a decree on the decentralisation of HIV services. HIV services are provided by FMCs in most regions, and the plan for the transition to out-patient TB treatment was approved and partially implemented. By March 2020, the hospital bed capacity of the TB service was reduced by about 30% (over 1,000 beds). Five TB hospitals (20%) had been transferred to the public health system, and comprehensive out-patient treatment is being expanded at the level of Oblasts TB centres and FMCs . Currently, over 30% of TB patients are under full out-patient treatment at PHC level. Since 2017, TB programmes have been funded through MHIF, funds saved from reducing the number of beds were reallocated to the procurement of TB drugs and to incentive payments to PHC workers for cured cases in the pilot regions. Next to the ongoing measures to optimise TB services, it is planned to further reduce the number of beds, increase domestic funding for second-line TB drugs and expand the performance-based payment model for cured TB patients to other regions of the country as well as to support the sputum specimen transportation system.  At the same time, laboratories diagnosing HIV and TB were optimised in 2018-2019. With the increased number of GeneXpert platforms to 24, of which more than 60% are based at PHC level, and the establishment of the transportation system for the delivery of specimens to culture examination centres at the regional level and to NRL for drug sensitivity tests, the number of microscopic laboratories at PHC level has been reduced by 10%. TB and HIV services plan to conduct peer-to-peer training to promote the shared use of existing platforms.  This funding request, among other priorities, provides for the continuation of these activities. It is planned that HIV and TB MDTs and substitution therapy centres will be based at FMCs. The activities of NGOs providing services for key populations will also be built around FMCs, and outreach workers will accompany their clients to FMCs to confirm the diagnosis and subsequent treatment, care and support. This approach will strengthen the capacity at PHC level to provide HIV and TB services. At the same time, NTP and RAC will coordinate, monitor and provide on-the-job trainings in targeted regions as part of ongoing activities to respond to TB, HIV and co-infection.  Starting in 2018, MoH was expanding the procurement of TB and HIV drugs from the state budget. MoH has developed standard operating procedures (SOPs) for the management of ARV drugs, which include the distribution of drugs to adherent PLHIV for up to 12 months. Simultaneously, the first procurements demonstrated the need to improve drug and test storage facilities, expand their area, introduce mechanisms for the distribution to FMCs and Family Group Practitioners (FGPs), and strengthen the supply monitoring mechanisms. The funding request includes measures to resolve these issues together with partners, to improve health products’ storage conditions, assess the national supply chain capacities, efficiencies of transport of drugs to FMCs, and introduce a module for monitoring drug stocks in the existing HIV ESS. One of the persisting problems is the lack of high-quality, affordable second-line TB medicines in the country's market, and the unconfirmed quality of the first-line TB drugs. In this regard, the funding request proposes measures to expand access to drug procurement through international platforms and use TRIPS flexibilities.  The Kyrgyz Republic has taken a number of steps to increase government participation in the financing of HIV programmes. In 2018-2020, 169 million KGS (2,431 million USD) were allocated from the state budget for ARV drugs, tests and state social contracting; the financing increased 20 times from 3 million KGS in 2016 to 63 million KGS in 2019. At the same time, the allocated amount is insufficient to fully cover the need for tests and ARV drugs. The country must still partially cover ARV drugs from the GF funds, in particular, the expensive patented second-line and ARV drugs for children (lopinavir/ ritonavir, darunavir, etc.). Support is also required for the procurement of rapid tests, viral load and CD-4 tests. At the same time, the state budget provides funds for prevention programmes for key populations (3 million KGS) due to the limited financial capabilities and regulatory and legal barriers to expanded financing of prevention programmes. This requires maintaining GF investments that support the prevention for key populations until domestic financing increases to an adequate level and the elimination of regulatory and legal barriers can ensure expanding prevention programmes for key populations through public funding. |

1. Summarize how the funding request complies with the **application focus requirements** specified in the allocation letter.

