



Alliance for Public Health  
is announcing an open Call for Proposals  
to support sustainability of HIV responses in the five countries of Southeastern Europe

Kyiv, Ukraine

21.12.2018

### **Summary**

Alliance for Public Health is soliciting proposals from civil society organizations and their consortiums to substantially improve financial sustainability of HIV interventions among key populations in 2019-2021 in the five Southeastern countries: Bosnia and Herzegovina, Macedonia, Montenegro, Romania and Serbia. The Call for Proposals is announced under the Regional Program Sustainability of Services for Key Populations in Eastern Europe and Central Asia funded by the Global Fund, and operating in Eastern Europe and Central Asia, along with Southeast Europe (SEE). The overall fund of the call for SEE proposals is up to US\$ 1.5 million for the three years. The deadline for proposals submission is 31 January 2019.

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## About the Regional Program

The overall goal of the Regional Program is to contribute to reducing the HIV epidemic in the Eastern European and Central Asian region, through accelerating progress on Fast-Track by 2020 and ensuring the sustainability of HIV services for key populations (KPs) in the 14 countries<sup>1</sup> of the region.

The objectives of the Regional Program are:

1. To improve the financial sustainability and allocative efficiency of HIV programs, thus to
  - a. influence and shape the pricing policy of the key ARV patent holders and financial policy of the national decision makers;
  - b. develop and present the strategies and mechanisms for budget re-allocation to finance HIV prevention and care services for KPs and people living with HIV (PLHIV);
  - c. improve the mechanisms for a responsible and timely transition from Global Fund to government funding and social contracting;
  - d. optimize strategies on treatment and models of procurement and supply management, including ARV price reductions;
2. To alleviate the most important human rights and gender barriers for access to HIV prevention and care service;
3. To improve the efficiency and affordability of HIV service delivery models (testing and care continuum) for key populations.

The Regional Program is managed by Alliance for Public Health in Ukraine in partnership with All-Ukrainian Network of people living with HIV 100% Life; Central-Asian people living with HIV Association; Eurasian Key Populations Health Network. The Regional Program was able to include work in Southeastern Europe (SEE) through a prioritised above allocation request. In SEE, the Regional Program focuses on objective 1 and specifically on improving the mechanisms for a responsible and timely transition from Global Fund to government funding and social contracting and collaborates with the SEE Regional Coordination Mechanism (RCM) building other connections with national stakeholders, donors and communities to ensure collective, effective and synergetic implementation of the Regional Program in this sub-region.

## Southeast European Context

Southeastern Europe is home to HIV epidemics which is primarily concentrated among key populations – but which continues to grow in size, and in some cases has shown resurgence after previously becoming controlled. Populations particularly affected include gay men and other men who have sex with men (MSM) and transgender people (TGP), but also sex workers (SW) and people who inject drugs (PWID) experiencing prevalence significantly higher than the general population. As in many regions, key populations experience disproportionately low access to services on the basis of social exclusion, stigma and discrimination, and lack of expertise in the health system to address population-specific needs.

At the same time, the region has experienced an abrupt departure of most technical partners and donors, including the Global Fund. The majority of countries in the region are no longer eligible for Global Fund funding for HIV. This means that critical services, including those for key populations, must be funded from government resources. The core challenges include insufficient ability and/or commitment to allocate funding in low-prevalence HIV epidemics, post-conflict context that prioritizes government action on institutional building to health issues, limited knowledge and experience in policy making within HIV-service CSO communities active in HIV/AIDS, need to further strengthen communities to effectively advocate for services. Similar gaps occurred throughout the countries, including lack of understanding of the scale and needed investment to control epidemics among

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<sup>1</sup> Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Macedonia, Montenegro, Romania, Russian Federation, Serbia, Tajikistan, Ukraine, Uzbekistan.

KPs, lack of normative guidance to allow contracting NGOs to perform community services, lack of tools and skills to monitor budgets efficiencies.

