The Global Fund
To Fight AIDS, Tuberculosis and Malaria

NON-CCM CONCEPT NOTE

Type 1, 2 and 'NGO Rule' applicants

Investing for impact against HIV, tuberculosis or malaria

A concept note outlines the reasons for Global Fund investment. A concept note should describe a strategy, supported by technical data that shows why this approach will be effective. Guided by a national health strategy and a national disease strategic plan, it prioritizes a country's needs within a broader context. Further, it describes how implementation of the resulting grants can maximize the impact of the investment, by reaching the greatest number of people and by achieving the greatest possible effect on their health.

The concept note is divided into the following sections:

Section 1: A description of the country's epidemiological situation, including health systems and barriers to access, as well as the national response.

Section 2: Information on the national funding landscape and sustainability.

Section 3: A funding request to the Global Fund, including a programmatic gap analysis, rationale and description, and modular template.

Section 4: Implementation arrangements and risk assessment.

IMPORTANT NOTE:

In limited circumstances, the Global Fund accepts concept notes from non-CCM applicants. These circumstances are defined by the Guidelines for Country Coordinating Mechanisms and in the Eligibility and Counterpart Financing Policy for applicants eligible for HIV funding under the 'NGO Rule'.

To complete this template, applicants should refer to the Non-CCM Concept Note Instructions.

SUMMARY INFORMATION			
Applicant Information			
Country	**Russian Federation**	**Component**	**HIV**
Funding Request Start Date	**01.01.2015**	**Funding Request End Date**	**31.12.2017**
Principal Recipient(s)	**Open Health Institute Foundation**		

Funding Request Summary Table

A funding request summary table will be automatically generated in the online grant management platform based on the information presented in the programmatic gap table and modular template.

SECTION 1: COUNTRY CONTEXT

This section requests information on the country context, including the disease epidemiology, the health systems and community systems setting, and the human rights situation. This description is critical for justifying the choice of appropriate interventions.

1.1 Country Disease, Health and Community Systems Context

With reference to the latest available epidemiological information, in addition to any relevant portfolio analysis provided by the Global Fund, highlight:

a. The current and evolving epidemiology of the disease(s) and any significant geographic variations in disease risk or prevalence.

b. Key populations that may have disproportionately low access to prevention and treatment services (and for HIV and TB, the availability of care and support services), and the contributing factors to this inequality.

c. Key human rights barriers and gender inequalities that may impede access to health services.

d. The health systems and community systems context in the country, including any constraints.

In 2013, deterioration of HIV epidemic situation has been observed in the Russian Federation: HIV morbidity has remained high; alongside ongoing increase of new HIV cases, the total number of HIV infected people has grown, as well as the number of their deaths; HIV epidemics has been expanding beyond the limits of vulnerable groups into the general population; the number and proportion of new cases of HIV attributable to sexual contacts tended to grow; at the same time, there were no signs of stabilization of epidemics growth among the drug users[1].

As of 31 December, 2013, the cumulative number of the Russian citizens with detected HIV

[1]Please refer to "HIV infection in the Russian Federation in 2013" here and further in the text for all statistical data unless indicated otherwise. Available at http://www.hivrussia.ru/news/index.shtml

infection has reached 786,866. Since the majority of cases detected on the territory of the Russian Federation has been among the Russian citizens, HIV epidemics has been mostly determined by the transmission inside the country.

For the year of 2013, the regional AIDS centers have reported 77,896 new cases of HIV infection in the Russian Federation excluding anonymous cases and foreigners, which is 10.1% higher than in 2012 (70,748 new cases). The incidence rate has been 54.3 per 100,000 population. There has been no personalized data on new HIV cases submitted from Moscow in 2012–2013.

In 2013, in the Russian Federation in general, HIV epidemics remained concentrated since the prevalence rate by the end of 2013 reached 479.0 per 100 000 pop., that is, did not exceed the generalized epidemic threshold. HIV cases were detected in all regions of the Russian Federation; however, HIV prevalence rates were unevenly distributed.

The regions of the Russian Federation with the highest HIV prevalence are: Irkutsk (1565.9 people living with HIV in 100,000 of the population reported), Samara (1444.7), Sverdlovsk (1308.3), Leningrad (1127.6), Orenburg (1120.8), and Kemerovo (1101.7) Oblasts, Khanty-Mansi Autonomous Okrug (1019,9), the city of Saint Petersburg (1017,5), Chelyabinsk (827.2), Tyumen (826.4), and Ulyanovsk (805.7) Oblasts, Perm Krai (683.5), Novosibirsk Oblast (673.0), Altai Krai (648.7), Tver (621.5), Ivanovo (615.3), and Kaliningrad (561.3) Oblasts, Krasnoyarsk Krai (546.5), Moscow (540.9) and Murmansk (528.5) Oblasts. In these regions, a large reservoir of infection has been formed earlier among the drug users.

In 2013, 57% of HIV positive people with a known transmission risk factor reported administering drugs with injecting equipment as the main risk factor. This corresponds to the previous data: in 2012 this indicator was 56.3%, 2011 — 55.8%, 2009 — 58.7%. The percentage of new HIV cases with heterosexual contacts as the main risk factor reported has remained persistently high: on average, 41% of the new cases in 2009–2013. For the entire period of observation, heterosexual contacts as the main risk factor for infection were determined in more than 115,000 cases. In recent years, there has been a growth of such cases in absolute numbers. The number of HIV positive people whose infection was due to homosexual contacts in 2013 remained at the same level with the previous data — 1%.

It is worth mentioning the tendency observed in the Russian Federation to reduce testing among vulnerable populations. While in 2006 drug users comprised 1.3% of the people tested for HIV, in 2012 that number decreased down to 0.9%. According to the experts, this can mean that the reduction of testing might result in 5–6 thousand or 7.3% of new cases missed. Compared to 2012, the testing among MSM in 2013 reduced by 19.5%.

As of 31 December 2013, in the Russian Federation men comprised 63.3% of HIV infected people and women — 36.7%, i.e. over 290 thousand people. Recently, women have been mostly infected through heterosexual contacts.

Despite the annual increase in the number of pregnant women receiving ARV therapy for HIV infection, mother-to-child HIV transmission during pregnancy, delivery or breastfeeding has remained high and in general reached 4–5% in the country in 2010–2013.

As a result of the growing HIV prevalence in the Russian society, the load on the state healthcare system has also increased, on institutions for specialized HIV/AIDS care in the first place (AIDS and infectious disease centers). Growing shortage of qualified personnel as a reflection of the personnel problem general for the Russian healthcare system results in the reduction of quality of the provided medical services, insufficient treatment and prevention coverage, which in its turn leads to the negative impact on the dynamics of HIV infection.

The HIV epidemic in the country is actively developing among vulnerable populations: injecting drug users and their sexual partners, sex workers, and men having sex with men. In 2011, HIV prevalence in different cities varied from 3.8% to 11.6 % among SWs, among IDUs — from 6.4% to 58.5%, among MSM — from 5.2% to 14.8%, among prisoners — 7,3%[2]. It should be noted here that there is data telling about an invisible HIV epidemics among MSM which is virtually

[2] Ladnaya N.N. Triangulation data in the field of surveillance on HIV infection in the RF regions (Consolidated report), Moscow, 2011.

comparable to IDUs data. According to surveillance data of the Moscow AIDS Centre, the percentage of detected HIV cases among MSM in 2013 reached 23% of all new cases detected during the year, which was equal to the percentage of HIV cases among IDUs[3].

According to bio-behavioral studies conducted in 2010–2011, the general number of people in groups most exposed to HIV in the RF remained high enough and cumulatively comprised 10–15 million people. Their involvement in the prevention programs remains low. In 2012, less than 1% of all vulnerable populations were covered by HIV prevention programs[4].

HIV epidemics among most-at-risk populations is getting worse, while the implementation of prevention programs for MARPs in Russia is getting more complicated due to the following: 1) criminalization and ongoing stigmatization and discrimination of the key groups (IDUs, SWs, MSM) and, as a result, reduced access to and trust for building bridges with the groups and their involvement into the state healthcare system and social protection; 2) open rejection of some prevention measures by the state (opioid substitution therapy, syringe and needle exchange programs, condoms distribution) and the absence of the state control over the evidence-based HIV prevention methods focused on human rights protection; 3) negative and repressive attitude of the federal services interfering with effective implementation of HIV prevention interventions in the regions.

Massive human rights violations of the drug users remain the main obstacle for HIV prevention in this target group. Repressive measures against the drug users hinder their access to medical and social services and HIV prevention programs as well as interfere with the prevention interventions. Barriers faced by female drug users are more severe than those faced by men, as stigma related to traditional gender roles, and limitation of civil rights, especially related to parenting, affect women disproportionally in a traditional society like the Russian. Gender-specific harm reduction services that recognize and address the specific barriers faced by women who inject drugs are of limited number and scope as well as difficult to access.

The state declares the necessity to form intolerance to drug use in the society[5]. The Chief Narcologist of the Russian Federation claims there is a need for social pressure on the drug users as a way to prevent and fight drug use[6]. In practice, social pressure leads to further criminalization of drug users. According to the Federal Drug Control Service, "in total, currently every eighth prisoner is a "drug article" convict. The number of drug using criminals incarcerated by the decision of court grew more than twice from 2005 to 2011; every third sentence is on drug-related crimes; drug-related crimes occupy the third place in the total volume of stemmed offences right after thefts and economic crimes"[7].

Among the most recent examples is the Federal Law №313 of 25.11.2013, stating the possibility of compulsory drug treatment[8]. Having no evidence base for the effectiveness of such approaches, this makes drug users even more inaccessible for the healthcare system in general as well as for low threshold programs, intensifies their discrimination and contributes to even bigger drug users` avoidance of any interactions with the state and the society. Contributing to intolerant attitude towards the drug users, their criminalization and building social pressure as a way of drug use

[3](2013, December). ***HIV/Hepatitis***: ***To know and prevent***. Paper presented at the Scientific and Practical Conference: HIV and Hep B and C Prevention in the Russian Federation. Moscow, Russia. Video record of the presentation available at http://вич-гепатит.рф/specialists

[4]Federal State Institution of Science Central Science and Research Institute for Epidemiology, Federal Scientific and Methodology Centre on AIDS. (2010). Study on HIV Prevalence and Behavioral Risks among Vulnerable Populations (Injecting Drug Users, Commercial Sex Workers, Men Having Sex with Men) in the Regions of the Russian Federation. VEGA -2010

[5]Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by Presidential Order N 690 of 9 June 2010, para. 23, 48.