|  |
| --- |
| The funding request contributes to the national health strategy priorities of strengthening PHC, streamlining and improving the quality of laboratory services and ensuring the availability of drugs through strengthening those areas which are not adequately covered by domestic funding or other donors. The component on health systems strengthening includes interventions aimed at developing the capacity of PHC staff to deliver HIV and TB services, strengthening the coordination between specialised TB, AIDS centres and PHC facilities, improving procurement mechanisms, storage, and distribution of drugs, and modules to monitor HIV drug stocks. Furthermore, given the increase in medicine procurement as part of domestic funding, the funding request aims at improving the national procurement monitoring interventions, regular monitoring of drug stocks and enhancing the role of the Board of Trustees under TB and HIV services together with community involvement. At the same time, the programme management costs were reduced substantially as a result of decreased top-up payments to health professionals as well as streamlining of overhead costs in preventive programmes.  The funding request includes interventions outlined in the National Strategies for HIV and TB and is primarily aimed at providing all key populations with prevention and treatment services and PLHIV and MDR-TB patients with treatment, care and support. Almost 50% of the required ARV drugs will be procured through domestic funding. In 2021, more than 80% of PLHIV will be covered by optimised treatment regimens using dolutegravir, whereas the costs of annual treatment course will not exceed 120 USD per person. In 2020, Kyrgyzstan launched its transition to oral forms of TB treatment and rolled out individual and short-term treatment regimens for MDR-TB patients. These approaches will be scaled up in the new funding cycle and even shorter treatment regimens for DR-TB patients following the WHO recommendations under operational trials will be introduced. While the bulk of funding for second-line TB drugs (SLD), reagents and supplies for TB diagnosis and treatment will be part of GF funding, the NTP will gradually increase domestic financing of these activities. The Programme will involve civil society organisations in the implementation of TB interventions with subsequent use of the state social contracting mechanism. The funding request will support the development of a mechanisms for performance-based payments to health professionals through domestic funding.  At least 50% of the funds allocated to HIV component will be channelled to testing programmes for key populations, OST, HIV care and support as well as prevention programmes for key populations. Testing programmes will be result-oriented and focus on reaching, previously unavailable, new members of key populations, young PWID, SW, MSM as well as their partners, by counselling using innovative information technologies. Testing of sexual partners of key populations will be expanded and conditions will be created for self-testing. PrEP programmes will be replicated significantly with at least 500 people, including MSM.  The funding request includes the module to overcome legal barriers and provides for targeted interventions to improve legislation, strengthen community monitoring functions and initiate judicial precedents on cases of key populations’ rights violations.  During the previous grant cycle, Kyrgyzstan increased domestic funding for HIV and TB programmes by 169 million KGS (2.4 million USD) and channelled them to ARV and HCV drugs for PLHIV as well as to contracting NGOs as part of state social contracting mechanism. In 2021-2023, in line with GF recommendations to increase domestic funding by 15% of the grant amount, the Government meets its commitment to allocate additional 280 million KGS (4 million USD): 80 million KGS on HIV programmes and 200 million KGS on TB programmes. The priority spending items include ARV and TB drugs, followed by better remuneration of health staff and prevention programmes through the state social contracting mechanism. |

1. Explain how this funding request reflects **value for money**, including examples of improvement in value for money compared to the current allocation period. To respond, refer to the Instructions for the aspects of value for money that should be considered.

|  |
| --- |
| Under the new grant cycle, health products including drugs and diagnostic tools will be procured at prices comparable to the GF reference prices. Since 2018, the RAC has been implementing public procurement of ARV drugs, and there has been a steady decline in the cost of drugs with no decrease in the quality. Nonetheless, there are some restrictions with regard to procurement of second-line TB drugs (SLD) and some diagnostic tools as some of these are not available on the local market or represented at the market under the single trade name which increases the risks of overpricing due to lack of competition. Another constraint is the low interest of pharmaceutical companies because of low volumes of the needed drugs. To that end, Kyrgyzstan will initiate the registration of pre-qualified drugs and tests that are not available on the market. This intervention will ensure the best value for money in terms of better quality at lower prices.  Under the new grant cycle, the programme management costs will be reduced due to decreasing amounts of motivational top-up payments to health professionals. Payments to the staff involved in programmes will be harmonised with the average country wages and most payments will be linked to achieving specific, measurable results.  One of the key strategies under the new funding request is the transition to online counselling, keeping records of provided services by outreach workers through pre-installed tablet applications, which will reduce working hours, paper use and transportation costs.  Most of the prevention, treatment, care and support programmes’ sites will be concentrated in highly epidemiologically disadvantaged regions of the country, where over 85% of all PLHIV and representatives of key populations reside – city of Bishkek, city of Osh as well as Chui, Osh, and Jalal-Abad oblasts. Meanwhile, the remaining four oblasts will be covered by integrated joint teams to deliver services to all key populations and PLHIV enabling an optimisation of operating expenses.  The effectiveness of interventions aimed at achieving 90-90-90 goal will increase. The activities will be carried out in accordance with the national plan for increasing adherence to treatment, approved by the end of 2018, as well as by providing motivational payments to those who refused or discontinued treatment, searching for PLHIV lost for follow up and continue treatment of patients with high viral load. During the implementation of the current GF grant, a working group was established to verify the data on PLHIV. As an intersectoral group, it included representatives from the Vital Records Offices (ZAGS), MoI, Border Service, State Registration Service and the Ministry of Health. This will enable determining the actual number of PLHIV accessible and living in the country. The first year of the plan's implementation proved the efficiency of this integrated approach resulting in an improved treatment coverage by 1,170 PLHIV, whereas the undetectable viral load increased by 20%. |

## Matching Funds (if applicable)

This question should only be answered by applicants with designated matching funds, as indicated in the allocation letter.

Describe how the **programmatic and financial conditions**, as outlined in the allocation letter, have been met.

|  |
| --- |
| The matching funds component takes account of all provisions outlined in the GF notification letter for all seven programmatic areas to reduce legal barriers. This component was developed based on the situational analysis and the prioritized most urgent needs of the country. To reflect the complexity of interventions, the activities under this component are outlined in the sequence based on their priority for the Kyrgyz Republic and the impact to reducing legal barriers. To this end, the authors have combined separate modules to demonstrate a coherent algorithm of actions – varying from monitoring legislation and law enforcement practices to real interventions to make a difference. The component was developed based on outcomes of the ongoing grant as well as the rapid assessment of legal barriers carried out in consultation with communities, governmental and non-governmental organisations. The efforts to remove legal barriers will be implemented in close coordination with the components on HIV and TB. Countering stigma and discrimination and promoting gender equality will be cross-cutting issues covered both under matching funds as well as the HIV and TB components. The grant will support documenting cases of human rights violation among key populations with a focus on issues of domestic violence and its implications for accessing services. Other partner interventions (UN Agencies, PEPFAR, and others) were considered when developing this section of the funding request. This grant will be focused on promoting better resilience and the institutionalisation of achievements. Above all, interventions to address legal barriers will be unified both for HIV and TB components across all areas of the component. The efforts will aim at achieving tangible outcomes – processing study or survey materials, assessments, documented human rights violations until their completion – passing managerial decisions. The interventions to overcome legal barriers will ensure improved coverage and efficacy of HIV and TB prevention and treatment services. Reducing stigma and discrimination towards key population populations will improve access to services and ensure the continuity of care at all stages of the HIV and TB treatment cascade. The partnership and interaction between government agencies and civil society organisations in terms of achieving HIV and TB programme goals will be strengthened. |

