



**PROJECT DOCUMENT**

**Republic of Belarus**

*Срок реализации  
28.12.2022 -  
31.12.2024*

**Project Title:** Strengthening of HIV and tuberculosis ("TB") national systems of prevention, treatment, care and support in the Republic of Belarus – phase 2

**Project Number:** 00144593

**Implementing Partner:** United Nations Development Programme [DIM]

**Start Date:** preparatory stage from 01.11.2022; the main stage of implementation from 01.01.2023

**End Date:** 31.12.2024

**Country Coordinating Mechanism (CCM) Meeting date:** November 1, 2022

**Brief Description**

This project aims to combat the spread of human immunodeficiency virus (HIV), tuberculosis (TB), coronavirus infection and its consequences (under the COVID-19 Response Mechanism (C19RM)), in Belarus for the period from November 1, 2022 to December 31, 2024.

**Project goals:**

- To contain the HIV epidemics in the concentrated phase and to reduce the HIV-related morbidity and mortality in Belarus;
- the reduction of morbidity and TB-related mortality, as well as the improvement of the treatment outcomes, especially in patients with MDR/XDR-TB in Belarus.

**Project objectives include the following:**



1. to scale up the delivery of evidence-based, integrated and regionally prioritized package of HIV prevention and treatment services to KP groups at risk of or affected by HIV;
2. to build national capacities to fully uptake the programmatic and financial responsibility of HIV response in Belarus;
3. to strengthen community systems to ensure relevant, human rights and public health based, sustainable and integrated HIV response measures for key affected populations;
4. to ensure universal access to high-quality rapid laboratory diagnosis of all forms of TB, including MDR/XDR TB;
5. to enhance coverage of MDR/XDR-TB patients with high-quality treatment;
6. to improve MDR-TB treatment outcomes with appropriate patient-centred support, including patients from high-risk groups and vulnerable populations;
7. to improve management of HIV-associated TB;
8. to strengthen National monitoring and evaluation system, National TB program management for improved performance of TB control program.

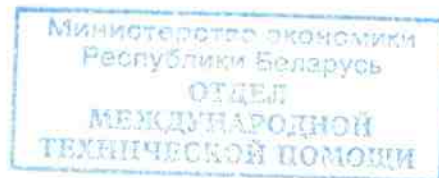
Project interventions were developed in accordance with the guidelines and requirements of the GFATM for recipient countries and national priorities in the field of HIV prevention and tuberculosis control, enshrined in the State Program "Health of the people and demographic security" for 2021-2025, approved by the Resolution of the Council of Ministers dated January 19 2021 No.28.

The project is aimed at supporting the efforts of the Government of the Republic of Belarus, within the framework of the implementation of the State Program "Health of the People and Demographic Security" for 2021-2025 and involves the implementation of activities for specific diseases in key and vulnerable groups of the population in accordance with the priority needs of the country in accordance with the National Strategic Plan for HIV prevention (2021–2025) and the National Strategic Plan to End TB (2021–2025). HIV and TB interventions are evidence-based programs for key and vulnerable populations, developed in accordance with the recommendations of WHO, the Stop TB Partnership and UNAIDS. The project activities will contribute to further transition to state financing of measures to combat HIV/AIDS and tuberculosis, ensuring the availability and continuity of the provision of preventive services and treatment for key populations.

<p>Contributing Outcome (Draft documents UNSDCF, CPD, RPD):</p> <p><b>National Priority or goal:</b> Resilient development of family institution, quality growth of human capital, productive employment and decent incomes.</p> <p><b>UNSDCF outcome #4:</b> By 2025, improvements in data collection, gender equality policies, and child and elements of gender budgeting created conditions for men and women of all ages, including those of 65 years and older, as well as girls and boys, to better realize and improve the quality of their lives, including through increased opportunities for employment and better protection from gender- based and domestic violence.</p> <p><b>Related Strategic Plan outcome:</b> Outcome 2: Accelerate structural transformations for sustainable development.</p> <p><b>Output 4.3:</b> Measures to strengthen the healthcare system, especially at the primary care level, for the response to COVID-19 and prevention and control of NCDs, HIV and infectious diseases, developed and introduced.</p> <p><b>Indicative Output(s) with gender marker:</b> GEN2 (Gender equality is a significant objective).</p>	<p><b>Total resources required:</b></p> <p style="text-align: right;"><b>24,824,362</b></p>
	<p><b>UNDP TRAC:</b></p>
	<p><b>Donor:</b> GFATM</p>
	<p><b>Government:</b></p>
	<p><b>In-Kind:</b></p>
<p><b>Total resources allocated:</b> <b>24,824,362 USD</b></p>	<p><b>Unfunded:</b></p>