[6]Kurskaya A. (May 16, 2011). Social Pressure against DRUG use". RIANews

[7]State Council Presidium Meeting on Prevention of Drug Use among the Young People.18 April 2011. Available at http://президент.рф/news/10986

[8]http://www.consultant.ru/document/cons_doc_LAW_154738

prevention lead to regular human rights violations, which have been well documented and reflected in the reports submitted by the Russian civil society to the UN[9].

Notorious for its possibly wide interpretation, the Federal Law on Amendments to Article 5 of the Federal Law "On child protection from the information causing harm to their health and development" and separate legislative acts of the Russian Federation to protect the children from the information promoting denial of traditional family values of 29.06.2013 creates serious obstacle to any HIV prevention in LGBT community, among MSM in the first place (since "this information may be seen by children"); it also aggravates homophobic climate in the Russian society that can often be expressed as acts of violence towards the representatives of LGBT community[10].

Being under administrative and penal prohibition, sex workers are deprived of their fundamental rights and freedoms including the freedom of association for their health protection and HIV prevention[11].

Vulnerable groups are virtually excluded from the state system of HIV/AIDS prevention and care services. That is why the civil society has taken up the job on prevention of high risk behavior and spread of HIV infection in these key groups, and struggle to improve their access to the health services.

In the last decade in the country, with the help of the Global Fund to fight AIDS, Tuberculosis and Malaria (grants of Rounds 3,4 and 5) in the first place, the civil society has built a system of comprehensive HIV prevention services focused on the most-at-risk populations: IDUs, SWs and MSM.

The core of this system is formed by the low threshold programs providing basic prevention services (syringe exchange, condoms distribution, rapid testing, access to information and counseling) around which a local network of medical and social institutions is built providing a wider spectrum of services to the clients of the project. The number of such programs working with actually vulnerable populations is extremely limited; they work in undefined legal environment without any financial support from the state. Currently, within the GF grant implemented by the Open Health Institute Foundation there are 37 comprehensive projects on HIV prevention among IDUs, SWs and MSM running in 10 regions, as well as 32 prevention projects in 22 regions working with IDUs; all of them are supported via the Non-Profit Partnership ESVERO. Both grants are reaching their end in December, 2014, being the only GF grants in Russia. Most of the regional organizations — co-implementers of the two above mentioned projects — have no other sources of funding apart from the GF grants.

To conclude, the development of HIV/AIDS epidemics in the Russian Federation is determined by the following factors:

- Insufficient level of information in the population about the detection of HIV infection and ways to prevent infection, lack of motivation for safe behavior and HIV testing;
- Characteristics of behavior and lifestyle of the representatives of most-at-risk populations and their partners, as well as prisoners, children in hard living conditions and children deprived of parental care;
- Detection of HIV infection in the late stage of the disease;
- Insufficient level of coverage by preventive medical examinations;
- Low level of access of the population, representatives of the groups of high HIV exposure, and people living with HIV to the prevention services, medical and social care, including palliative and hospice care;

[9]Shadow Report to the UN Committee against Torture in relation to the review of the Fifth Periodic Report of the Russian Federation, November 2011.
http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1949

[10] http://www.lgbtnet.ru/ru/content/prestupleniya-nenavisti-sovershennye-v-svyazi-s-seksualnoy-orientaciey-iili-gendernoy

[11] http://silver-rose.org/?p=news

- Underdeveloped medical and social care infrastructure, especially at regional levels;
- Steady growth of the number children born from HIV infected mothers, as well asthe growing number of HIV infected women of childbearing age;
- Insufficient level of state funding for the measures to fight HIV/AIDS;
- Regulatory, organizational and financial obstacles to obtain qualified medical care by HIV patients with TB, HIV patients using drugs, HIV patients with VH, psychic disorders;
- Discrimination of HIV infected people and representatives of the groups of high HIV exposure.

1.2 National Disease Strategic Plans

With clear references to the current **national disease strategic plan(s)** and supporting documentation (include the name of the document and specific page reference), briefly summarize:

a. The key goals, objectives and priority program areas.

b. Implementation to date, including the main outcomes and impact achieved.

c. Limitations to implementation and any lessons learned that will inform future implementation. In particular, highlight how the inequalities and key constraints described in question1.1 are being addressed.

d. The main areas of linkage to the national health strategy, including how implementation of this strategy impacts relevant disease outcomes.

e. For standard HIV or TB funding requests, describe existing TB/HIV collaborative activities, including linkages between the respective national TB and HIV programs in areas such as: diagnostics, service delivery, information systems and monitoring and evaluation, capacity building, policy development and coordination processes.

f. Country processes for reviewing and revising the national disease strategic plan(s) and results of these assessments. Explain the process and timeline for the development of a new plan (if current one is valid for 18 months or less from funding request start date), including how key populations will be meaningfully engaged.

At the moment, the Russian Federation has not adopted a national strategic action plan to fight HIV infection and the current regulatory acts cannot fill this gap.

The basic document of the national response to HIV infection in Russia is the Federal Law "On prevention of spread of the disease caused by the human immunodeficiency virus (HIV infection) in the Russian Federation". This law is not a policy document[12].

The State Program of healthcare development in the Russian Federation until 2020 determines the goals, objectives and main directions of healthcare development, activities and mechanisms of their implementation and funding. One of the main priorities of the State Program in the sphere of healthcare development, including HIV issues, is forming healthy lifestyle.

The issues related to the response to HIV infection are included in Sub-Programs 1,2,4 of the State Program. The objectives of the above mentioned Sub-Programs include early detection of people infected with HIV and viral hepatitis B and C, improving quality of the specialized care for people living with HIV and hepatitis B and C, and expanding the coverage by "mother-child" three stage chemoprophylaxis to prevent vertical transmission of HIV.

From 2007 on, five revisions of the prospective National Strategy to respond to HIV/AIDS have

[12] http://docs.cntd.ru/document/9036485

been developed but none of them has been yet approved. In 2012, NGOs raised questions about HIV prevention among vulnerable groups at the hearings in the RF Public Chamber, emphasizing the necessity of widely approved measures such as needle exchange programs for IDUs and access to prevention means (condoms) for all groups with high risk of HIV exposure[13]. However, in response to the resolution issued by the Public Chamber, the Ministry of Health and State Antidrug Committee have completely rejected that necessity and expressed strong criticism about the suggested measures[14].

One of the attempts made to form HIV policy was a draft of the National Concept of response to HIV/AIDS epidemics in the RF for 2011–2015. The document was developed by the Ministry of Health in 2011, but never came into force.

The main focus of the suggested document was aimed at promotion of activities among general population. Young people, medical specialists, working migrants, prisoners and members of the armed forces were identified as the main focus groups for HIV prevention activities, leaving aside IDUs, SWs, and MSM. The emphasis was made on promotion of the healthy lifestyle, informational and educational activities in mass media, involvement of the Russian Orthodox Church and other traditional religious confessions into HIV prevention. Within the concept, prevention measures among IDUs, SWs are to be implemented by the law enforcement institutions and agencies. Such prevention interventions as comprehensive harm reduction programs, including condoms distribution among vulnerable populations and exchange of injecting equipment that have proved their effectiveness and are recognized by the global community, were not introduced into the Concept. This focus shift of prevention efforts from vulnerable groups (IDUs, SWs, MSM) towards the general population contradicts the epidemiological trends.

In response to the Strategy 2011, the civil society has developed an alternative draft of the strategy. The draft was submitted by the NGO community in December 2013, but it has neither been accessible for an open discussion for the general public, nor published on the website of the Ministry of Healthcare.

According to the Article 1 of the RF Law "On Security" of 5 March 1992 N 2446-1, subsection 72 of the Strategies of national securities of the Russian Federation until 2020, the Strategy is under control of the Government, the responsible bodies being the Ministry of Health of the RF, the Ministry of Finance of the RF and the Ministry of the Economic Development of the RF.

The implementers of the Strategy are various ministries and agencies, non-commercial organizations and associations within the limits of their competence. The funding of the Strategy is planned from the federal budget, budgets of the RF entities, and budgets of the local authorities, as well as from other sources not prohibited by the RF legislation. The Strategy review is yet to be finished, and there is no information available concerning when it will be submitted for public discussion and revision by the bodies of legislative and executive power.

Currently, the task of the development of the Strategy of the State policy to fight the spread of the disease caused by human immunodeficiency virus in the Russian Federation has been given to the Inter-fractional Working Parliamentary Group on problems of prevention and comprehensive rehabilitation of drug use, HIV infection and other socially significant diseases. The Strategy is meant to contribute to coordination of efforts of all stakeholders in this sphere in order to stop the spread of the epidemics and reduce the social and economic damage to the society related to the disease caused by human immunodeficiency virus (HIV infection). It has been declared that the Strategy is based on the principles of justice (as equitable access to treatment and prevention), effectiveness (as inter-agency and inter-sector cooperation, monitoring and evaluation), rationality (as use of evidence-based and cost-efficient methods and approaches to implementation), universality and preventive character of actions.

[13]http://www.oprf.ru/ru/press/news/2012/newsitem/17200

[14] "RemarksandsuggestionsonrecommendationsdraftatthehearingsintheRFPublicChamber "HIV prevention in Russia: challenges and perspectives", 24.03.2011.

SECTION 2: FUNDING LANDSCAPE, ADDITIONALITY AND SUSTAINABILITY

To achieve lasting impact against the three diseases, financial commitments from domestic sources must play a key role in a national strategy. Global Fund allocates resources which are far from sufficient to address the full cost of a technically sound program. It is therefore critical to assess how the funding requested fits within the overall funding landscape and how the national government plans to commit increased resources to the national disease program and health sector each year.

2.1 Overall Funding Landscape for Upcoming Implementation Period

In order to understand the overall funding landscape of the national program and how this funding request fits within this, briefly describe to the extent possible:

a. The availability of funds for each program area and the source of such funding (government and/or donor). Highlight any program areas that are adequately resourced (and are therefore not included in the request to the Global Fund).

b. How the proposed Global Fund investment has leveraged other donor resources.

c. For program areas that have significant funding gaps, planned actions to address these gaps.