# **Section 2: Operationalization and Implementation Arrangements**

To respond to the questions below, refer to the *Instructions* and an updated **Implementation Arrangement Map**[[41]](#footnote-42).

1. Describe how the proposed **implementation arrangements** will ensure efficient program delivery.

|  |
| --- |
| The scheduled implementation arrangements presented below are deemed as fairly effective to achieve the programme objectives and the expected impact.  The United Nations Development Program (UNDP), the ongoing Principal Recipient (PR), fulfils its functions and implements procedures in line with GF requirements as well as national legislation. The PR is responsible for project implementation including the supervision of sub-recipients (SR) and sub-sub-recipients (SSR). UNDP fulfils the functions of procurement (health and non-health products, equipment and services), project’s financial management, monitoring and evaluation, as well as reporting to the GF.  The HIV and TB Country Coordinating Mechanism (CCM) under the Coordinating Council of Public Health (CCPH/KSOZ) will continue to oversee the project implementation and ensure the proper coordination across various sectors and programmes, which will ensure alignment of all ongoing activities and prevent inefficient use of funds, overlapping of activities, etc. Twice a year, UNDP will submit the grant performance dashboard for the CCM to review it. This information dashboard will reflect the current progress in project implementation, achievement of indicators, expenditures and implementation challenges. The CCM will use this information to approve amendments in the programme and the allocation/reallocation of resources, if necessary.  **Implementation arrangements for Sub-Recipients**  The procedures for selection of sub-recipients depend on the type of the entity of a sub-recipient (governmental or non-governmental, UN agency, private sector organisation) and will be done in line with the UNDP/GF. The UNDP Country Office will assess the technical and financial capacity of a potential sub-recipient (including procurement capacity, if necessary) and recommend the required measures to address any identified capacity gaps. Following the capacity assessment, the UNDP Country Office signs a standard SR agreement. The selection of NGOs and private sector organisations shall be governed by procedures outlined in the Section “Contract, Asset and Procurement Management” of UNDP’s Programme and Operations Policies and Procedures.  To further strengthen the role of the MoH in the national TB and HIV response and to ensure the sustainability of the programmes, through the Order of MoH as of 2019, the Health Development and Medical Technology Center (HD&MTC) was entrusted with the coordination, mobilisation and efficient use of donor funding and grants as well as with the participation in the management and implementation of international investment programmes and projects, including the implementation of grant activities under both GF components. As a legal entity, HD&MTC has a separate bank account and is entitled to conclude agreements with legal entities and individuals. HD&MTC will act as the principal sub-recipient (PSR) of UNDP (Principal Recipient) and will be in charge of the management, implementation, monitoring and evaluation of HIV and TB prevention, care and support interventions implemented by public health organisations. In its turn, to ensure the efficiency of implemented interventions, achieve the project’s objectives and facilitate the grant management processes, HD&MTC shall implement the whole range of project cycle activities for three sub-recipients (HD&MTC is SR, i.e. UNDP sub-sub-recipients): the NTP, the RAC and the Republican Narcology Center (RNC) with minimum project staff members. HD&MTC operations shall be governed by the effective Operational Guidelines, which is harmonised with GF procedures and national legislation.  HD&MTC will manage the following activities:  NTC – implement interventions aimed at responding to drug-resistant tuberculosis (DR-TB), including detection, diagnosis and treatment of TB cases including those in prisons;  RAC – implement treatment and care (T&C) programme for key populations (KPs) and all PLHIV, HIV related testing and counselling of KPGs, developing the capacity of providers of health and non-health services related to HIV, M&E and stigma reduction measures.  RNC – implementing Opioid Substitution Treatment (OST) for PWID, including in prison settings, prevention programmes for PWID (needle exchange points), including in prison settings, overdose prevention programme, implements the “public defenders” component, oversees the implementation of the above programmes in the penal system.  Currently, HD&MTC has NGO contracting arrangements in place that is implemented under state social contracting. However, due to some restrictions (the inability to anonymously deliver services to beneficiaries, the lack of capacity to ensure continuity of services, etc.), HD&MTC will not be able to provide prevention services to key populations directly. To that end, SSR will be selected from among NGOs following the procedures described above, which will be contracted directly as part of the Small Grants Programme. Social contracting arrangements that enable HD&MTC to conclude contracts with all NGOs, will be further refined and HD&MTC shall gradually manage the NGOs. This process will be managed by PR and coordinated with the CCM and GF. Thus, during the second year of the grant implementation it is intended that HD&MTC will manage, at least, two NGOs, and during the third year four NGOs implementing HIV prevention programmes. Concurrently, the PR will continue developing the capacity of the MoH in terms of procurement and management of pharmaceuticals, tests, laboratory equipment and jointly with development partners support the supply chain management for the two programmes and the MoH as a whole.  The Local Fund Agent is currently the United Nations Office for Project Services (UNOPS), Kyrgyzstan, which operates under the terms of reference agreed with the GF, including on-site verification. External audits of the principal implementer and sub-recipients are done on an annual basis in accordance with UNDP procedures and rules aimed at evaluating the project effectiveness and financial management.  The organisational and functional structure of grant management is given in the Annex ‘Implementation Arrangement Map”.  It should be noted that the final decision on PR was done a week prior to the FR submission and that there was no time to include adequately all the costs, as the planning was done with assumption of MOH to be a PR. In that regard, GF should be aware that the budget would be revised accordingly during the negotiation phase in order to include the 7% GMS. |