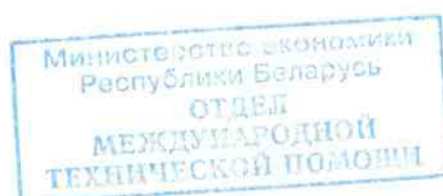
Agreed by:

<p>Ministry of Health of the Republic of Belarus on behalf of the Government of the Republic of Belarus</p>	<p>UNDP</p>
<p>Print Name: Dmitry Pinevich Minister of Health of the Republic of Belarus</p> 	<p>Print Name: Alexandra Solovieva UNDP Resident Representative</p> 
<p>Date:</p>	<p>Date:</p>
<p>Republican Scientific and Practical Centre for Medical Technologies, Informatization, Administration and Management of Health (RSPC MT) (National Responsible Partner)</p> <p>Print Name: Dzmitry Ruzanau Director RSPC MT</p> 	
<p>Date:</p>	



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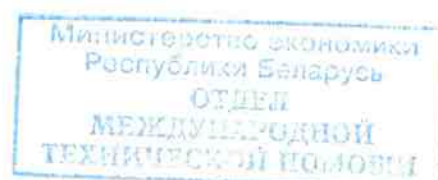


**LIST OF ABBREVIATIONS:**

Anti-TB drugs	Anti- Tuberculosis drugs
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ASP	Additional Safeguard Policy
Bdq	Bedaquiline
BeIAU	Belarusian Association of UNESCO Club
BPaL	Bedaquiline, pretomanid and linezolid treatment regimen
BRCS	Belarusian Red Cross Society
BYN	Belorussian Rouble
C19RM	Global Fund's COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
COVID-19	Infectious disease caused by the novel coronavirus SARS-CoV-2
CPD	Country programme document
CSO	Civil Society Organization
GB	Government of Belarus
Dlm	Delamanid
DFaL MIA	Department of Finance and Logistics of the Ministry of Internal Affairs of the Republic of Belarus
DR-TB	Drug-resistant tuberculosis
DST	Drug susceptibility testing
DTG	Dolutegravir
EECA	East Europe and Central Asia
EIA	Enzyme Immunoassays
EID	Early Infant Diagnostic test
FLD	First line TB drugs
FQ	Fluoroquinolones
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GF/GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
IBBS	Integrated Biological and Behavioural Surveillance
HIV	Human immunodeficiency virus
HIV-ST	HIV self-testing kit
HP	Human papillomavirus
KP	Key populations
LFA	Local Fund Agent
LTA	Long-term agreement
LTBI	Latent TB infection
M&E	Monitoring and evaluation
MDR-TB	Multidrug-resistant TB
MDT	Multidisciplinary Teams
MoH	Ministry of Health
MSM	Men who have sex with men
mSTR	modified Shortened Treatment Regimens for MDR-TB
NGO	Non-governmental organization
NEP	Needle exchange program
NRL	National Reference Laboratory
NSP	National Strategic Plan



NTP	National Tuberculosis (Control) Program
OAI	Office of Audit and Investigations
OST	Opioid substitution therapy
PCR	Polymerase Chain Reaction
PDL	Places of deprivation of liberty
PIU	Project implementation Unit
PLHIV	People Living With HIV
PR	Principal Recipient
PrEP	Pre-exposure prophylaxis
PSM	Procurement and Supply Management
PWID	Persons who inject drugs
RB	Republic of Belarus
rGLC	regional Green Light Committee
RCHEPH	Republican Centre for Hygiene, Epidemiology and Public Health
RSPC MT	Republican Scientific and Practical Centre for Medical Technologies, Informatization, Administration and Management of Health
RSPC PT	Republican Scientific and Practical Centre for Pulmonology and TB
RR-TB	Rifampicin-Resistant Tuberculosis
RDT	Rapid Diagnostic Test
S&D	Stigma and Discrimination
SCM	Social Contracting Mechanism
SDG	Sustainable Development Goal
SLDs	Second-line TB drugs
SR/SSR	Sub-recipient/Sub-sub-recipient
SW	Sex Workers
TB	Tuberculosis
TG	Transgender People
TPT	Tuberculosis Preventive Treatment
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNBoA	United Nations Board of Auditors
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UNSDCF	United Nations Sustainable Development Cooperation Framework
USD	United States Dollar
VL	Viral Load
VST	Video-Supported Treatment
VHC	Viral hepatitis C
WB	Western blotting
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis





## I. DEVELOPMENT PROBLEM

According to the World Bank ranking, the Republic of Belarus (RB) is an upper-middle-income country whose gross domestic product (GDP) amounts to \$60.26 billion (\$6,424.20 per capita) as of 2020. The population of Belarus is about 9,255,524 people<sup>1</sup>. Under the National Strategy of Sustainable Socio-Economic Development of Belarus until 2030 Belarus undertakes the commitment to 'leave no one behind' and address inequality and discrimination faced by vulnerable groups of the population. The Government of Belarus (GB) shows regional leadership as it adopts the health-related targets under the Sustainable Development Goals (SDGs) as part of its national statistics and strategic programs. There has been progress in the area of inter-sectoral cooperation on health issues, increasing participation of civil society in the programs of harm reduction and support for people living with HIV and tuberculosis.

In January 2021, a new strategic policy and financial document (inter-sectoral financial plan), i.e. the State Program "Health of the People and Demographic Security" for 2021-2025 including sub-programs on Countering the Spread of Tuberculosis and Prevention of HIV Infection<sup>2</sup>, was approved.

The Republic of Belarus is one of the few post-Soviet and European countries that managed to preserve its state-funded healthcare system and adapt it to the emerging socio-economic conditions. Over the last years, the share of healthcare expenditures has been making up about 4% of the total state budget expenditures, which corresponds to the value of the social protection threshold recommended by the World Health Organization and the National Security Concept of the Republic of Belarus<sup>3</sup>. Universal access to free healthcare is ensured for all citizens. In 2019, the universal health coverage index of the Republic of Belarus (UHC) amounted to 70.5, which was much higher than the average value for the countries of Europe and Central Asia (63.2)<sup>4</sup>.

The healthcare system is a state service, and responsibility for its oversight and management rests on the Ministry of Health of the Republic of Belarus (MoH).

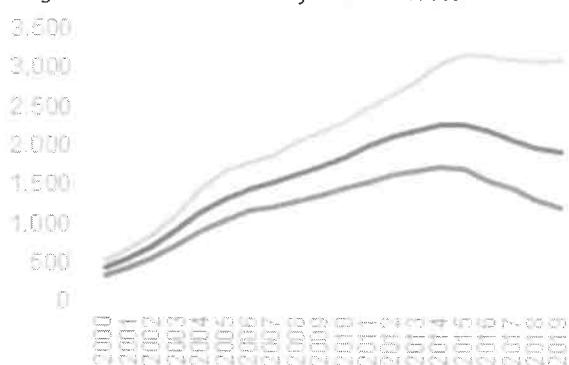
The Republic of Belarus is implementing updated national tuberculosis and HIV strategies for 2021-2025 to reduce the burden of disease and suffering associated with HIV and tuberculosis; improve favourable conditions and people-centred systems to effectively and sustainably respond to HIV and TB challenges and minimize the negative effects of COVID-19 coronavirus infection.

### HIV

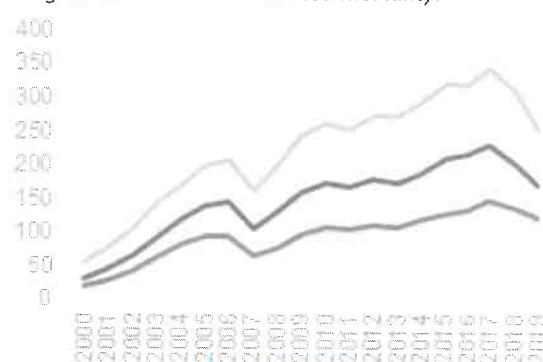
According to the estimates by Spectrum, a special predictive statistical program, in 2020, there were 28,000 [22,000-37,000] adults and children living with HIV (PLHIV) in Belarus, including 19,000 adult men and 9,000 adult women. Estimates have it that the number of new infections per year was 1,300 [1,000-2,000] including 500 cases of women. AIDS-related mortality is estimated at <200 cases per year<sup>5</sup>. Between 2010 and 2019, the number of new HIV infections increased by 4% and AIDS-related mortality decreased by 2% (Figure 1).