The Proposal is aimed to reduce the significant programmatic and financial gaps existing in the national response to HIV epidemic in Russia, first of all, concerning HIV prevention among most-at-risk populations — IDUs, SWs, and MSM.

From 2004 on, the Global Fund has approved over US$ 275 million for activities to control the spread of HIV epidemic in Russia, of which 30% has been spent on prevention interventions among the key vulnerable groups — IDUs, SWs and MSM. For now, the two GF grants reaching the end of their implementation in December 2014 (RUS-304-G01-H and RUS-506-G5-H) have been the only source of funding for HIV prevention among most-at-risk populations. The grant RUS-304-G01-H supports comprehensive programs for IDUs, SWs, and MSM in 10 regions, whereas the grant RUS-506-G5-H is focused on prevention services for IDUs, including IDU-SWs, and has been implemented in 22 regions of Russia.

Since comprehensive HIV prevention interventions for injecting drug users recommended by WHO are not recognized at the state level in Russia, though injecting drug users comprise most of all reported HIV cases, there is no state funding in this direction (sections 1.1 and 1.2 are dedicated to the aspects of the National Strategy). Besides, there are examples of unjustified expenditures from the point of control of the epidemics. For instance, over US $55 million is spent annually on legal prosecution related to possession of drug substances without the intent to sell[15], and over US $18 million — on HIV prevention among general population with absolutely no funding for the work with IDUs, SWs and MSM. It is planned that the budgeted by the Ministry of Health volume of funding for antiretroviral therapy and viral hepatitis B and C treatment for the co-infected citizens will remain at the same level of 14 billion rubles (US $400 million) in 2014–2016, which is estimated by the experts as covering about a half of the patients needing ARV therapy. However, external fundraising for HIV treatment is out of question in Russia. At the moment, according to "the GF policy of identifying the right for receiving funding based on qualification criteria and concerning joint funding" (GF Governing body resolution GF/B30/DP5 of 7–8 November 2013) only NGOs in Russia are given the opportunity to ask for and receive financial support of the GF,

[15]EHRN. (2011). Overdose: Review of the Situation and Response in 12 Countries of Eastern Europe and Central Asia. Vilnius, Lithuania

and only for the activities with proven epidemiological and economic effectiveness, implementation of which is hindered by political barriers in the country.

Right now, a small number of NGOs in the country are receiving funding from international donors (EU, UNDEF, MATRA, IHRD, private funds). Among the projects supported — increasing HIV awareness among young people, epidemiological surveillance among most-at-risk populations, strengthening the community of HIV positive women, advocacy for the rights of people using drugs. The average volume of annual funding varies from US $30,000 to US $100,000. The majority of the projects are closing in 2014. Major project funded by a non-GF grant in Russia is currently "Prevention of HIV infection among vulnerable groups: from better quality to better advocacy and integration" implemented by NP ESVERO with the support of European Commission, grant of 1,270 million Euros for 2012–2014.

Given the small amount of funds allocated by the GF to Russia, this Proposal can only slightly fill the major gap in HIV prevention among most-at-risk populations — IDUs, SWs and MSM. It also implies strengthening the communities of the vulnerable groups so that, on the one hand, vulnerable groups can increase their role in an independent and meaningful dialogue with the authorities to get access to evidence-based HIV prevention, treatment, care and support services which also includes state support and funding of the correspondent programs; on the other hand, so that communities of the vulnerable populations can act independently within the legislation to reduce criminalization, stigma and discrimination towards these groups from the part of the authorities, as well as from the society in general.

The above mentioned priorities have been determined during the National dialogue based on the analytical data of the epidemiological situation in the country and taking into account the conditions of provision of funds by the GF to fight HIV infection in Russia.

SECTION 3: FUNDING REQUEST TO THE GLOBAL FUND

This section details the request for funding and how the investment is strategically targeted to achieve greater impact on the disease and health systems**.** It requests an analysis of the key programmatic gaps, which forms the basis upon which the request is prioritized. The modular template (Table 2) organizes the request to clearly link the selected modules of interventions to the goals and objectives of the program, and associates these with indicators, targets, and costs.

3.1 Programmatic Gap Analysis

A programmatic gap analysis needs to be conducted for the three to six priority modules within the applicant's funding request.

Complete a programmatic gap table (Table1) detailing the quantifiable priority modules within the applicant's funding request.Ensure that the coverage levels for the priority modules selected are consistent with the coverage targets in section D of the modular template (Table2).

For any selected priority modules that are difficult to quantify (i.e. not service delivery modules), explain the gaps, the types of activities in place, the populations or groups involved, and the current funding sources and gaps.

This Proposal is aimed at filling significant programmatic and financial gaps existing in the current response to HIV epidemics in Russia, first of all due to the absence of the state support and recognition of evidence-based interventions internationally recommended prevention services for the key most-at-risk populations — IDUs, SWs, and MSM.

Given the funds allocated by the GF, epidemiological situation and local context (for more details on region selection criteria see Section 3.2), seven regions have been selected for the implementation of the project, where with the help the funding of this GF grant over 41,000

representatives of the key groups will receive comprehensive prevention services: 5% of estimated IDUs population, 7% of MSM and 6% of SWs. It is worth mentioning that the expected coverage is lower than recommended by the international organizations; however, taking into account the absence of any internal, or other funding sources except for the GF, the existence of functioning partner NGOs at the local level, it is a realistic objective to be achieved within the limits of the project. Implementation of prevention activities will allow for keeping the level of HIV prevalence among IDUs in the regions of the project at the current level of 16%, and among MSM and SWs — 14% and 13% respectively.

The proposal also implies filling the gap related to actual exclusion of the key vulnerable populations and PLWH from forming and implementing the national response to the spread of HIV infection. High level of stigma and discrimination of the key groups from the part of the medical community, as well as decision makers and general public serves as the most serious deterrent of the process. The proposal implies strengthening the communities of vulnerable groups in order for them, first, to increase their significance and involvement in the dialogue with the authorities for the access to evidence-based HIV prevention, treatment, care and support services including those provided by the state healthcare system, second, to act independently and within the legislation to reduce the negative impact of the stigmatizing and discriminating policy and attitude towards them from the part of the authorities as well as the general public. Due to the limited implementation period of the proposed action and its budget, it will not be possible to evaluate the long-term impact of this direction of activities with quantitative data. The results of this work will be evaluated qualitatively with the help of an analysis of decision making practices related to HIV/AIDS policy at regional and federal levels, through monitoring of legal policies regarding vulnerable groups, and community opinion analysis.

Besides the two above mentioned problems, the proposal is aimed at the main gap in the current response to the spread of HIV infection in Russia: the absence of unified national strategy that would include all recommended evidence-based effective approaches to control this disease — from primary prevention among general population internationally recognized evidence-based programs among the key most-at-risk populations to comprehensive, easily accessible up-to-date services in the sphere of HIV/AIDS treatment, care and support.

The situation with the development and approval of the national strategy is clearly described in Section 1.2. The most significant problem here is the rejection of the widely recommended effective, human rights–oriented prevention programs for vulnerable groups by the state and, as a result, lack of the required funding for their implementation in the country. The relevant activities described in the proposal will be aimed at analyzing and summarizing the results of the best national practices on HIV prevention among the key groups (including the results of the project on Objective 1), formation of the national evidence base, and arrangement of conditions for the introduction of the prevention measures with the recognized epidemiological and economic effectiveness into the national strategy to fight HIV.

These gaps have been identified and prioritized during the National dialogue held with the participation of the representatives of healthcare system, non-governmental organizations involved into response to the spread of HIV infection, communities of the key groups, international organizations, and based on the analysis of epidemiological data and current HIV/AIDS policy in the country.

3.2 Applicant Funding Request

Provide a strategic overview of the applicant's funding request to the Global Fund, including both the proposed investment of the allocation amount and the request above this amount. Describe how it addresses the gaps and constraints described in questions1, 2 and 3.1. If the Global Fund is supporting existing programs, explain how they will be adapted to maximize impact.

The goal of the Proposal – contributing to building and strengthening of the national legal, methodological and financial framework to enable sustainability and expanding coverage of the key groups with HIV prevention services, HIV/AIDS treatment, care and support.

The goal will be implemented through the following objectives:

1. **Support to prevention interventions to hold down the level of HIV prevalence in the selected regions among most-at-risk populations** – injecting drug users (IDUs) and their sexual partners, sex workers (SWs), men having sex with men (MSM).
2. **Strengthening advocacy** to remove legal barriers to the access to treatment and integration of the evidence-based prevention programs into the HIV national strategy and the existing healthcare and social system to ensure their further sustainability.
3. **Strengthening systems of the communities** of the key groups – IDUs, SWs, MSM, PLWH for the protection of their rights and impact on service and advocacy activities on HIV prevention among vulnerable populations.

The first objective comprises the basis of the program as it is aimed at implementation of the evidence-based HIV prevention programs, recommended by WHO, among IDUs and their sexual partners, SWs, MSM.

In previous years under the Global Fund Round 3 and Round 5 HIV grants, non-governmental organizations with support of national and international experts completed analysis of the effectiveness and cost-effectiveness of HIV prevention activities among most-at-risk populations in Russia. It resulted in the development of the complex of prevention and support services for IDUs, SWs and MSM, most effective and relevant to the country context. This complex of evidence based interventions forms a core of the current application for the Global Fund support for 2015–2017. Under the new grant the work is planned to be done in the regions selected by the Coordination Committee, formed during the National dialogue. The selection of the regions was based on two key criteria approved by the Coordination Committee:

- Criterion 1: epidemiologic situation — prevalence rate in 100,000 people as of December 31, 2013, according to the data of the Federal Scientific and Methodology Centre on AIDS
- Criterion 2: existing region capacity in implementing the projects for the key groups (IDUs, SWs, MSM).

The following factors were also taken into consideration: existing best practices in the work with the key target groups (evaluation made on the results achieved, routine monitoring of the activity, quality evaluation taking into account the opinion of the representatives of the key groups); active involvement of the key groups into the planning and implementation of prevention and support programs; capacity for further sustainability, that is: running interaction of NGOs building the core of this program with the institutions and bodies of the state healthcare and social security system, as well as with the local administration.