However, there is promising experience in SEE. For example, in Montenegro, MoH allocated funds for HIV prevention and treatment support services delivered by CSOs sourced in the national budget; M&E system is developed to set up a clear accountability approach to report to public and analyse progress and needs by NGOs. Likewise in Macedonia, MoH approved funding for HIV prevention and treatment support services delivered by NGOs from an annual HIV program (2017/ 2018); there is a strong platform of 15 NGOs regarding sustainability and a strong capacity was developed in budget monitoring and tracking among HIV NGOs and links with budget monitoring experts; city of Skopje provides co-funding for harm reduction including premises. These achievements helped keep programs operational and create precedent and regulations for funding allocation; therefore, the current priority is to ensure these achievements are sufficiently legislatively framed for a sustained action and their scope significantly increased.

This highlights the need to appropriately cost community-based service provision models, and argue that they be fully funded by domestic funds. In many cases, it will involve discussions of budget optimization, and strategies to maximize the limited available funds. It will also be critical for countries to better understand the ways in which different levels of domestic funding, e.g. state vs municipal funding, may be able to support different critical services to be provided in community-based settings.

Addressing the sustainability of funding and service delivery for key populations for HIV is therefore an urgent priority, particularly for community-based services provided by non-governmental actors. This multi-country initiative is aimed at building a coordinated, regional effort to this effect.

## **Call for Proposals: Goal, Countries, Activities, and Expected Results**

The overall focus of the Regional Program in Southeastern Europe is to support sustainability efforts in this region. The grants to be funded under this Call for Proposals constitute one of the three elements of the Regional Program. The other two elements are: (1) operations of the Regional Coordination Mechanism,<sup>2</sup> which will support oversight of the Regional Program in SEE and provide advice on the Program, and (2) technical assistance to be directly supported by the Alliance for Public Health-led consortium (themes of technical support to include service costing, social contracting for NGOs and city level interventions).

The call for proposals aims to support national civil society groups or their consortiums, together with other country partners, to improve financial and programmatic sustainability of HIV interventions among key populations in the five countries. The particular focus for sustainability is services delivered by civil society groups among key populations and people living with HIV.

**Goal** of this call for proposals is to achieve sustainable national HIV response among key populations in Southeastern Europe in the context of donor departure.

### **Objectives** are:

- To establish and/or institutionalize a sustainable regulatory framework and management mechanism allowing domestic financing of NGOs to implement quality HIV programs;
- To increase domestic funding for HIV programs from national and municipal sources at the sufficient level to cover most of the estimated need and achieve sustainable funding allocation to NGOs;
- To strengthen civil society engagement in policy and budgetary decision making processes to achieve relevant programs scope and quality.

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<sup>2</sup> More information about RCM is made available on the Global Fund EECA Board Delegation's website at: <http://www.eecaconstituency.org/news>

**The five countries** eligible to apply for this call for proposals are: Bosnia and Herzegovina, Macedonia, Montenegro, Romania and Serbia.

### Expected outcomes

Ultimately, the efforts should lead to the **impact** of allocating and contracting of an additional US\$ 1 million for civil society-based services for key populations and people living with HIV, across the five countries. Each applicant is expected to propose a country-specific target of this additional domestic funding, based on considerations of the current level of domestic investment received by these services vs needs and feasibility of increase of domestic investment that could be both allocated and channelled to community and civil society groups in 2019-2021.

It is seen as critically important that the outcomes/activities suggested build upon previous/ on-going efforts in the countries, create synergies, both with Global Fund and other donors. Ideally, activities would be taken from (mirror) existing country planning documents, such as transition and/or sustainability plan already developed.