Figure 1 - Estimated number of new HIV cases and AIDS-related mortality.

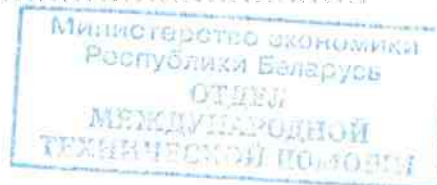
Diag. 1. Estimated number of new HIV cases.



Diag. 2. Estimated AIDS-related mortality.



Source: Spectrum 2020.



<sup>1</sup> <http://belstat.gov.by>

<sup>2</sup> Resolution no. 28 of the Council of Ministers of the Republic of Belarus of 19 January 2021 "On the State Program on Health of the People and Demographic Security of the Republic of Belarus for 2021-2025".

<sup>3</sup> <https://president.gov.by/en/belarus/social/healthcare>

<sup>4</sup> HME. 2019 country profile. Belarus. <http://www.healthdata.org/belarus>; GBD 2019 Universal Health Coverage Collaborators, 2020. [https://doi.org/10.1016/S0140-6736\(20\)30750-9](https://doi.org/10.1016/S0140-6736(20)30750-9).

<sup>5</sup> UNAIDS, AIDS INFO - global data on epidemiology and HIV response.

**Modes of transmission:** In Belarus, the main reported modes of HIV transmission include heterosexual contact (74%), injection drug use (21%) and sex between men (3%). Mother-to-child transmission and unknown routes of transmission constitute less than 1% of cases (Table 1).

Table 1 Modes of transmission in Belarus, 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-2020	
												#	%
<b>Injection drug use</b>	223	254	247	200	376	794	600	485	380	363	222	<b>4144</b>	<b>21%</b>
<b>Heterosexual</b>	789	881	919	1263	1349	1416	1671	1868	1846	1659	1100	<b>14761</b>	<b>74%</b>
<b>Homosexual</b>	14	29	31	43	53	58	71	72	96	82	79	<b>628</b>	<b>3%</b>
<b>Mother-to-child transmission</b>	22	23	16	16	15	26	20	13	4	10	5	<b>170</b>	<b>1%</b>
<b>Other</b>	0	0	0	3	3	0	0	0	0	0	0	<b>6</b>	<b>0%</b>
<b>Unknown</b>	21	9	10	8	17	11	29	29	27	23	21	<b>205</b>	<b>1%</b>
<b>Total</b>	1069	1196	1223	1533	1813	2305	2391	2467	2353	2137	1427	<b>19914</b>	<b>100%</b>

Source: MoH HIV Epidemiology Annual Reports

At the same time, the proportion of injection drug use has been persistently decreasing with a simultaneous increase in the proportion of homosexual HIV transmission, while heterosexual HIV transmission of HIV remains predominant. No data are available for the transgender cohort; the next integrated epidemiologic surveillance (IBBS 2023) that will be conducted in 2023 will cover this cohort.

### National HIV Response

The Ministry of Health is the central organization in charge of development and implementation of the national HIV response measures. Deputy Minister of Health and Chief State Sanitary Officer of the Republic of Belarus is the national HIV coordinator. A number of state organizations are responsible for the programmatic areas of HIV response, in particular the Republican Centre for Hygiene, Epidemiology and Public Health (RCHEPH).

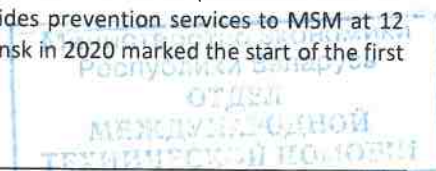
Belarusian HIV prevention system is based on the work of territorial centres for hygiene and epidemiology (basically, it is preventive care among the general population) and NGOs that provide HIV services (mainly HIV prevention and testing services for key populations).

Struggle against HIV is a part of the State Program on Health of the People and Demographic Security of the Republic of Belarus for 2021-2025 (sub-program 5 "Prevention of HIV Infection"). The main goals of the sub-program by 2025 are to achieve 92% coverage among people, who live with HIV and know their HIV-positive status, with antiretroviral therapy (ART), hold the risk of mother-to-child HIV transmission below 2% and increase the coverage of key populations at high risk for HIV infection with preventive services to 64%.