1. Describe the role that **community-based organizations** will play under the implementation arrangements.

|  |
| --- |
| The HIV and TB Country Coordinating Mechanism was established under the Coordinating Council of Public Health under the Government of the Kyrgyz Republic in order to provide oversight, coordinate and interact with concerned government agencies as well as non-for-profit and community organisations. Members of civil society and non-for-profit organizations represented in CCM including people living or affected by HIV and TB, or persons representing them, participate in the CCM functions. These include overseeing collaboration and cooperation, monitoring and oversight over financial resources and programme activities.  Non-governmental and community organisations as SRs of GF grants play the leading role in implementing the prevention programmes among key populations, care and support programmes for people living with HIV and TB, harm reduction programmes and for creating an enabling environment for the implementation of HIV and TB programmes, including advocacy activities and activities aimed at reducing stigma and discrimination.  Meaningful community engagement in grant implementation will be ensured through the engagement of key populations in the board of trustees, the public councils under Ministries involved in the implementation of the national HIV and TB programmes. The activities depend on community requests that are submitted through various avenues – PR/SR monitoring, national forum of communities, NGO forum, HIV and TB stigma indices results, etc. The expansion of community monitoring and training of community leaders and members on this approach will ensure a meaningful engagement in the evaluation of the quality, accessibility of services and a rights-based approach.  Communities will be engaged in the implementation of the prevention, treatment, care and support activities. The rapid HIV-testing among key populations and their sexual partners (index testing), the psychosocial counselling and self-help groups to ensure adherence to treatment, support to the needle exchange programme (NEPs), methadone treatment programs (MTP), PLHIV centres, are examples of this engagement.  The community engagement in overcoming legal barriers is of particular importance, namely, activities to document cases of human rights violations using the “street lawyers” mechanism, training of NGOs and key community groups on human-rights related issues, involving communities in evaluating the performance of law enforcement officers and health organisations, drafting alternative reports and participation in parliament sessions. |

1. Is the Principal Recipient an **international institution** (for example, international NGO or UN agency)?

Yes  No

If **yes**, describe how the Principal Recipient’s responsibilities pertaining to the national disease response will eventually be **transferred to national entities**. Also, (i) outline the timeframe for transitioning these responsibilities, and (ii) explain how national capacities will be strengthened to lead the national disease response.

|  |
| --- |
| As PR, UNDP will be responsible for all practical issues pertaining to project implementation including the supervision of Sub-Recipients (SRs). The PR will also fulfil the functions of procurement (health and non-health products, equipment and services), project related financial management, monitoring and evaluation as well as reporting to the GF. The PR will continue supporting further activities to develop the capacity of all national partners in managing the GF grants. Support will be provided to the MoH to ensure compliance with new treatment protocols and further develop its national capacities for forecasting, procurement and supply chain management.  The phased transition to national PR is envisaged. As principal implementing sub-recipient, HD&MTC will manage public health organisations throughout the grant implementation period. At the same time, taking into account the findings of the preliminary capacity assessment of MoH as PR of GF grants conducted in February 2020 and the capacity assessment of MoH/ HD&MTC during the first year of implementation (2021), the MoH capacity development and transition plan will be developed.  The transition plan assumes phased transfer of NGOs management functions, supply chain management functions and procurement functions. Owing to existing legislative and systemic barriers, namely the inability to finance prevention programmes, international procurement, ensureing uninterrupted funding of NGOs, the Capacity Development and Transition Plan will include interventions to mitigate these issues. These will be implemented in line with a capacity development plan, starting from the 2nd year of the implementation period (2022), when the NGOs management function as well as ARV drugs procurement and drugs for MDR-TB treatment will be transferred to the MoH. Concurrently, the PR in coordination with communities and development partners will carry out advocacy for continuous gradual increase in domestic funding towards a sustainable national response to both diseases, including the potential of supporting services for key populations and TB-related state social contracting. |

1. Describe the **top three anticipated implementation risks** that might negatively affect: (i) the delivery of the program objectives supported by the Global Fund; and/or (ii) the broader health system. Then, describe the mitigation measures that address these risks.