Given the potentially available for 2015–2017 funding of the GF, the comprehensive HIV prevention programs among most-at-risk populations (IDUs, SWs, MSM) will be implemented in the following regions:

Region (Entity of the RF)	**Criterion 1: epidemiologic situation – prevalence rate in 100,000 people according to the data of the Federal Scientific and Methodology Centre on AIDS as of December 31, 2013**	**Criterion 2: existing regional capacity in implementing the projects for the key groups (IDUs, SWs, MSM).**
Irkutsk region	1565.9	IDUs
Samara region	1444.7	IDUs, MSM
Sverdlovsk region	1308.3	IDUs, SWs
City of Saint Petersburg City of Moscow	1017.5 372.8	IDUs, SWs, MSM IDUs, SWs, MSM

Perm territory	683.5	IDUs, SWs
Krasnoyarskterritory	546.5	SWs
Omskregion	240.2	MSM
Tomskregion	150.7	IDUs, MSM

In case serious problems emerge in the selected regions hindering the implementation of the evidence-based prevention programs for separate key groups, as an exception, taking into consideration the opinion of the representatives of the key groups, the Principal Recipient in consultations with the Coordination Committee and the Global Fund Secretariat may make a decision concerning the implementation of the programs in other regions given the planned program expenditures in a region remain the same.

Work with injecting drug users is based on the 9-component approach (WHO) to HIV prevention, treatment and support, excluding substitution therapy which is prohibited by the RF law.

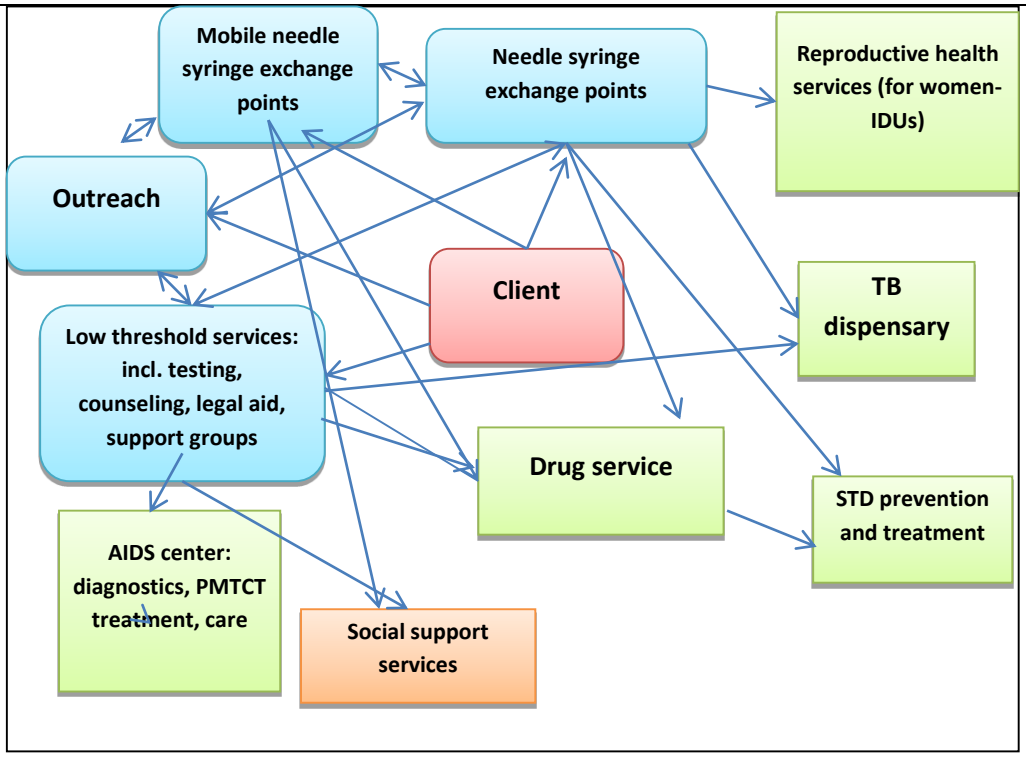
Regional NGOs — the central element of these prevention projects — provide basic and easily accessible prevention services to the IDUs, that is: exchange of injecting equipment, condoms distribution among IDUs and their sexual partners, HIV/HCV/STI testing[16] and counseling, information distribution and communication for the reduction of risks of HIV infection and other diseases related to drug use, and for withdrawal from drug use. In the regions of the program implementation NGOs providing low threshold services build around a network of "friendly", partner medical and social services from the state system. Within the framework of the general comprehensive harm reduction strategy and in close cooperation with low threshold programs these institutions provide HIV diagnostics and treatment, prevention, diagnostics and treatment of TB, STI and viral hepatitis. Where building of such networks is difficult, NGOs engage medical specialists to provide NGO-based medical services in the fields vital for the key groups.

NGOs provide connection of all the structures of the partnership network, coordination of efforts and case management for the clients of the programs to ensure all the required services are delivered (Pic.1. Pic.2)

Regional harm reduction projects will continue activities that address the specific needs of women who inject drugs. Targeted services include provision of women-specific items in basic harm reduction kits, dedicated women-only time and support groups, access to obstetrics-gynecologist and STI doctor at project site, referrals to trusted health and social specialists, information materials and counseling on HIV prevention, including PMTCT, parenting skills, response to violence; legal aid multidisciplinary case management. Wherever possible, harm reduction projects try to reach gender balance among staff providing services to women who use drugs, get staff trained on gender issues and involve female clients in service provision and design. Depending on local context, to better serve sex workers who use drugs the harm reduction projects either establish links between those services or tailor service provision in a way that suits specific needs of this risk group.

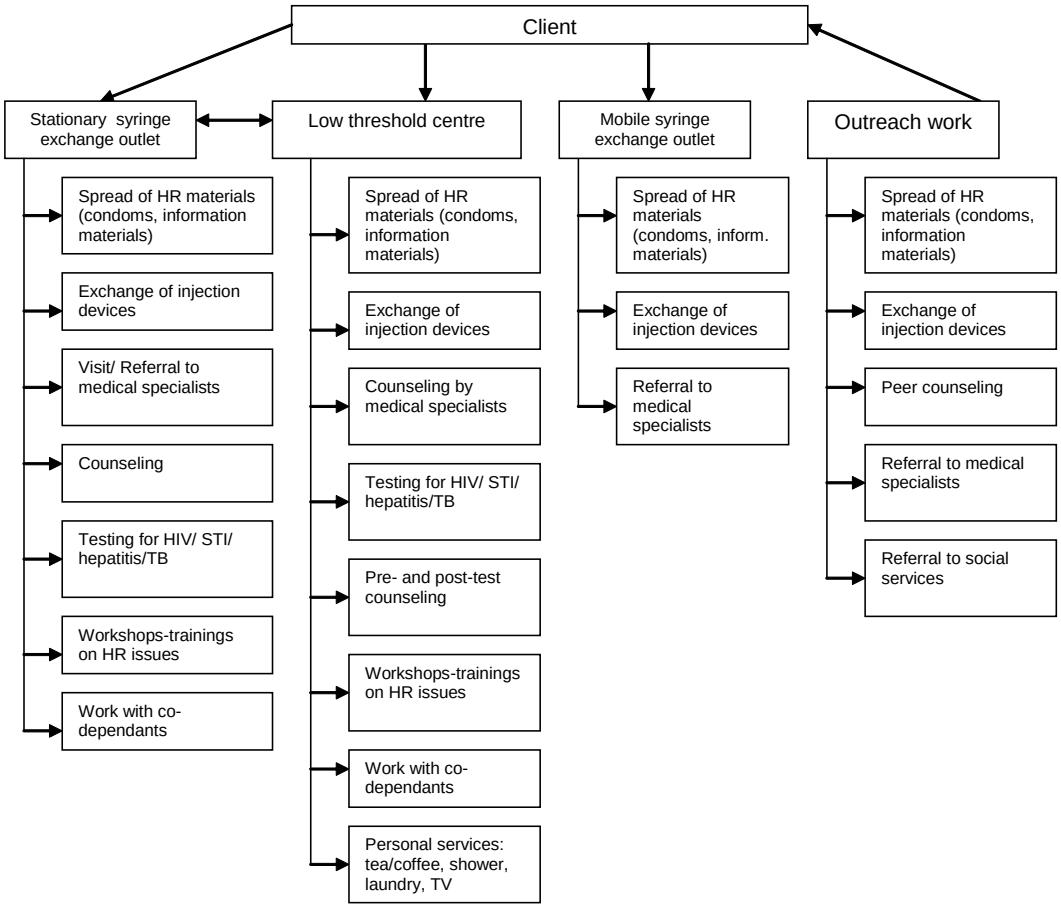
Pic. 1

[16] In Russia, only licensed health care institutions can administer blood-based tests including those for HIV, HCV, etc. Thus, NGOs only provide saliva-based tests in their prevention programs.


Mobile needle syringe exchange points
Needle syringe exchange points
Reproductive health services (for women-IDUs)
Outreach
Client
TB dispensary
Low threshold services: incl. testing, counseling, legal aid, support groups
Drug service
STD prevention and treatment
AIDS center: diagnostics, PMTCT treatment, care
Social support services

Pic.2

Services provided by NGOs



HIV prevention among SWs and MSM is based on the similar organization principles. In its center is the client, the contact to whom is established and kept by low threshold programs; the same programs facilitate referral of the clients to the institutions providing treatment and prevention services of a higher level. The list of services provided is based on the WHO recommendations and takes into account the local context.

In addition to providing core HIV prevention services and referrals to specialized health care institutions, behavior change communication is among key priorities for NGO-based low threshold programs working with the key groups. Primarily it focuses on promoting regular HIV/HCV/STI testing (depending on individual risk factors) offered by health care system, acquiring habit to routinely use preventive means, getting accustomed to attend a doctor whenever a health issue arises, thus forming a more responsible attitude to health and life.