The estimated cost of the national response for the period 2021-2025 is 179 million roubles. Priority interventions at the national level include:

- optimizing HIV screening and increasing HIV testing coverage among people at high risk of HIV infection;
- increasing ART coverage, quality and adherence, HIV care and support in accordance with the UNAIDS 95-95-95 strategy;
- increasing the effectiveness and coverage of populations at high risk of HIV infection with prevention programs;
- maintaining the status of a country that has eliminated mother-to-child vertical HIV transmission;
- reducing stigma, preventing discrimination and removing barriers to accessing HIV treatment and prevention.

**Programs for Key Populations:** Since 2004, NGO-based HIV prevention programs for key populations have been implemented. Since 2017, programs of prevention among PWID have also been implemented by government healthcare organizations. The main services are provided by permanent and mobile prevention sites. For PWID, programs are implemented in the five most HIV-affected cities and in other 23 communities through 34 prevention service centres (counseling, needle exchange program (NEP) and HIV testing). Among them, seven permanent and five mobile sites are run by community-based organizations employing 140 outreach workers, and 19 permanent and three mobile sites operate on the basis of government healthcare organizations employing 65 outreach workers. Six NGOs at 11 permanent and two mobile sites provide services to SW including SW using drugs. One NGO provides prevention services to MSM at 12 centres located in all regions Belarus. The opening of a low-threshold centre in Minsk in 2020 marked the start of the first project for transgender people (TG).



Compared to the level of 2016, coverage of prevention services increased significantly in both absolute and relative terms to reach 72% among PWID, 54% among SW and 46% among MSM in 2020, so in absolute terms it doubled among sex workers and men who have sex with men (Table 2).

Table 2. Coverage of prevention programs for key populations (minimum package of services).

	2016		2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>PWID</b>	37.764	57	39.111	59	37.213	56	46.764	70	51.201	77	57.347	72
<b>SW</b>	5.589	25	6.424	29	5.639	30	8.977	46	10.021	51	10.089	54
<b>MSM</b>	6.652	11	7.725	13	8.592	14	12.820	41	12.978	41	14.706	46

**Opioid Substitution Therapy (OST) Program** OST services, including procurement of medicines, transitioned to state financing. In 2020, OST services expanded geographically and now are provided in 20 centres located in 18 cities. According to UNAIDS 2019 data, 3.7% of PWID are enrolled in OST programs. By the end of 2020, there were 696 people on OST including 277 people living with HIV, of whom 253 were on ART. To increase treatment uptake and retention in treatment programs, since 2020 HIV services have been offering 'peer-to-peer' counseling. Gaps in OST provision are due to limited accessibility and insufficient list of services: lack of coordinated care for patients, who have co-morbidities, and slow progress in the practice of providing patients with take home medicines<sup>6</sup>.

According to 2019 UNAIDS data, about 8.5 percent of people in prisons are living with HIV. With UNODC support and in cooperation with the Belarusian Ministry of Internal Affairs, trainings were conducted for internal affairs bodies on referring such persons to NGO specialists to improve access to harm reduction services; also, efforts were made to revise current legislation in order to reduce prison sentences and introduce measures that could be an alternative to imprisonment of PWID. According to recent reviews, decriminalization in Belarus would help save 431 million Euros, which could be reinvested in scaling up ART and OST to reduce the number of new infections by 64%<sup>7</sup>.

**Introduction of Pre-Exposure Prophylaxis (PrEP)** Due to support of the regional grant "Sustainability of Services for Key Populations in the EECA Region" for 2019-2021 and WHO country office, a pilot project was implemented to provide PrEP to men who have sex with men (MSM). Under this pilot project, 120 MSM were screened and used PrEP. Currently PrEP scaling-up and PrEP provision to other key populations is being planned in Belarus.

**Mother-to-child transmission:** In 2016, Belarus was validated by the World Health Organization as one of the first countries in the European region for having successfully eliminated mother-to-child transmission of HIV and maintained this status in 2018 and 2020. In 2020, 97% of infants born to women living with HIV underwent early infant diagnosis testing (EID) before two months of age. Healthcare for women during pregnancy, childbirth and the postpartum period is provided free of charge. ART coverage among pregnant women with HIV infection in 2019 amounted to > 99%, and reached 100% among new-borns.