|  |  |
| --- | --- |
| **Key Implementation Risks** | **Corresponding Mitigation Measures** |
| External funding and sustainability: Currently, donor funding covers a significant proportion of funding for HIV interventions (around 75%). The GF provides more than 50% of all international funding to the HIV Programme. Any significant reduction in this support will adversely impact the sustainability of activities under this grant. Historically, GF used to provide most of the funding to procurement of ARV and TB drugs. However, the government is continuously increasing its commitment to provide first-line TB drugs, some ARV drugs and means for HIV diagnostics, diagnosis of opportunistic infections and treatment. As the national programme becomes increasingly dependent on domestic funds, it could run the risk of partial suspension of some of programmatic activities, i.e. in case of an urgent need to reallocate domestic health funds to another pressing health issue. | In order to mitigate this risk, the CCM will continue to oversee the domestic co-funding and ensure adequate funding from domestic sources to complement this funding request and ensure continued national response. |
| Potential changes in the legislative environment such as the law prohibiting non-traditional sexual relations may inhibit the implementation of programmes for SW and MSM. In addition, any changes restricting the use of methadone can tremendously affect the programme capacity to register and retain clients under the OST Programme. Ongoing harmful practices like the police raids towards SW can heavily undermine the prevention programme coverage. | A measure to mitigate this risk will be to strengthen the mechanism of parliamentary oversight, follow up and adequate monitoring of existing negative practices, awareness raising activities among police, parliament and government under catalytic funding activities implementation. |
| The capacities of implementers for an efficient and earmarked spending, managing and/or overseeing financial resources may have a negative impact on programme implementation. | Measures to mitigate these risks include capacity development in financial management and reporting at all levels, in particular, at MoH. The CCM and PR will regularly monitor the flow of funds in order to timely spot and address areas of concern, reduce the loss of funds and risk of such loss or fraud and streamline accountability structures. |

1. Does the funding request envisage a **joint investment platform** with other institutions?

Yes  No

If **yes**, describe specific arrangements and modalities.

|  |
| --- |
| [Applicant response] |

# **Section 3: Co-Financing, Sustainability and Transition**

To respond to the questions below, refer to the *Instructions*, the domestic financing section of the allocation letter, the [Sustainability, Transition and Co-Financing Guidance Note](https://www.theglobalfund.org/en/funding-model/applying/resources/), **Funding Landscape Table(s)**, **Programmatic Gap Table(s)**, **Transition Workplan** and **Transition Readiness Assessment** (if available)[[42]](#footnote-43).

**3.1 Co-Financing**

1. Have **co-financing commitments** for the **current** allocation period been realized?

Yes  No

If **yes**, attach supporting documentation demonstrating the extent to which co-financing commitments have been met.

If **no**, explain why and outline the impact of this situation on the program.

|  |
| --- |
| The Letter of the MoH of the Kyrgyz Republic № 03-1/1-2605 as of 10 March 2020 on implementing commitments on domestic co-financing and the Letter of the MoF of the Kyrgyz Republic № 13-2-2/1603 as of 11 February 2020 on its willingness to meet the commitment to increase domestic financing of HIV and TB programmes during 2021-2023 are enclosed. |

1. Do **co-financing commitments** for the **next** allocation period meet minimum requirements to fully access the co-financing incentive?

Yes  No

If details on commitments are available, attach supporting documentation demonstrating the extent to which co-financing commitments have been made.

If co-financing commitments do not meet minimum requirements, explain why.

|  |
| --- |
| The Letter of the MoF of the Kyrgyz Republic № 13-2-2/1603 as of 11 February 2020 on its willingness to meet the commitment to increase the domestic financing of HIV and TB programmes during 2021-2023. |

1. Summarize the **programmatic areas** to be supported by domestic co-financing in the next allocation period. In particular:

i. The financing of key program costs of national disease plans and/or health systems;

ii. The planned uptake of interventions currently funded by the Global Fund.

|  |
| --- |
| In line with the Transition Plan for domestic funding in the HIV Programme there will be gradual increase in domestic funding for ARV drugs procurement and prevention programmes for key populations. The proposed request for funding envisages that the domestic budget will cover 40% of the country need for ARV drugs and diagnostic tests in 2021, 50% in 2022 and 60% in 2023. In addition, domestic funding for prevention programmes will increase from 43,000 USD in 2019 to 200,000 USD by 2023. Similarly, the procurement of second-line TB drugs (SLD) will be through domestic resources, initially 15% of the required amount in 2021, then 17% in 2022 and finally 20% in 2023. Meanwhile, 'payment for results' mechanisms will be introduced for health professionals involved in the delivery of HIV and TB services. By 2023, these mechanisms will be implemented, and domestic funds will have taken over the costs for "the results".  Since 2018, the RAC has procured ARV drugs through domestic funding and, by the end of 2019, ART (TLD) for 2,000 PLHIV was secured through domestic funding. In addition, since 2017 all PLHIV with hepatitis C receive treatment with direct-acting antiviral agent (DAAs) and vaccination against HBV (since 2018), funded through domestic resources.  The Kyrgyz Government has continuously increased domestic funding and, in 2018-2020, 169 million KGS (2,432 million USD) were additionally disbursed for the procurement of drugs, tests and the implementation of prevention programmes among key populations.  A sputum specimen transportation system is implemented since August 2019, and already two country regions (Chui and Talas oblasts) are financed through MHIF funding, while full-fledged gradual transition to domestic funding is scheduled. More than 70% of total expenditures on activities to control TB is financed by domestic resources.  The HIV and TB treatment component can be defined as largely integrated within the primary health care system, however, prevention programmes are mainly implemented through NGOs, which have not been, until recently, part of integrated services at PHC level. Since 2018, the health system has been implementing the Law of the Kyrgyz Republic "On State Social Contracting", the departmental State Social Contracting Programme (SSC) is approved for three years, the standards of services for key populations and PLHIV were already approved as part of the implementation of the SSC. The RAC was the first health authority to launch the SSC programme. In 2019, six projects were implemented in four regions of the country for the total amount of 3 million KGS (43,000 USD). In total, 1,200 PLHIV received services under the SSC in 2019. In the years to come, it is intended to gradually increase domestic funding for implementation of the SSC.The mechanisms of service delivery through state social contracting have not yet been introduced in TB services.  The scheme of interaction between MHIF, health organizations and ICAP Project to improve adherence to medical observation, ART, quality of health care to PLHIV in line with treatment standards are being tested as part of the pilot. MHIF has concluded agreements with 12 pilot health facilities. There are 11 indicators on treatment and care of PLHIV and 9 indicators on OST. According to MHIF, the development of key indicators for delivery of services to PLHIV at PHC level is currently scrutinised due to amendments in the remuneration system of PHC and the Government's strategy to increase remuneration of family doctors. It is necessary to develop indicators and introduce incentive payments for timely detection, follow up, initiation of ART and viral suppression.  Under the Columbia University's ICAP project the regulatory documents on services to PLHIV and OST patients under FMCs are tested and approved, FMSs receive funding under the system of single payer. Indicators for performance-based payments have been tested and will be integrated within the process of revising primary health care system remuneration and the Government's strategy to increase remuneration of family doctors. |