Besides financial constraints (funding available for previous and current programs is far from being sufficient to cover needs of the key groups in HIV/HCV/STI testing and preventive means in full), in some cases representatives of the key groups (MSM and SWs in particular) have their own resources to buy condoms or get tested. For them, an NGO-run HIV prevention program is a source of information and motivation provided in a friendly, non-judgmental way and in an easy-to-comprehend form. That is why in addition to delivery of other services communication aimed at changing attitudes and behavior has always been a foundation stone of HIV prevention programs in Russia. It is also critical to ensure sustainability of preventive efforts, as it increases likeliness that program clients will apply safer behaviors on their own.

Communities of most-at-risk populations are involved into the program implementation through participation in the National dialogue and the Coordination Committee as well as through self-help groups, peer counseling, and peer outreach work at the regional level.

With support of the GF funding available for 2015–2017, more than 40,000 representatives of the key affected populations will receive comprehensive HIV prevention services. As Table 2 displays (Analysis of the programmatic gaps), the Global Fund grant will support provision of services for

5% of estimated population of IDUs, 7% of MSM and 6% of SWs in the selected regions.

During the implementation of the previous Global Fund grants some projects managed to get partial funding at the local level – from the regional budgets and other donors. Therefore, in addition to the full funding of the projects within the program implementation, some co-funding is expected. The expected amount is 550,526 USD. For the preliminary calculation of the component, an assessment of needs in the co-funding among the acting projects was conducted. 13 NGOs reported that 23 IDU, SW, and MSM projects needed it. The total amount of preliminary requested funding for three years totals up to 2,886,141 USD, of which 60% is for HIV prevention among IDUs, 25% — among MSM, 15% — among SWs. The sum requested for the procurement of health products (syringes, condoms, lubricants, etc.) reaches 1,181,614 USD (41% of the total amount), for projects support (outreach workers, external medical consultants, trainings, etc.) — 1,704,527 USD (59%). Local (republican, regional, district) budgets, medical services by medical preventive institution, presidential grants, and international donors were mentioned among the possible sources of available funding. Selection of organizations for co-funding will be done on a competitive basis at the program launch. Indicators suggested for this part of the program are: number of distributed syringes and condoms, number of clients reached by preventive services. Specific indicator definitions and target values will be determined upon completion of the contest. The list of the organizations (with budgets) which submitted their applications for the co-funding is attached (Annex 19).

Implementation of the first objective will help to achieve the main goal of the program, that is: contributing to building and strengthening of the national framework to enable sustainability and expanding coverage of the key groups with HIV prevention services, HIV/AIDS treatment, care and support.

Activities within **the second objective** are aimed at setting up conditions favorable for integration of evidence-based prevention programs into the national strategy to fight HIV, as well as into existing healthcare system to ensure their further sustainability. The need to include this objective into proposed action is substantiated by the existing gaps in the national HIV strategy, described in the Section 1, as well as by political barriers to work with most-at-risk populations — IDUs, SWs, and MSM.

Advocacy efforts will be focus on building a national evidence base for the effectiveness of prevention projects among most-at-risk populations; a special attention will be paid to demonstration of best practices accumulated through the project implementation.

Other advocacy activities will include engagement of representatives of the vulnerable communities into the process of development of the National Strategy to fight the spread of HIV infection in the Russian Federation in 2014–2020 and its Action Plan; delivery of expert support (through participation in working groups and public discussions) to the processes of administrative decision-making in the sphere of HIV prevention at the federal and regional levels. Efforts will also be made to include the comprehensive package of prevention services for most-at-risk populations into the regulatory documents of the corresponding federal institutions building methodological framework for the state healthcare system.

The result of this activity should be the existing evidence base, function to provide vulnerable groups with better services, which can be the basis of the further sustainability of the groups.

The third objective is aimed at strengthening the capacity of the key groups — IDUs, SWs, MSM, and PLWH — to overcome legal barriers to access to HIV prevention, treatment, care and support services as well as at increasing their influence on forming healthcare policy and expanding their participation in planning and implementation of the HIV/AIDS prevention and support programs targeting these groups.

Planned activities within this objective will be implemented in the mutually reinforcing directions:

- Strengthening the systems of the communities through social mobilization and building community networks and coordination — by the means of mapping, identification of leaders, training, and building and supporting coordination bodies of the communities;
- Development of institutional capacity of the community as well as its capacity to monitor quality of services provided, to ensure protection of its rights, and to advance social

accountability of the healthcare administrative bodies and service-providing institutions.

Provision of legal services on the basis of active outreach projects (street legal assistants) as well as prevention of discriminative action from the part of the law enforcement bodies (police) and healthcare institutions. Among the activities planned — educational trainings on protection of rights of the vulnerable groups and legal aspects of providing support to them — for the outreach workers (no less than 70% trained), officers of Police Patrol and Checkpoint services and Departments of Internal Affairs, medical specialists; development of information materials for the representatives of the key groups, as well as for the personnel of medical and prevention institutions and officers of Departments of Internal Affairs; documentation of human rights violations. The necessity of this objective in general is conditioned by a range of political and system barriers and gaps, described in the Sections 1 and 3.1, which create obstacles to the effective response to the HIV epidemic in the country.

Unfunded quality demand. As requested by the Global Fund Secretariat, the Coordination Committee analyzed the *above indicative* funding for the program. As is mentioned in the Section 3.2, due to limited resources it was decided to only target nine regions, selected according to two major criteria (the highest HIV prevalence rate as of December 2013 and existing regional capacities to implement project) for the implementation of effective evidence-based prevention interventions among the three key affected population groups.

However, as mentioned in the Section 1.1, all 83 Russian regions[17] are affected by the HIV epidemic and in all regions the majority of registered HIV cases are attributed to two principal ways of transmission — parenteral and sexual.[18] Hence, to cover the entire Russia through the implementation of prevention programs among IDU, SWs and MSM, an additional, *above indicative* funding would be required. To calculate its amount, the Coordination Committee used the following approach:

1. In 20 regions[19] with the highest HIV prevalence rate as of December 31, 2013, per the data by the Federal AIDS Center, the Committee planned the implementation of four HIV prevention projects among the three most-at-risk groups (two projects per region targeting PWIDs, one per region targeting SWs, and one per region targeting MSM)
2. In the remaining 63 regions with medium and low HIV prevalence rates, one prevention project per one key group is planned.
3. Full quality demand, or total amount required to implement HIV prevention activities among PWIDs, SWs and MSM in 83 Russian regions is US $120,489,790. Individual project costs used for the calculation are equal to average costs of individual regional projects to be funded within the *indicative funding* amount.
4. To conclude, the amount required to fill in the gap between the *full quality demand* and the *indicative funding* is US $108,545,006.

The Coordination Committee would like to signal to the Global Fund the amount of the full demand for the entire Russia, as long as its potential impact on the HIV epidemics in the country: 379,517 PWID (20% of the estimated IDU population), 84,926S SWs (20% of the estimated SW population), 242,576 MSM (20% of the estimated MSM population) reached by quality HIV prevention services. The list of the organizations ready to participate in Unfunded

[17]The number of regions in Russia is indicated as of March 17, 2014, i.e. prior to creation of two new territories – Republic of Crimea and City of Sevastopol. Comprised solely of civil society representatives, the Coordination Committee has no access to data on HIV prevalence as well as size estimates of PWID, SWs and MSM in those two new regions.

[18]Federal AIDS Center. (2014). HIV infection in the Russian Federation in 2013: Statistical Digest. Available at http://www.hivrussia.ru/

[19]The regions of the Russian Federation with the highest HIV prevalence are: Irkutsk (1565.9 people living with HIV per 100,000 pop.), Samara (1444.7), Sverdlovsk (1308.3), Leningrad (1127.6), Orenburg (112.8), Kemerovo (1101.7) Oblasts, Khanty-Mansi Autonomous Okrug (1019.9), the city of Saint Petersburg (1017.5), Chelyabinsk (827.2), Tyumen (826.4), and Ulyanovsk (805,7) Oblasts, Perm Krai (683.5), Novosibirsk Oblast (673,0), Altai Krai (648,7), Tver (621,5), Ivanovo (615,3), and Kaliningrad (561.3) Oblasts, Krasnoyarsk Krai (546.5), Moscow (540.9), and Murmansk (528.5) Oblasts.

Quality Demand component is attached (Annex 20).

3.3 Modular Template

Complete the modular template (Table2). To accompany the modular template, for both the allocation amount and the request above this amount, briefly:

a. Explain the rationale for the selection and prioritization of modules and interventions.

b. Describe the expected impact and outcomes, referring to evidence of effectiveness of the interventions being proposed. Highlight the additional gains expected from the funding requested above the allocation amount.

Given the overall goal of the Proposal and its objectives, all the activities of the future program have been put into the following key modules:

- Prevention — IDUs and their partners;
- Prevention — MSM;
- Prevention — sex workers and their clients;
- Removing the legal barriers and Strengthening advocacy;
- Strengthening the systems of the IDU, SW and MSM communities;

as well as modules on M&E and Program Management.

Taking into account the specifics of the epidemiologic situation — the majority of the reported HIV cases in the country is related to injecting drug use (for more detail see Section 1.1.), **HIV prevention among IDUs** and their partners make the key focus of prevention program, supported by 27% of the planned total grant budget. Activities in this direction will be implemented in seven selected regions; in some regions non-capital cities where serious problems have been detected will be covered by program activities, too. Altogether, it is planned to provide support to at least nine projects, which will provide comprehensive prevention services to no less than 4–5% of the estimated number of IDUs in the project regions; no less than 45% of the program clients will receive VCCT services in full and will be informed of the test results in 2015 and 2017, and no less than 95% — in 2016; on average, each of the IDU–clients will receive from the needle exchange programs no less than 150 syringes and needles per year. The minimum package of services that needs to be provided to IDUs to consider them covered includes: provision of information and counseling on HIV/AIDS, prevention means (sterile injecting equipment and condoms), and motivational counseling on HIV testing, referral to one or more specialists according to the needs, and when required — case management.

To strengthen the capacity of regional HIV prevention projects in the field of TB control among IDUs, the program plans to support on-site trainings at the TB Training center in Tomsk. Tomsk training center was created under the TB control program supported by Global Fund grant RUS-304-G02-T. Over the years of active work it has become a center for dissemination of the best practices in TB control among vulnerable groups. The training center promotes a multifunctional approach to client management, based on collaboration between NGO (low threshold programs) health institutions (TB and AIDS centers) and social services. Under the prospective grant, each regional project will get an on-site training on TB prevention and maintenance of treatment adherence among IDUs. Regional team to be trained will include representatives of low threshold program as well as specialists of partner health and social institutions.