**Progress towards the 90-90-90 targets:** by the end of 2020, Belarus advanced significantly in achieving the global 90-90-90 targets. According to UNAIDS, 81% of all people living with HIV know their HIV status; of them 82% are on ART and 90% of them have viral suppression. This is a serious achievement compared to other Eastern European countries. Nevertheless, there are several limitations and obstacles to accessing formal HIV services for key populations, which is mainly caused by the fear of criminalization, stigma and discrimination.

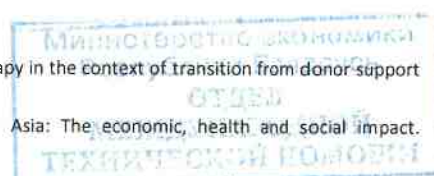
**HIV testing:** the percentage of PLHIV who know their status increased from 66% in 2015 to 82% in 2020, all regions of the country reached 80% with the highest result of 84.5% in Grodno region. However about 5,000 (18%) of almost 28,000 people living with HIV still don't know their HIV status. The national state-funded testing strategy is centred on mass screening of the population at large with some signs of geographic priority (Gomel and Minsk regions and the city of Minsk). The number of HIV screening tests amounted to almost 1.5 million in 2020, which is equal to 263 tests per 1,000 people in the general population, i.e. over 10% of the population was screened in 2020. HIV testing in penitentiary settings is performed among persons in temporary detention centres upon arrival at prisons.

To increase case detection and early diagnosis, the following strategies have been implemented in Belarus: (i) targeted screening at healthcare facilities using rapid tests; (ii) community-based screening of key populations using rapid tests; and (iii) self-testing: In 2018, HIV self-testing kits (HIV-ST) were introduced with UNAIDS support and are available in pharmacies now.

Testing gaps include insufficient HIV testing uptake among key populations, especially among PWID (28% of the established target), with higher testing uptake among MSM (66%) and SW (63%), which is far behind the established targets. The reasons are: restrictions in decentralization of HIV testing among lay providers, poor counseling, underuse of rapid tests

<sup>6</sup> A. Kralko (2020). Republic of Belarus: Analysis of sustainability of opioid agonist substitution therapy in the context of transition from donor support to national financing. Vilnius, Lithuania: Eurasian Harm Reduction Association.

<sup>7</sup> The Economist Intelligence Unit (2021). Drug Control Policies in Eastern Europe and Central Asia: The economic, health and social impact. [https://eiu.perspectives.economist.com/sites/default/files/eiu\\_apb\\_investing\\_hiv\\_launch.pdf](https://eiu.perspectives.economist.com/sites/default/files/eiu_apb_investing_hiv_launch.pdf)





when testing at healthcare facilities, low efficiency (screening tests, then confirmatory tests), delays in obtaining confirmatory test results and diagnosing.

**Bringing to treatment and rapid initiation of treatment** remain key issues. It results from client behavioural barriers, bureaucratic barriers and criminalization of HIV transmission as a result of risk behaviour: a person diagnosed with HIV has to undergo an epidemiological investigation and be notified of legal liability for intentional transmission of HIV. Only after this step, in which a healthcare worker (epidemiologist) from another facility takes part, the person can be enrolled in the ART program. This entails an average delay of 37 days in timely diagnosis, and it can take up to 90-120 days from diagnosis to initiation of ART.

The project will support the development of the national testing strategy based on rapid diagnostic tests (RDT) or a combination of RDT and enzyme immunoassay (EIA); diagnostic algorithm updating and rapid initiation of treatment in parallel with efforts aimed at elimination of the key systemic barriers.