Indicative country-specific outcomes are:

Bosnia and Herzegovina	<ul style="list-style-type: none"> <li>- sensitization of the government and decision makers about the needs of low threshold programs for key populations based on WHO standards and regional best practices;</li> <li>- familiarization of stakeholders and governments with successful working mechanisms on social contracting and other or similar funding mechanisms in the region;</li> <li>- setting targets and costing of key populations interventions;</li> <li>- establishing and enforcing of a funding mechanism for HIV prevention services that remain underfunded;</li> <li>- generating funding support for NGOs which provide services on entity level. Funding should be received from national level, Federation of BiH, Republic of Srpska, and from cantons and municipalities with the largest estimated number of KPs in the Federation of BiH. The sources could be: Ministry of Civil Affairs, MoH and other ministries' budgets, health insurance funds, Funding from Lottery and Gambling of BiH and of Republic of Srpska, the stay of proceedings (postponement of prosecution, with payment), municipalities etc;</li> <li>- implement the Fact Finding Mission and broad debate including relevant stakeholders to enable insurance funds to be allocated for NGOs;</li> <li>- establish enabling environment for NGOs and pharmacies to provide and perform rapid tests for HIV, hepatitis C for KPs, as well as for self-testing, in line with WHO recommendations.</li> </ul>
Macedonia	<ul style="list-style-type: none"> <li>- institutionalizing and expanding the successful pilot on social contracting across Macedonia by establishing an adequate legal framework; this includes but is not limited to changes in the MoH contracting to abolish pre-financing approach to NGO services and recognition of the CSOs as service providers in relevant legislation, as well as building on current commitment by MoH and recommendations of a multi-stakeholder task force on ensuring a functional and long-term social contracting mechanism;</li> <li>- increased level of domestic funding through diversification of funding sources (including from municipal budgets and other government programs) along with optimization of service delivery with a view to scaling up testing and prevention services;</li> <li>- further strengthening of good governance in the national HIV response by strengthening the functions of the National AIDS Commission and ensuring meaningful representation from civil society and affected communities;</li> </ul>

	<ul style="list-style-type: none"> <li>- approving a drug policy strategy and Action plan with budget allocated for harm reduction services;</li> <li>- sharing experiences with other SEE countries including receiving study visits on transition practices and social contracting model;</li> <li>- introduction of new and innovative models for HIV testing and prevention, with a special focus on MSM, considering the nature of the epidemic (regulations to enable piloting of a PrEP program and introduction of PEP, optimizing prevention and testing services, including de-medicalization and introduction of self-testing, as well as innovative communication approaches);</li> <li>- contributing to normalization and increased up-take of HIV services among key populations through targeted communication strategies.</li> </ul>
Montenegro	<ul style="list-style-type: none"> <li>- addressing gaps in current legislation (based on the conducted legal issues assessment) to enable sustainable financing of NGOs conducting HIV prevention work for key populations;</li> <li>- increasing the level of current investment into key population programs, increased diversification of funds;</li> <li>- addressing the gaps in the normative regulation of harm reduction that expose service providers to a high risk when conducting their duties through adapting guidelines of harm reduction services;</li> <li>- approving a drug policy strategy and Action plan with a budget foreseen for harm reduction;</li> <li>- further strengthening of National AIDS Commission with a view to merging the CCM and NAC;</li> <li>- sharing experiences with other SEE countries including receiving study visits on transition best practices;</li> <li>- advocating for fast-track and innovative interventions availability in Montenegro, including: community testing and its implementation; PrEP and PEP, especially in relation to MSM; integrating HIV response with response to HepC and STIs.</li> </ul>
Romania	<ul style="list-style-type: none"> <li>- sensitizing the government about the needs of low threshold programs for key populations based on WHO standards and regional best practices, this can include development and provision of research and policy briefings, round tables, policy meetings, exchanges etc.;</li> <li>- providing the government with information about successful working mechanisms on social contracting in the region, endorsing and using them;</li> <li>- setting targets and costing interventions for key populations in government documents;</li> <li>- in cooperation with the TB transition grant, adapting changes of the laws on public health and social assistance;</li> <li>- adoption of national HIV plan;</li> <li>- institutionalizing a governance body on HIV to oversee the response;</li> <li>- significant increase of funding from national and local funding (MoH, ANA, Bucharest city council) including for NGO services among MSM</li> <li>- free services for all key populations including opioid substitution therapy, testing and diagnostics for HIV in Bucharest and re-established in at least one more town.</li> </ul>