The stated relatively small annual coverage by the prevention services for injecting drug users is determined by limited funding allocated by the Global Fund for the implementation of the program, as well as a significant number of IDUs in the two metropolitan cities — Moscow and Saint Petersburg (estimated at least 100,000 people). Work with IDUs in general is based on the recommended by WHO 9-component strategy of HIV prevention, treatment and support for drug

users with an only exception — the provision of substitution therapy, which in Russia is prohibited by law. More detail on characteristics of the implementation of the strategy within the stated program, institutions and organizations involved, services provided to IDUs including women-IDUs, is available in the Section 3.2.

As planned, the activities on the module "**HIV Prevention among MSM"** will be implemented at least in five of the seven selected regions of the project, that is, in the cities of Moscow and Saint Petersburg and capital cities of the federal subjects of the Russian Federation – Samara, Tomsk, and Omsk. Selection of these territories have been determined by the epidemiological situation in the regions, possible ways to reach the target group, expert opinion of the MSM communities, as well the presence of local partner organizations having good expertise or significant capacity for the implementation of the project activities. The activities planned include the whole spectrum of the internationally recognized prevention interventions for this key group: provision of information and counseling on STI and HIV, motivation for regular testing, rapid HIV testing, provision of condoms and lubricants, referral to trusted specialists or to the partner institutions, and case management. The program will widely use such methods as outreach work and special events (rapid testing and counseling) at the cruising areas, development of the online service for HIV and STI prevention which is in demand among the target group. It is planned that through the program implementation, no less than 6–7% of the estimated number of MSM in the regions will use the comprehensive prevention services annually, and no less than 45% of the program clients will receive HIV testing and counseling services and will be informed of the test result in 2015 and 2017, and no less than 95% in 2016. For the implementation of this component, it is projected to use 19% of the budget.

HIV prevention programs among sex workers (SWs) will be implemented in the capital cities of no less than five selected regions — Yekaterinburg, Perm, Krasnoyarsk, Moscow and Saint Petersburg. This approach is tailored to the target group characteristics, epidemiologic situation, and the presence of the partner organizations, including community-based ones, having expertise and capacity to work with this key group. No less than 5-6% of the estimated number of SWs will receive comprehensive HIV prevention services, no less than 45% of the program clients will receive HIV testing and counseling services and will be informed of the test result in 2015 and 2017, and no less than 95% in 2016. The planned activities are based on recommendations of the international community (WHO, UNAIDS) for the approaches to HIV prevention among SWs and include provision of information and counseling on HIV and STI, provision of condoms, HIV testing and rapid HIV testing, referral to partner institutions or trusted specialists — gynecologists, dermatovenerologists, infectious disease specialists — and to social services. Among the methods employed by the program are outreach, peer counseling and peer trainings, and low threshold centers for provision of comprehensive services. For the implementation of this component, it is projected to use 17% of the budget.

As in the case with the IDU-focused program, the stated relatively small annual coverage of MSM and SWs by the prevention services is due to limited funding, allocated by the Global Fund for the program implementation, as well as significant number of the key groups in two regions selected for project implementation – Moscow and Saint Petersburg.

The next module is dedicated to the second objective of the program, that is, **strengthening advocacy** for the removal of legal barriers to access to prevention and treatment, as well as integration of the evidence-based prevention programs into the national strategy to fight HIV infection, and the healthcare system. The projected budget share for this module is 10%. The activities in this module are dedicated to advocacy at the federal level for the integration of the evidence-based prevention programs among the key groups into the national strategy. Efforts will also be made to integrate the comprehensive package of prevention services for the key vulnerable groups into the regulatory documents of the corresponding federal institutions building methodological framework for the state healthcare system. Advocacy at the federal level is implemented through the participation of experts from NGOs and key group communities in the development of the national Strategy to fight HIV infection in the Russian Federation in 2014–2020 and its Action Plan. The activities will include provision of expert support to the development of the Strategy and its Action Plan; preparation of analytical reports on the effectiveness of prevention activities among vulnerable groups based on the existing national studies, to be presented to the corresponding institutions to assist the decision-making; preparation of expert proposals based on

these reports; informational and educational activities to promote the Strategy and its Action Plan — information campaign, press-conferences, and publications.

The Principal Recipient along with the implementing partners will present the project data as described above at major HIV-related events and to the key national governing bodies, such as annual congresses on HIV infection and viral hepatitis by the Federal Services of Consumer Rights Protection and Human Welfare, at the Infectious Disease Committee of the Russian Ministry of Health, the Council on NGOs of the Ministry of Social Development as well as at the HIV/AIDS Coordination Council at the Russian MOH. The Principal Recipient plans to advance its relations with the Russian Parliament (State Duma) that were established under the Round 3 HIV grant and continue support and collaboration with the Duma's Interfractional Working Group on prevention and comprehensive rehabilitation of drug users and prevention of HIV and other socially significant diseases. Considering the interest of the Duma Deputies towards activities in their represented regions, the Principal Recipient will ensure the participation of partner NGOs from project regions in the meetings of the Working Group. As it was done in the past, the Principal Recipient together with other NGOs implementing the program will present the results of their work at the Eastern Europe & Central Asia AIDS Conference (EECAAC); the next conference is will be held in Moscow in 2016.

To ensure high quality, scientific value and thus, better acceptance of the program data by policymakers, the Principal Recipient will continue collaboration with the North-Western State Medical University n.a. I. Mechnikov and the St. Petersburg Public Health Institute, especially in conducting the of cost-effectiveness and cost-benefit analyses of prevention interventions among KAPs (key affected groups). The program also intends to engage experts from the Federal AIDS Center and the Health Economics Institute at the Higher School of Economics.

All the efforts will be focused on the integration of the comprehensive package of prevention services for most-at-risk populations into the regulatory documents of the federal institutions building the methodological framework for HIV prevention within the state healthcare system. The evidence base for advocacy work will be comprised by the existing and future national studies of epidemiological and economic effectiveness of the prevention programs, as well as the bio-behavioral studies to be done during the three years of the project lifetime (see the M&E module). The module "Community Systems Strengthening" consists of activities aimed at achieving the third objective of the program — Strengthening the community systems of the key groups — IDUs, SWs, MSM, and PLWH for protection of their rights and providing impact on service and advocacy activities on HIV prevention among vulnerable groups.

The activities of this module are primarily aimed at strengthening the capacity of the key groups' communities. However, this module is closely related to the activities of the removal of legal barriers module.

The general objectives of the interrelated modules on the communities systems strengthening and removal of legal barriers are the development of the key groups representatives' practical skills to carry on an effective dialogue with the authorities on the access to the scientifically proved and human rights-sensitive programs of HIV prevention. Such skill are developed, on the one hand, through the search and engagement of community leaders to project activities implementation; on the other hand — by means of practical actions, which will employ existing legally approved instruments to appeal to the authorities, as well as by advocating and protecting the rights of the key groups. The overwhelming majority of the initial training activities are low-budget ones such as webinars (including inexpensive video clips). Within the modules, the emphasis is laid on the continued teaching of practical skills by means of activities on monitoring, advocacy, and protection of rights to equitable non-discriminatory access to HIV services. The few meetings of the key groups' representatives are aimed at planning and adjustment of monitoring, advocacy and protection of rights to access HIV services. As an example, the annual meetings of the National Monitoring Mechanism of the Drug Policy Reform, active in the RF since 2009, is a platform bringing together more than 70 participants — representatives of drug users, scientists, health workers, civil servants, legal experts, social workers, and representatives of HIV services organizations. At the meetings of the Mechanism, activities to be implemented by its participants on the most pressing issues are planned for the nearest year. As a rule, the result of the annual work of

the Mechanism's participants is the monitoring, evaluation, analysis and making of a report on the situation, drug policy issues and drug users' rights. The subject of the report is linked to one or another process at the United Nations, which suggests a dialogue between the RF government authorities and the civil society. Since 2009, the Mechanism has participated in the review of the situation around the right to access drug treatment within the framework of the execution of the United Nations Convention Against Torture; in the consideration of the situation with the observance of drug users' rights within the framework of the International Covenant on civil and political rights. Representatives of the Human Rights Commissioner of the RF, representatives of the UN High Commissioner for Human Rights, representatives of the UN Committee on Economic, Social and Cultural Rights, as well as representatives of many other UN agencies participated in the work of the Mechanism at various times. The reports of the Mechanism are always submitted to the relevant Committees of the Federal Assembly of the RF, Executive Office of the RF President, and Central Office of the Government of the RF. The Mechanism helped the voice of drug users to be heard on all levels, and made drug users acting as partners in the dialogue with the RF authorities.

Within the module "Removing legal barriers", activities on providing legal assistance to the key groups are planned to employ direct involvement of the key groups and outreach workers (street legal assistants). These activities are aimed at reducing criminalization and discrimination of the groups and include assessment of the legal environment, improving the legal literacy of the representatives of the key groups as well as law enforcement and healthcare systems — through full-time and online training, provision of information; protection of rights of the key groups through mediation, appeal to the authorities and law enforcement bodies, monitoring with the help of the community representatives and documentation the instances of rights observance and violations, as well as the levels of the quality of services provided. It is planned to add to each service project elements of the provision of services on the rights protection of the key groups by developing outreach workers' skills in overcoming legal obstacles (street legal assistants). Monitoring activities and the *street legal assistants* component will be supported by professional consultants, but the main activities will be performed by the community.

Building capacity of the community will be achieved through social mobilization, forming connections inside communities and coordination — through mapping, identification of leaders and their training, building and strengthening the coordination bodies of the communities, implementation of small grants aimed at developing practical skills of self-organization of the community by solving the most pressing issues caused by the lack of funding. It must be emphasized that such instrument as small grants has proved to be successful for the development of the communities system in Russia as well (ITPC small grants). Within the framework of small grants, the focus is made on helping the key groups' representatives to learn how to act independently when solving general problems and how to apply a coordinated and cumulative impact on the most urgent problems of access to HIV prevention programs. Recipients of small grants can be grassroots organizations, which, as a rule, are deprived of the opportunity to grow in the context of extremely limited financial resources. A range of activities — training, counseling, methodology development, data collection and analysis — will be aimed at building community capacities to monitor service quality, rights protection, and social accountability of the healthcare bodies and institutions. The projected cut of the funding for two last modules is 15%.