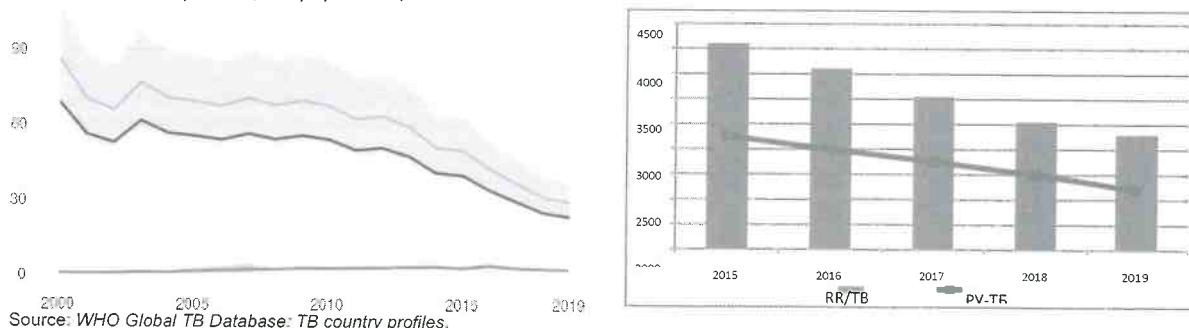
**Antiretroviral therapy (ART):** The Government of Belarus is financing a greater portion of HIV care and treatment programs. Specialized HIV care including ART is provided by 10 clinical departments, 149 offices of infectious disease doctors and 29 healthcare facilities within the penitentiary system. Supported by the Global Fund and UNAIDS, social workers provide psychosocial support and treatment adherence support, and multidisciplinary teams of professionals support families affected by HIV and drug use. The 'Treat All' approach introduced in 2018 significantly accelerated PLHIV enrolment in HIV treatment. The number of PLHIV diagnosed with HIV and started on ART has increased more than twofold since 2016 (from 8,652 to 18,765), including increased proportion of people switched to optimized treatment regimens. Since 2016, dolutegravir-based treatment regimens have been used. During the COVID-19 pandemic, mobile stations were set up to provide clinical care and implement monitoring and also, home delivery of ART medicines was organized. These measures helped maintain adherence to treatment among PLHIV from among the key populations.

### Tuberculosis

The TB epidemiological situation in the Republic of Belarus is improving. TB mortality in 2020 decreased to 1.22 cases per 100,000 population, which is 69.5% less than in 2015, thus exceeding the target of the WHO Global End TB Strategy (35%). In 2020, there were 1,530 new and relapsed TB cases (61% treatment coverage); the case registration rate amounted to 16.26 cases per 100,000 population, which is 53% less than in 2016 (the End TB Strategy target is 20%) (Figure 2). TB incidence decrease is being observed in all regions and in prison settings. Among patients with drug-susceptible tuberculosis (2019 cohort), treatment proved successful in 89% of patients.

Figure 2 - TB incidence rate, registration of disease cases and TB/HIV cases.

*Estimated rates of TB incidence, registration of disease cases and TB/HIV cases per 100,000 population, 2000-2019. Registered TB and RR/TB cases, 2015-2019.*

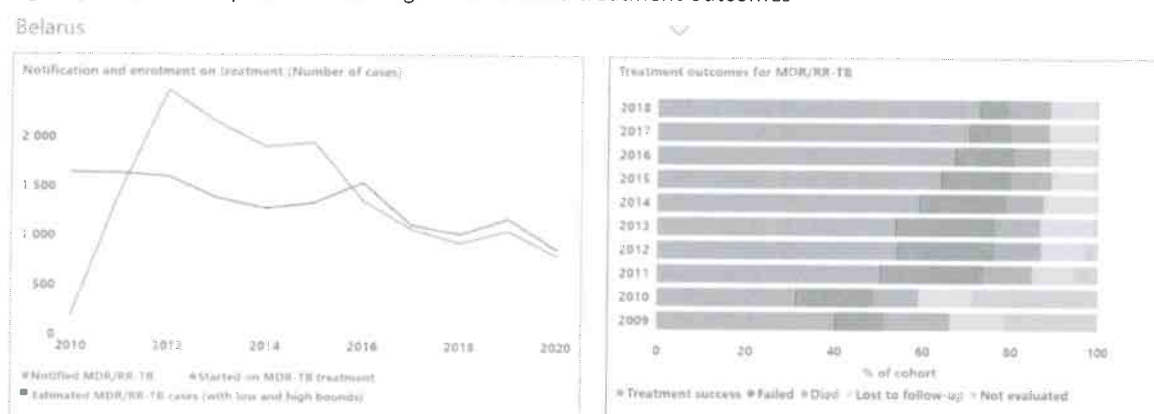


The Republic of Belarus is a high TB priority country and is among 30 countries with high rifampicin-resistant TB burden (RR-TB). Compared to 2015, the incidence of RR-TB is gradually decreasing in line with the overall decline in the number of registered TB cases. Nevertheless, RR-TB prevalence remains high accounting for just over a half of all reported cases of tuberculosis. According to the regular epidemiological surveillance data for 2020, 38% of new cases and 67% of cases of pulmonary tuberculosis re-treatment were characterized by resistance to rifampicin. Drug resistance to fluoroquinolones (Fq) among new and retreated RR-TB cases amounted to 29% and 62% respectively. Worryingly, bedaquiline resistance was detected in 6% of patients with DR-TB examined by national reference laboratories (NRLs) in 2020, which is mainly observed in TB/HIV co-infected patients.