**3.2 Sustainability and Transition**

1. Based on the analysis in the **Funding Landscape Table(s),** describe the funding need and anticipated funding, highlighting gaps for major program areas in the next allocation period.

Also, describe how (i)national authorities will work to secure additional funding or new sources of funding, and/or (ii)pursue efficiencies to ensure sufficient support for key interventions, particularly those currently funded by the Global Fund.

|  |
| --- |
| Between 2018 and 2020, the Kyrgyz Republic has fully met the conditions for co-financing of HIV and TB programmes. As noted earlier, the domestic allocation for procurement of ARV drugs and health products was increased, HIV prevention programmes had been supported and the TB service streamlining/optimisation made it possible to invest more than 1.2 million USD on top-up payments into health personnel and procurement of TB drugs. In line with the new commitments, it is intended to additionally disburse 3,989,707 USD for HIV and TB programmes between 2021 and 2023. At the same time, an additional 2,700,000 USD will be allocated annually for tuberculosis during 2021-2023, which is 1.1 million USD more compared to 2020, whereas 3,663.8 million USD will be disbursed for HIV programmes in 2021-2023, while 856 thousand USD will be allocated in 2020.  In addition, 5-year projects of USAID, CDC on HIV and TB were launched in the country in early 2020. Taking into account the fact that the domestic budget is in deficit, the volume of external debt payments is increasing, the potential for increasing funding to respond adequately to two diseases depends on an active position of the MoH in partnership with international agencies and the civil sector. The application foresees active advocacy actions in this direction and active positioning of the Ministry of Health in partnership with international agencies and the civil sector. This funding requests includes intensive advocacy actions in this area. The Coordination Council for Public Health under the Government of the Kyrgyz Republic chaired by the Deputy Prime Minister held a special meeting on these issues and instructed the Ministry of Finance to develop measures to address these issues which is backed up the Government's official instruction. Meanwhile, representatives of sectors through public councils under the MoH and the MoF will hold public hearings on draft national budget, participate in development of budgets in order to enhance the priority funding for HIV and TB programmes in the process of state budget development. |

1. Highlight **challenges** related to sustainability (see indicative list in the *Instructions*). Explain how these challenges will be addressed either through this funding request or other sources. If already described in the national strategy, sustainability and/or transition plan, and/or other documentation submitted with the funding request, refer to relevant sections of those documents.

|  |
| --- |
| The volume of health programmes spending from government budget deficit has been reduced to 9.5% of the total spending. The growing volume of external debt repayments and unsteady economic situation globally and locally are putting high pressure on the state budget. In addition, the national health needs may impact the allocations to HIV and TB programmes.  As noted above, the second line TB drugs (SLD), TB tests and reagents are not registered in the country and while transitioning to domestic funding there is a high risk of not having a possibility to procure them locally unless mitigation measures are implemented. In order to tackle these issues, the TB transition plan is under development and procedures for domestic registration of drugs and tests will be initiated. In addition, it is intended to continue advocating amendments to the law "On public procurement" to provide for procurement opportunities through international platforms.  The substitution therapy programmes and penitentiary system programmes are predominantly supported by GF and currently the efforts to develop a plan for transition to domestic funding of HIV and TB programmes in the penitentiary system have been initiated, however, its approval and implementation will require advocacy actions.  Prevention programmes for key populations are largely financed through the GF, however, since 2018 the state social contracting mechanism for programmes to respond to HIV and TB has been implemented, the allocation of funds for these programmes has started and upon completion of at least 30% of prevention programmes will be financed from the government budget. In future, it will require further support, though of smaller scale. |

1. If you have developed and implemented a transition workplan in the current allocation cycle, provide a status **update** as to what has been achieved.