Serbia	<ul style="list-style-type: none"> <li>- capacity building for MoH authorities, public health institutions and civil society organizations for project management, implementation and M&amp;E of funds (from the Global Fund and other sources);</li> <li>- learning about best practices and strengthening and operationalizing social contracting mechanisms in the Ministry of Health;</li> <li>- cost-effectiveness analysis of key interventions to be used for further planning and advocacy;</li> <li>- significant increase of funding from national and local funding (MoH, municipalities, anti-drug strategy, a stay of proceedings (postponement of prosecution, with payment));</li> <li>- legal assessment of barriers for HIV prevention services for KPs;</li> <li>- analysis of impact of stigma and discrimination on program effectiveness;</li> <li>- institutionalization of harm reduction in drug policy legislation and practice and efforts to contribute to decriminalization of people who use drugs through changes to the Criminal Law and the Law on Psychoactive Controlled Substances.</li> </ul>
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The above listings are indicative and may be partially revised according to the strategy proposed by the particular applicant to achieve the goal of the program, - based on the applicant's capacity, partnerships, and country level planning/on-going processes.

In each of the countries, applicants are encouraged to consider including **activities targeting city authorities** of one or several cities to achieve sustainable allocation of municipal funding for HIV services for key populations as a significant source of program transition from donor funding. Activities on the city level should include: city situation analysis on HIV programs data especially among key populations, signing of Paris declaration of commitment to ending AIDS by city authorities, development and approval of city HIV programs with respective budgets, advocacy for annual resource allocation to the program with the relevant MPs of the city councils, development and enforcement of social contracting schemes for NGOs to provide low-threshold services for key populations.

The call for proposals will support funding of the following type of **activities**:

- policy environment and feasibility analysis;
- developing an advocacy plan where one is not available;
- implementing and adjustment of an advocacy plan in place;
- capacity building on budget advocacy and social contracting for civil society;
- partnering with health policy and similar groups with capacity for engagement in policy dialogue and budget processes;
- policy dialogue with policy makers in ministries of health, finance, parliamentarians and others;
- producing evidence materials justifying the need for services, their effectiveness and cost-effectiveness and the proposal for investment;
- developing and implementing media strategy to increase society awareness and support;
- forming and running of multistakeholder working groups to develop proposals for normative documents, policy documents, costing etc.;
- consultancy to support drafting of normative documents;
- strengthening groups of affected communities and their engagement in HIV governance and advocacy;
- engaging local authorities and generating their investment in the services;
- hosting delegations from other countries, sharing their stories via presentations and case studies;
- leveraging influence of international partners including EU accession processes;
- translating materials and communication into English etc.

An example of possible **country level impact targets** could be that:



- the government allocates and contracts NGOs for HIV prevention services in the amount of 300,000 EUR in 2019-2020 from national health budget;
- the MoH approves standards for HIV and related services among key populations in line with WHO standards and with national community and civil society advice;
- the MoH and the parliament approves the package of normative changes to remove the high-threshold requirements for NGO contracting, notably pre-payment and bank guarantees;
- two municipalities adopt HIV programs with budgets of 50,000 EUR and start regularly funding NGO services for key populations;
- the government approves long-term costed strategic plan for HIV with indicators for key populations and treatment in line with WHO recommendations;
- service quality is improved through standards and their implementation with involvement of community practice and institutionalization and funding of capacity building for harm reduction funding from domestic sources;
- community-based testing and self-testing guidelines are approved.

The supported program implementation period is **from 01 April 2019 until 31 December 2021**.

## Eligibility

Only registered in SEE national or regional civil society organizations or their consortia are eligible.