HSS – Health information system and M&E module comprises bio-behavioral studies among the key target groups of the project (IDUs, SWs and MSM) planned for 2015 and 2017, regular assessment of services quality of the prevention projects and clients satisfaction, and adaptation and maintenance of the unified program monitoring system SIMONA and statistical databases to collect and analyze primary program data from the prevention programs in the regions. The Principal Recipient also plans to conduct cost-effectiveness and cost-benefit analysis of preventive measures to stop HIV transmission among key affected populations. The budget share to support HSS and Project Management activities (last module) is projected at 22% of the total program budget.

3.4 Focus on Key Populations and/or Highest-impact Interventions

This question is <u>not</u> applicable for low-income countries.

Describe whether the focus of the funding request meets the Global Fund's Eligibility and Counterpart Financing Policy requirements as listed below:

a. If the applicant is a lower-middle-income country, describe how the funding request focuses at least 50 percent of the budget on underserved and key populations and/or highest-impact interventions.

b. If the applicant is an upper-middle-income country, describe how the funding request focuses 100 percent of the budget on underserved and key populations and/or highest-impact interventions.

The funds received from the Global Fund for the implementation of the program will be spent on work with the key populations — IDUs and their sexual partners, SWs, and MSM. The funding will be used to advance and support application by the projects of the best practices recommended by WHO for the work with IDUs, SWs, and MSM, including: provision of safety products, outreach work, peer motivational counseling, development of a network of partner institutions representing healthcare system, social security system, and human rights protection sector. These technologies allow for getting and sustaining the direct access to the key groups in spite the negative legal environment and existing political barriers to the scientifically proven HIV prevention programs, and provide the required specialized assistance. Nowadays, in the RF such activity is not supported directly from the budget, and outreach engaging representatives of the key communities is only surviving with the help the existing GF funding. Because of the high level of stigma from the part of the general public and healthcare system, NGO low threshold programs and their trusted specialists from partner institutions in many cases are the only way for the vulnerable groups to access medical and social care, testing, health protection information. Despite the officially declared accessibility of different kinds of services in this sphere for all populations, the groups most exposed to HIV infection are quite often left out of the system of the state healthcare. Activities aiming at supporting the collaboration of outreach workers with the existing network of trusted specialists will improve the quality of the care available and help remove the barriers the clients of the low threshold programs face when they refer to state institutions.

SECTION 4: IMPLEMENTATION ARRANGEMENTSAND RISK ASSESSMENT

4.1 Overview of Implementation Arrangements

Provide an overview of the proposed implementation arrangements for the funding request. In the response, describe:

a. If applicable, the reason why the proposed implementation arrangement does not reflect a dual-track financing arrangement (i.e. both government and non-government sector Principal Recipient(s).

b. If more than one Principal Recipient is nominated, how coordination will occur between Principal Recipients.

c. If applicable, the type of sub-recipient management arrangements likely to be put into place and whether sub-recipients have been identified.

d. If applicable, how coordination and oversight will occur between each nominated Principal Recipient and its respective sub-recipients.

e. How representatives of women's organizations, people living with the three diseases, and other key populations will actively participate in the implementation of this funding request.

The Concept note is prepared in compliance with the New funding rules of the GF for Non-CCM Concept notes. The proposal is submitted by the Coordination Committee formed by voting during the National dialogue on May 14, 2014.

Following the results of the National Dialogue (May 14, 2014) and open voting, the Coordination Committee nominates the Open Health Institute Foundation (OHI) — a non-commercial NGO founded in January 2003 to disseminate in Russia the best practices in the sphere of public health and implementation of evidence-based technologies in the field of disease prevention — as the Principal Recipient of the grant to support the announced program. Since its establishment, OHI focuses on health of vulnerable population groups lacking fair access to the existing health care services. Starting in 2004, OHI has been the Principal Recipient of the GF grants on HIV control with the total budget of US $118 million.

The Coordination Committee does not consider dual-track funding for the implementation of this proposal, since according to "the GF Policy of identifying the right for receiving funding based on qualification criteria and concerning joint funding" (GF Governing body resolution GF/B30/DP5 of 7-8 November 2013) only NGOs in Russia are given the opportunity to ask for and receive financial support of the GF.

The project will be implemented by the Principal Recipient — OHI — under the supervision of the Coordination Committee and with the involvement of the network of non-commercial NGOs in the project regions. In most cases Sub-Recipient organizations have been pre-determined, since to be selected as potential project sites, the regions and cities need to have experienced NGOs working with the key groups, as well as potential new partners from the local NGOs or perspectives for including new key groups into the range of current partner organizations activities (for example, an NGO with an expertise in the field of IDU will broaden its activities and deliver services to SWs as well). In addition to the regional NGOs, a number of organizations working on strengthening the systems of the communities and advocacy on the federal level are to be identified at the project launch to be involved in the project implementation.

Selection of the organization will be determined by the characteristics of the programs they implement and the unique expertise they possess in the corresponding fields.

Sub-Recipients activities will be coordinated by the Principal Recipient with the help of the same mechanisms it has been using for the 10 years of the GF grant implementation (RUS-304_G01-H). Sub-Recipient Management system includes procedures of PR`s grants implementation following the model of the GF and the World Bank and covering all spheres of SR`s activities — financial management, program activities, M&E, procurements; as well as certain PR`s personnel with appropriate expertise and qualification to manage the activity of the Sub-Recipients.

Please see below for more information on coordination of the activities within the program.

General supervision over the grant implementation by the Principal Recipient and Sub-Recipients will be executed by the Coordination Committee (CC) formed for the purposes of this program during the National dialogue held in May 2014. The Coordination Committee comprises representatives of the Russian non-governmental organizations, key group communities — IDUs, SWs, MSM, PLWH, and international organizations. In the absence of CCM, the formed Committee has taken up the task to prepare the grant proposal for the GF, nominate the Principal Recipient and supervise the program implementation if approved by the GF. Following the resolution of the National dialogue, the Coordination Committee performs its duties within the framework of the Terms that have been worked out and approved by the CC on the basis of the GF recommendations for the CCM (see Annex 15 to this proposal).

Apart from their participation in the CC work and its supervisory function, the key groups — communities of IDUs, SWs, MSM and PLWH — will be directly involved in the program implementation: activities on strengthening the systems of the communities, expert support of the advocacy work, and technical assistance to the activities under Objective 1 — HIV prevention among vulnerable groups.

4.2 Minimum Standards for Principal Recipients and Program Delivery

Complete this table for each nominated Principal Recipient. For more information on minimum standards, please refer to the concept note instructions.			
PR1 Name	**Open Health Institute Foundation**	**Sector**	**NGO**
Does this Principal Recipient currently manage a Global Fund grant(s) for this disease component or a cross-cutting health system strengthening grant(s)?		☐**Yes** ☐No	
Minimum Standards		**Assessment**	
1. The Principal Recipient demonstrates effective management structures and planning		For 10 years OHI has been the Principal Recipient of the GF grant RUS-304-G01-H, and during the revisions of the Local Fund Agent and the GF throughout all these years it has been certified as A1-A2. Apart from the GF grant, OHI has been implementing projects with international and Russian funding, for example, "Health" National project in the "HIV" component (2006-2009), Federal Target Program (2007), Anti-Smoking Advocacy Coalition with the support of Blumberg Fund. OHI`s Administrative and Planning system includes organizational structure, distribution of responsibility and authority, administrative style and main principles, personnel policy, procedures of financial and programmatic accountability for external use, procedures of internal administrative record and accountability for internal purposes; compliance of the economic operations with the current Russian legislation and the requirements of the donor agencies. Attached organigram reflects OHI`s administrative structure and distribution of responsibility and authority among divisions and bodies of the fund (see Annex 16). Regular meetings of the administrative bodies, advisory council and board are held to discuss the development strategy; at the meetings, decisions are made related to the execution of the principal activities, the results of the activities are reviewed. The meetings of the administrative are documented.	
2. The Principal Recipient has the capacity and systems for effective management and oversight of sub-recipients (and relevant sub-sub-recipients)		Being the Principal Recipient of the GF grant for 10 years, OHI has created an effective system of management and supervision of the activity of Sub-Recipients and Sub-Sub-Recipients. At different times of the project implementation OHI executed management of over 50 sub-recipients and about 100 sub-sub-recipients, including NGOs as well as governmental institutions. Main elements and	

	approaches of this system duplicate the similar elements of the system of the GF grant management and are documented in the corresponding terms of the Standard Donation Agreement with Sub-Recipients (Annex 17). The Agreements regulate programmatic, financial aspects of the SR`s activity, procurements, responsibility and authority of the SRs and PR towards the SRs, and is in compliance with both the Russian legislation and the GF requirements which has been confirmed by the annual audits and revisions by the Local Fund Agent.
3. The internal control system of the Principal Recipient is effective to prevent and detect misuse or fraud	The system of the internal control applied by OHI allows for effective prevention and detection of inappropriate use of funds through the following factors: the managers are aware of the importance of the financial accountability and pay significant attention to the issues related to the accounting record keeping and financial reporting; the managers are careful concerning operational risks; decision taking procedure, approval and implementation of activities are regulated by internal documents of disposition; job descriptions of the personnel are very detailed, including financial services, where rights, duties and responsibilities, and accountability of every member of the staff are identified, personnel of the financial services are educated, experienced and qualified enough to effectively perform their duties; primary documents confirming the appropriate use of the funds are in compliance with the requirements of the current legislation and the terms of the Donation Agreements.
4. The financial management system of the Principal Recipient is effective and accurate	The Fund has developed and implemented both in its own organization and in Sub-Recipients`, a record keeping policy in compliance with the requirements of the Russian legislation and character of the organizational activity. There`s a system of budget indicators installed in all organizations, 1C system of the record keeping is used for financial management, as well as Grant Management System which allows for planning, calculation and analysis of the funds in terms of programmatic and operational activities. OHI conducts routine monthly revisions of the SRs` primary financial documents. No less than 80% of the annually allocated funds of the SRs` is subjected to audit, in case of auditor`s comments OHI makes administrative decisions, gives recommendations to the organizations, and monitors their implementation.