|  |
| --- |
| Under the grant cycle of 2018-2020, the Kyrgyz Republic was to increase funding from domestic sources by at least 15% of the amount of disbursed funds (23 million USD) and the Ministry of Finance of the Kyrgyz Republic confirmed its commitment to increase domestic funding. In line with its commitments, the Government of the Kyrgyz Republic allocated additional 43 million KGS (618.7 thousand USD) for HIV programmes in 2018, 63 million KGS (906.47 thousand USD) in 2019 and 63 million KGS (906.47 thousand USD) in 2020, which added up to a total amout of 2,431,640 USD. These funds were fully employed for increasing procurements of tests and reagents, ARV drugs, direct-acting antiviral agents for treatment of viral hepatitis C in PLHIV. In 2019, 3 million KGS (41,165 USD) were allocated to pilot state social contracting projects for HIV-related support and care programmes. In 2020, advocacy campaigns resulted in reduced cost of ARV and HCV drugs that enabled increasing the volume of ARV drugs procured, primarily TLD.  In addition, the Kyrgyz Republic under the National HIV Programme has adopted and implemented the plan for transition to domestic funding of HIV-related programmes. Following the plan, all required ARV drugs were included in the list of essential drugs, the clinical protocol on HIV diagnostics and treatment has been updated, and efforts were made to facilitate the registration of high quality ARV drugs.  In 2018, the new law "On State Social Contracting" was adopted and the Government approved regulations and bylaws to enable full-fledged contracting of NGOs. The MoH in the same year approved the SSC Program with four priority areas including HIV and TB. In 2019, the standards of services to key populations and PLHIV were approved and the RAC contracted six NGOs to implement HIV-related support and care programmes that enabled the development and launch mechanisms for contracting NGOs.  Partial gradual transition from donor funding to domestic funding in the form of redistribution of funds saved in the result of streamlined TB service is provided by the "Action Plan to Streamline the System to Deliver TB Care to Population of the Kyrgyz Republic for 2017-2026" approved by the Decree of the Government of the Kyrgyz Republic as of 17 January 2017 № 9-r. The interventions will be implemented in three phases: short-term (2017-2019), medium-term (2020-2022) and long-term (2023-2026). The total economic effect in the short- and mid-term will account for about 139.7 million KGS. These funds will be allocated to priority components of TB care delivery.  The saved funds are not sufficient to cover the entire required amount to deliver TB care in the country. Therefore, the donor aid will be sought to design joint requests in compliance with priorities of the Action Plan.  In 2020, the Working Group was established to develop a plan for transition to domestic funding of TB programmes. |

# **Annex 1: Documents Checklist**

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

|  |  |
| --- | --- |
|  | Funding Request Form |
|  | Programmatic Gap Table(s) |
|  | Funding Landscape Table(s) |
|  | Performance Framework |
|  | Budget |
|  | Prioritized above allocation request (PAAR) |
|  | Implementation Arrangement Map(s)[[43]](#footnote-44) |
|  | Essential Data Tables (updated) |
|  | CCM Endorsement of Funding Request |
|  | CCM Statement of Compliance |
|  | Supporting documentation to confirm meeting co-financing requirements for the current allocation period |
|  | Supporting documentation for co-financing commitments for the next allocation period |
|  | Transition Workplan (if available) |
|  | Transition Readiness Assessment (if available) |
|  | National Strategic Plans (Health Sector and Disease specific) |
|  | All supporting documentation referenced in the funding request |
|  | Health Product Management Tool (if applicable) |
|  | List of Abbreviations and Annexes |

1. PAARs can only be submitted with the Funding Request. To complete a PAAR, fill-in the Excel template that you will receive from the Global Fund Secretariat. [↑](#footnote-ref-2)
2. This is only relevant for applicants with designated matching funds as indicated in the allocation letter. [↑](#footnote-ref-3)
3. https://aidsinfo.unaids.org/ [↑](#footnote-ref-4)
4. Republican AIDS center 2019 http://www.aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/10-2020.html [↑](#footnote-ref-5)
5. Republican AIDS center 2019 http://www.aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/10-2020.html [↑](#footnote-ref-6)
6. Republican AIDS center 2019 http://www.aidscenter.kg/ru/situatsiya-po-vich-v-kr/category/10-2020.html [↑](#footnote-ref-7)
7. http://aidscenter.kg/ru/ [↑](#footnote-ref-8)
8. http://www.afew.kg/upload/userfiles/IBBS\_report\_21\_12\_2017\_final.pdf [↑](#footnote-ref-9)
9. Key Population Assessment Report (PWID, SW) 2013, MSM - 2016 based on SS [↑](#footnote-ref-10)
10. http://www.afew.kg/upload/userfiles/IBBS\_report\_21\_12\_2017\_final.pdf [↑](#footnote-ref-11)
11. The Government of the Kyrgyz Republic Program on Overcoming HIV Infection in the Kyrgyz Republic for 2017-2021

    http://cbd.minjust.gov.kg/act/view/ru-ru/11589 [↑](#footnote-ref-12)
12. http://aidscenter.kg/ru/ [↑](#footnote-ref-13)
13. http://aidscenter.kg/ru/ [↑](#footnote-ref-14)
14. <https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=KG&LAN=EN&outtype=html> [↑](#footnote-ref-15)
15. http://www.stat.kg/ru/publications/sbornik-zdorove-naseleniya-i-zdravoohranenie-v-kyrgyzskoj-respublike/ [↑](#footnote-ref-16)
16. <http://hivtbcc.kg/proekti/37-programma-pravitelstva-kyrgyzskoi-respubliki-po-preodoleniyu-tb-infekcii-v-kyrgyzskoi-respublike.html> [↑](#footnote-ref-17)
17. http://cbd.minjust.gov.kg/act/view/ru-ru/215621 [↑](#footnote-ref-18)
18. <http://kenesh.kg/ru/draftlaw/122027/show> [↑](#footnote-ref-19)
19. <http://www.kenesh.kg/ru/draftlaw/579931/show> [↑](#footnote-ref-20)
20. http://cbd.minjust.gov.kg/act/view/ru-ru/11590 [↑](#footnote-ref-21)
21. <http://cbd.minjust.gov.kg/act/view/ru-ru/11589?cl=ru-ru#p3> [↑](#footnote-ref-22)
22. <http://cbd.minjust.gov.kg/act/view/ru-ru/216902?cl=ru-ru> [↑](#footnote-ref-23)
23. The People Living with HIV Stigma Index, 2015, Analytical Report [↑](#footnote-ref-24)
24. <https://www.colta.ru/articles/art/23366-feminnale-v-bishkeke-itogi>;