All applicants should have a track record of advocacy of services for key populations and people living with HIV and should have a strong link with the services and groups of key populations. The applicant organization is expected to have a strong record of transparency, partnerships and good practice in management.

Capacity to achieve policy results is critical for applicant's success.

## Grant Amount

Macedonia and Montenegro each can apply for a maximum of annual amount of US\$ 80,000 for each of the three years. Bosnia and Herzegovina, Romania and Serbia each can apply for a maximum annual amount of US\$120,000 for each of the three years.

## Application Documents

Applicants are required to submit the following documents:

1. Filled application form (format provided in Annex 1).
2. Detailed activity plan (format provided in Annex 2).
3. Costed activity plan (format provided in Annex 3).
4. CCM approval of the proposal (translated sections of CCM minutes or a letter of support signed by CCM chair based on CCM meeting or discussion). Minutes of discussion of the proposal in the relevant country's CCM or similar platform.
4. If city level activities are planned, support letter signed by the Mayor of respective city expressing commitment to collaborate on submitted program with the applicant.

Additional documents explaining the status of the applicant:

5. Annual narrative reports and advocacy publications, materials.
6. Last financial report (if possible, audited).
7. A copy of a registration certificate or other proof of registration for the applicant (lead organization in case of coalition).
8. A copy of the articles of association or bylaws of the applicant (in case of the coalition - for the lead organization).
9. Support letters from partners.

If the applicant is a consortium:

10. MoU of the consortium or a brief outline document, explaining the purpose, membership, roles and responsibilities, decision-making process including leading organization for management.

## Selection Process and Criteria

The proposals will be reviewed by a multi-stakeholder selection committee.

All representatives of the committee will be asked to declare and avoid a potential conflict of interest to manage real or perceived conflicts.

The applications will be selected based on the following criteria:

- (1) reasonably ambitious targets of funding allocated for key populations programming through civil society groups with sound contracting and accountability mechanisms over the grant implementation period (30% of evaluation score)
- (2) clear and effective plan, management and process proposed that would lead to an anticipated change (20%)
- (3) demonstrated capacity of engaging in policy-making processes and in government relations, engaging professional policy making entities (lobbying organisations, professional legislation developers) is strongly recommended (20%)
- (4) a good analysis of synergies of the proposed work with ongoing and previous work and lessons learnt from the past advocacy work (in particular for Montenegro and Serbia, and Romania TB, where the Global Fund supports country grants over the same period of time) (20%)
- (5) proposals from consortiums and strong partnership will have an advantage (10%)

One applicant (single organisation or as part of consortium) will be selected for each of the five countries. Multicountry consortiums covering all or some of the eligible countries will also be considered. The selection committee might provide recommendations on further development of the proposed application. The selection decisions are final.

## Key Dates and How to Submit the Application

Announcement of the call for proposals	21 December 2018
Webinar for potential applicants	10 January 2019 at 4pm Kyiv time
Deadline for submission of full applications	31 January 2019 at 23:59
Screening eligible applications	By 07 February 2019
Review of applications by the selection committee	By 28 February 2019
Contacting successful applicants (including with possible conditions)	1 <sup>st</sup> week of March 2019
Contract signing and public announcement of the results	1 April 2019



The application and supportive documents should be submitted by e-mail not later than by **31 January 2019, 23:59 Kyiv time**, at the address **deshko@aph.org.ua** with copy to **kalyniuk@aph.org.ua** .

Questions regarding the call for proposals could be submitted at the same email addresses, until January 10<sup>th</sup> 2019. After the webinars a recording will be made available on the Alliance website.

Funding under this Call for Proposals is subject to provision of a grant by the Global Fund and is conditional on successful applicants entering into a Grant Agreement with Alliance for Public Health. This Grant Agreement will contain details about eligible expenses, reporting, donor requirements and other obligations that successful applicant must adhere to.

We wish you success in this Call for Proposals!