
Annex 1. Overview of Funding Request approach to the Global Fund Multicountry Priority for Eastern Europe and Central Asia Proposed by Alliance for Public Health-led Consortium for 2022-24 Implementation Period

Problem Statement

The Eastern Europe and Central Asia (EECA) is one of the three regions globally where the HIV epidemic is increasing. In 2019, the incidence/prevalence ratio was higher than in any other part of the world: 10.1. In 2019, according to the data for testing and treatment cascade, only 44% of people living with HIV were on treatment, and 41% of people living with HIV were virally suppressed.

The HIV epidemic remains concentrated in key populations in EECA countries. Key populations (KP) and their sexual partners are disproportionately impacted, accounting for 99% of new HIV infections in 2019. Addressing the HIV epidemic would require an interlinked set of measures focused on improving sustainable access of key populations to quality prevention, diagnostics, treatment and care; improving efficiency and quality of HIV service delivery models; and building financial sustainability of provision of services tailored to the needs of key populations. Domestic funding of HIV programs and health systems, both in nominal terms and as share of total investments, has been increasing but is still at the level below the 50% of the estimated need.

Program Overall Goal and Objectives

Program overall goal is to contribute to sustainable and significant reduction of infections, illness and death by HIV/AIDS in EECA.

The Program will work in EECA region and countries along the following three objectives to achieve the described outcomes:

- 1) Institutionalizing effective models of and processes in HIV responses in EECA to impact HIV care cascade in the region (Outcome: 30% ART coverage increase shall be achieved across EECA by the end of the Program).
- 2) Removing barriers to services for key populations to promote quality health interventions based on human rights principles (Outcome: 7 countries will have revised KP regulations to remove barriers to accessing HIV services by the end of the Program).
- 3) Budget advocacy for sustainable services for key populations in EECA (Outcome: additional 20 M USD released will have been released for KP HIV programs in the Program countries by the end of the Program).

Program duration: 1 January 2022 – 31 December 2024.

Overall program budget is up to 13 M USD.

Program Consortium

Alliance for Public Health (APH), having significant positive track record and capacity to implement multicountry EECA regional programs, is suggested as Implementer of the Program. Other Partners in Consortium are leading organizations in the areas identified by the RFP with capacity and ability to deliver to the highest standard and outcome: 100% Life, WHO EURO, Institute for Analytics and Advocacy, EHRA, ECOM, EKHN, ENPUD, PAS Center, SEE RCN (working in 5 countries) and other (11) country SCO/Community partners.

Implementing Countries

Following the criteria of: (1) high HIV epidemic burden, (2) history of continuous engagement and opportunity for change, (3) proposed differentiated interventions approach, (4) catalytic value-add, (5) non-EU country - 16 countries are being approached with offer to partner in the Funding Request: Azerbaijan, Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Russia, Serbia, Tajikistan, Ukraine, Uzbekistan. Based on country responses the partnership offer by APH, country listing will be finalized.

Indicative Key National-level Activities Suggested for Georgia

The Program foresees a number of regional level activities to achieve the program objectives. The following country-level activities are suggested to be implemented in Georgia during 2022-24 with involvement of EECA regional and national partners for the Program:

- Community-led advocacy of elimination of identified critical discrepancies with the WHO prevention, testing and treatment guidelines;
- Technical support in optimization of medicines procurement cycles;
- Advocacy for engagement of patient community experts into national working groups to develop and adopt medicine procurement lists, technical procurement documentation;
- Community groups conduct community-led assessment of national quality standards in accordance to IDUIT and organize dialogue with service providers and MOH/local authorities;
- Expanding PrEP for TG; demonstrate how an existing PrEP program can be sensitized for the TG people;
- Women-led research “Sexual and reproductive health and rights (SRHR) of women living with HIV”;
- Ensuring a monitoring system for the implementation of the human right to health in prisons through national preventive mechanisms;
- Supporting high-level review of legislation on MSM and TG;
- IT solutions to improve the efficiency of service delivery within the HIV care cascade and ensure the sustainability of HIV services;
- Regulation of service packages for key groups;
- Increasing domestic financing of countries for services to key groups;
- Legal framework for financing HIV services from domestic funds – further refining and approval.