    <https://14thissue.russianartfocus.com/kyrgyzstans-scandal-struck-first-feminnale/>;

    <https://24.kg/obschestvo/137552_bolot_djunusov_oskandale_sfeminale_sila_natsii_nevpletkah_pered_jenschinoy/>;

    <https://vesti.kg/obshchestvo/item/59278-flag-lgbt-v-tsentre-bishkeka-foto.html>;

    <https://www.vb.kg/doc/377159_lgbt_na_mirnom_marshe_8_go_marta:_mera_bishkeka_podstavili.html>;

    <https://24.kg/obschestvo/145875_razgon_marsha_zaprava_jenschin_kak_reagirovali_gorojane_ivlasti/> [↑](#footnote-ref-25)
25. Dashboard-TB\_HIV (Jan\_June 2019) KR. [↑](#footnote-ref-26)
26. Inter-sectoral Plan on Breaking of Legal Barriers related to HIV and TB in Kyrgyz Republic for 2020-2025 (Draft) [↑](#footnote-ref-27)
27. Evaluation of socio-economic factors, including gender-specific factors affecting receipt of medical services by TB patients in the Kyrgyz Republic. For USAID’s TB Defeat Project. Bishkek. 2018. [↑](#footnote-ref-28)
28. <http://cbd.minjust.gov.kg/act/view/ru-ru/111570> [↑](#footnote-ref-29)
29. A study on violence against women living with HIV in Eastern Europe and Central Asia. Analytical Report 2019, p. 4. [↑](#footnote-ref-30)
30. “WINGS of Hope: From Research to Practice and Effective Policy”, Global Research Institute (GLORI) Foundation, 2017. [↑](#footnote-ref-31)
31. Draft Concept on TB Community and NGOs involvement, 2015 [↑](#footnote-ref-32)
32. Resource optimization to maximize the HIV response in Kyrgyzstan. 2019 [↑](#footnote-ref-33)
33. pursuant to the order of the Ministry of Health of the Kyrgyz Republic No. 542 as of 22 April 2019 [↑](#footnote-ref-34)
34. http://www.aidscenter.kg/images/Library/903\_10.10.2017.pdf [↑](#footnote-ref-35)
35. Tuberculosis epidemiological impact analysis and assessment of TB surveillance system standards and benchmarks of Kyrgyzstan, 2019 [↑](#footnote-ref-36)
36. The project is implemented by AFEW Kyrgyzstan within the framework of GF QMZ-T-PAS Grant for 2019 - 2021 "Improvement of people-centered, quality TB care - from novel model of care to improving the outcomes of early detection and treatment of DR-TB", which is implemented by PAS Center, Moldova [↑](#footnote-ref-37)
37. “On implementation of measures to improve the quality of services for people living with human immunodeficiency virus” and No.542 dated April 22, 2019 “On approval of decentralization mechanisms for medical services for people living with human immunodeficiency virus in the Kyrgyz Republic” [↑](#footnote-ref-38)
38. http://aidscenter.kg/ru/ [↑](#footnote-ref-39)
39. The USAID-funded Cure Tuberculosis project has recently completed a large qualitative formative research study entitled “Evaluation of factors affecting the behavior of target groups in health care-seeking and tuberculosis treatment.” The study included TB patients, all high-risk groups, the general population and health care workers in Naryn, Jalal-Abad and Chuy Oblasts. While analysis is on-going and the report will not be available for several months, preliminary findings indicate that patients on treatment experience significant barriers in terms of time and cost needed to travel to health facilities to obtain their medicines, as well as significant drug side effects, which hinder their ability to complete treatment. This indicates that patients would benefit from more convenient patient-centered or home-based treatment and more easily tolerated treatment regimens, especially for DR-TB. Additional findings will be used to help the NTP create a robust social and behavior change strategy. [↑](#footnote-ref-40)
40. http://cbd.minjust.gov.kg/act/view/ru-ru/12975?cl=ru-ru [↑](#footnote-ref-41)
41. An updated implementation arrangement map is mandatory if the program is continuing with the same PR(s). In cases where the PR is changing, the implementation arrangement map may be submitted at the grant-making stage. [↑](#footnote-ref-42)
42. Note that information derived from the supporting documentation provided in response to the questions below, including information on funding landscape or domestic commitments, may be made publicly available by the Global Fund. [↑](#footnote-ref-43)
43. An updated implementation arrangement map is mandatory if the program is continuing with the same PR(s). In cases where the PR is changing, the implementation arrangement map may be submitted at the grant-making stage. [↑](#footnote-ref-44)