5. Central warehousing and regional warehouse have capacity, and are aligned with good storage practices to ensure adequate condition, integrity and security of health products	Central warehousing and regional warehouse have capacity, and are aligned with good storage practices to ensure adequate condition, integrity and security of health products. Procurements of main health products (syringes, tests, condoms) are conducted in a centralized way by OHI. They are delivered from the warehouses by the suppliers selected during the open tender to the regional SR organizations. During the transportation all the health products are insured by OHI under delivery contract to avoid losses at delivery. All regional SR organizations are responsible for availability of the appropriate warehouses and the acceptance of the health products. It should be noted that practically all delivered products do not require any special storage conditions. Given the capacity of the warehouses of the regional organizations, the annual delivery of the products is conducted in two or three steps to ensure availability, adequate conditions, integrity and security of the health products. As part of the annual monitoring site visits, OHI controls the conditions of storage of supplies and record keeping of the health products. The small amount of expendable materials purchased by the projects on-site does not require any special warehouses.
6. The distribution systems and transportation arrangements are efficient to ensure continued and secured supply of health products to end users to avoid treatment/program disruptions	The distribution systems and transportation arrangements are efficient to ensure continued and secured supply of health products to end users to avoid program disruptions. Scheduled delivery and distribution of the health products to the recipients is conducted on the basis of the end users` requirements, quarterly SRs` reports on health product usage and rummage. Prior to every delivery OHI makes an enquiry to the regional projects about the required range and quality of the health products, if necessary, changes are made to the original plan. Based on the received information OHI plans continued and secured supply of health products to the regional projects. International or national tenders allow for choosing reliable suppliers of the health products. In the delivery contracts, all the requirements to transportation and delivery dates are stated. Throughout all deliveries OHI conducts online control of the transportation of the health products. The final payment to the suppliers is made only after the timely delivery of all the products.

7. Data-collection capacity and tools are in place to monitor program performance	From 2005 on, OHI has been using online M&E system SIMONA (http://simonaohi.ru/rus/) which was created for the purpose of the GF project by the leading expert institution in the country – Central Science and Research Institute for Public Health Organization. SIMONA is an Internet application with a limited access which allows to fulfill the following tasks: 1. Collection and centralized storage of full description and meanings of the project`s indicators, information on the activity in the regions and project-related materials. 2. Data analysis required for the monitoring and evaluation of the project activity. 3. Preparation of reports on the project indicators according to the accepted standards; preparation of program reports. 4. Consolidating all the elements of the system of monitoring and evaluation of the project. 5. Online access to timely updated information on the project. To collect quantitative data on HIV prevention programs among IDUs and SWs, OHI has installed online databases to which all Sub-Recipients who work in these fields have access, as well as M&E personnel. The database allows to add, verify and analyze working data of the regional projects, in total, the information is collected on more than 30 indicators, there is a built-in control system of the entered data. On the similar principle a database on prevention programs among MSM was created. The Database is an internal tool and quarterly reports (narrative and digital values of the activity results) are manually added to M&E system SIMONA.
8. A functional routine reporting system with reasonable coverage is in place to report program performance timely and accurately	Monitoring and evaluation plan is created for each grant implementation period to describe all main elements of accountability system within the program – layout and contents of the quarterly and monthly reports, people in charge, submission dates and data verification. Besides routine revision of data in terms of its completeness and accuracy, OHI conducts regular monitoring site visits to the regional projects – programmatic audit, during which the quality of the delivered services are evaluated (through observation, interviews with the staff members and project clients), as well as the revision of primary and reporting documents. Quality assessment of the services delivered by

	the SRs on HIV prevention programs among vulnerable groups and assessment of client satisfaction in terms of amount and quality of services are also conducted annually. Once in two years studies are conducted to evaluate the outcomes of the prevention activities – epidemiological surveillance of the 2nd generation survey among IDUs and SWs, including IDU-SWs, and bio-behavioral studies – among SWs and MSM; incidence level analysis is also conducted based on the reported and accounting data of the projects on HIV prevention among IDUs and analysis of the project coverage of the target groups. To evaluate the outcomes of the 10-year project implementation (2004 – 2014), OHI has conducted cost-efficiency analysis and estimation of economic value of harm reduction projects. The estimation included data analysis of all epidemiological surveillances (2006, 2008, 2011, 2013) and displayed value of 38 kopecks to one ruble (every invested ruble has brought one ruble 38 kopecks). When launching a new project or moving on to a new stage of the project, OHI conducts comprehensive rapid assessment of the situation in the regions of the project implementation – mapping of the target groups, potential partners among NGOs, state medical and social institutions; calculates the size of the target groups with the use of different tools (i.e. multiple coefficient).
9. Implementers have capacity to comply with quality requirements and to monitor product quality throughout the in-country supply chain	Within the prospective program, the majority of procurement will be centralized procurement of health products (syringes, needles, condoms, hygiene products, etc.) facilitated by the PR. The PR makes centralized procurement through suppliers selected by an open tender, the terms of the contract including supplier`s responsibility for the delivery of the product of appropriate quality, according to the approved specification, on the scheduled time. The quality of the product is checked and approved by the organization-receiver in the regions, whose responsibility is to timely inform the PR in case a problem is detected. Besides, during the regular assessment of the client satisfaction with the quality of the prevention services they also evaluate the quality of the provided prevention means. Based on that evaluation, the PR when necessary and within existing possibilities makes changes to the range of supplies and also to delivery terms with the suppliers to ensure their appropriate quality.

4.3 Current or Anticipated Risks to Program Delivery and Principal Recipient(s) Performance

a. With reference to the portfolio analysis (where available), describe any major risks in the country and implementation environment that might negatively affect the performance of the proposed interventions including external risks, Principal Recipient and key implementers' capacity, and past and current performance issues.

b. Describe the proposed risk-mitigation measures (including technical assistance) included in the funding request.

1-2 PAGES SUGGESTED

Risk description	Level of risk	Risk mitigation measures
Obstacles created by the law enforcement bodies and general public to implement the prevention programs by the sub-recipients among the key groups due to legal environment being poorly defined for this area of activity and due to existing regulatory acts of discriminative and criminalizing nature, in the first place, related to drug users and MSM (for more detail see Section 1.1)	Medium	Both Principal Recipient and its partner NGOs in the regions have over 10 years experience of working in the field of harm reduction and HIV prevention among IDUs, are aware of this risk, and at times face its manifestations. Through these years, the NGOs have acquired expertise in mitigating this risk: they provide unbiased information about harm reduction strategies and collaborate with the law enforcement bodies and local administrations. Mitigation of the risk related to the implementation of prevention programs among MSM will be achieved through targeted prevention activities focusing on adult cruising areas and specialized adult web-sites to avoid possible application of the wide interpretation of the Federal Law on amendments to Article 5 of the Federal Law "On Child Protection from the information that can cause harm to their health and development" of June 29, 2013 and other separate regulatory acts of the Russian Federation aimed at protection of children from the information promoting denial of traditional family values. Within the module on removing the legal barriers, actions are planned to provide legal services and legal education to the representatives of the key groups, among other things, to prevent violation of their rights by representatives of the law enforcement bodies.
There is a possibility that all NGOs participating in the GF grant programs will be declared the so-called "foreign agents" due to the fact that these NGOs will receive funds from an international donor and	Low	Though overall present, this risk will be low within the context of the program, as according to the FL, the political activity subjected to registration as a foreign agent does not refer to "activity in the field of healthcare, prevention and health protection of the citizens, social support and protection of the citizens, as well as activity in the field

"implement activity with the purpose to influence decision making by the state bodies to change the existing state policy as well as to form public opinion with the mentioned purposes"[20] – in accordance with the FL of the RF of 20 July 2012 N 121-FL		of contributing to charity and volunteering"[21]. Furthermore, although in case the status of foreign agent is given, it would mostly mean increased control from the part of the state authorities, which does not imply an automatic closure of the organization or its activity.
Low sustainability of OHI Foundation, as well as NGOs-Sub-Recipients after the GF grant reaches its end.	Medium	To ensure sustainability and continued activity after the GF grant reaches its end, OHI, similarly to other NGOs participating in the program implementation, should diversify its sources of funding and get involved in implementation of other projects alongside the GF grant. For many years, OHI has been successful in it distributing responsibilities of the GF grant management and projects funded from other sources among its highly qualified staff members. In the future, OHI is also planning to diversify its funding through raising funds from other donors – internal state resources and business sector that has become a more active player in collaboration with non-commercial and patient organizations in the country. Advocacy activities performed within the current GF grant, as well as the work done under other GF grants can help regional NGOs expand their funding sources – from the state, local authorities, and other Russian and international donors. Successful implementation of the module on participation in the development of the National Strategy may contribute to bringing prevention activities to a higher national level.
Due to the limited Program funding, not all NGOs seeking financial support will be able to receive it. For this reason, some NGOs can undertake efforts in order to stop the entire Global Fund Program in Russia, i.e. through resorting to authorities with complaints	Low	Members of the Coordinating Committee as well as the Program implementing partners shall put maximum efforts in order to develop a constructive dialogue with all partners on the national level, as well as to gain support for Program activities among key populations.

[20] Federal Law of the Russian Federation of 20 July 2012 N 121-ФЗ "On making amendments to certain legislative acts of the RF regarding regulations of the activity of non-commercial organizations performing the functions of foreign agents".

[21] Federal Law of the Russian Federation of 20 July 2012 N 121-ФЗ "On making amendments to certain legislative acts of the RF regarding regulations of the activity of non-commercial organizations performing the functions of foreign agents".

CORE TABLES, NON-CCM ELIGIBILITY AND ENDORSEMENT OF THE CONCEPT NOTE
Before submitting the concept note, ensure that all the core tables and the Non-CCM eligibility section mentioned below have been filled in using the online grant management platform or, in exceptional cases, attached to the application using the offline templates provided. These documents can only be submitted by email if the applicant receives Secretariat permission to do so.

- ☐ Table 1: Programmatic Gap Table(s)
- ☐ Table2: Modular Template
- ☐ Table3: List of Abbreviations and Annexes
- ☐ Non-CCM Eligibility Requirements
- ☐ Endorsement of Concept Note from Authorized Non-CCM representative