Since 2010, about 15,369 MDR-TB patients have been treated. The number of patients receiving treatment is gradually decreasing: in 2021 there were 727 patients undergoing treatment, in 2020 - 811, and in 2019, 1,059 patients were under

treatment. Outcomes of RR/MDR-TB and XDR-TB treatment are improving and so far, have reached 74% and 77% respectively (Figure 3)<sup>8</sup>.

Figure 3 - Number of patients receiving treatment and treatment outcomes



### National Tuberculosis Program

State Program "Health of the People and Demographic Security" for 2021-2025, sub-program 4 "Countering the Spread of Tuberculosis" provides for implementation of all TB measures in the country, both at the national and local levels. The national TB measures for 2021-2025 will be determined by the National TB Strategic Plan 2015–2025. The goal of the plan is to stop the spread of drug-sensitive and drug-resistant TB by ensuring universal access to prevention, diagnosis, treatment and care services. National Targets by 2025:

- to reduce TB incidence to 19.3 cases per 100,000 population;
- to reduce DR-TB incidence to 12.5 cases per 100,000 population;
- to reduce TB mortality to 2.1 cases per 100,000 population;
- to achieve the treatment success rate of 79% for DR-TB patients.

The national TB targets will be achieved by means of priority actions that improve access to early diagnosis of tuberculosis through case detection and diagnosis of MDR-TB, improvement of TB treatment outcomes due to increased access to MDR-TB treatment regimens recommended by WHO and treatment adherence support and also, due to increased coverage of all key populations with TB preventive treatment.

The Republican Scientific and Practical Centre for Pulmonology and Tuberculosis (RSPC PT) provides general management and oversight of the system of epidemiological TB surveillance in the country. TB services are provided via a network of specialized TB facilities and primary healthcare system. The number of TB beds in hospitals significantly decreased (from 3,989 in 2017 to 2,930 in 2019, or by 26.6%), and the Ministry of Health plans to further optimize the model of healthcare delivery and allocate the released funds to strengthen outpatient and polyclinic services. The National Tuberculosis Control Program (NTP) is successfully expanding the options of video directly observed treatment (VDOT). There are also different forms of treatment adherence support: food packages, public transport allowances in the amount of \$19 in dollar equivalent (provided to MDR-TB patients through the Global Fund grant), and one-time payments from local governments (about \$80 in dollar equivalent).

### TB Diagnosis

In 2020, 95% of all new and relapse cases of tuberculosis were confirmed bacteriologically. Of all new and relapse TB cases, 94% were tested using rapid diagnostic methods (Xpert) recommended by WHO; 100% of new and previously treated TB cases with bacteriological confirmation were subjected to drug susceptibility test (DST) and showed resistance to rifampicin; DST also showed that 100% of patients with RR/MDR-TB were fluoroquinolones resistant.

### Treatment of Tuberculosis

Since 2005, the Government has been purchasing first-line anti-TB drugs. In 2015, the national plan to introduce new TB drugs was approved. In 2016, Belarus started complementary procurement of second-line anti-TB drugs with a progressive increase in the proportion of domestically produced drugs up to 90% in 2020. In 2017, as part of the WHO/Europe regional initiative, Belarus introduced oral modified shorter treatment regimens (mSTR) for MDR-TB. In 2019, mSTR were expanded due to additional supplies of new and repurposed anti-TB drugs. Since 2019, Belarus has also been a participant in the TB-PRACTECAL study implemented by Médecins Sans Frontières (MSF) to develop new effective and less toxic treatment regimens for MDR-TB (30 new patients participate in the study every year). In most cases, patients receive bedaquiline for

<sup>8</sup> Source: WHO, [www.who.int/tb/data](http://www.who.int/tb/data)

more than six consecutive months because of the high level of resistance to second-line anti-TB drugs. Problems occur when purchasing new anti-TB drugs using state budget, since clofazimine (Cfz) and delamanid (Dlm) have not been registered in the country, and bedaquiline (Bdq), clofazimine (Cfz) and delamanid (Dlm) have not been included in the essential medicines list; to solve this problem, in February 2021, the Ministry of Health established a high level working group; as a result of its work the first state procurement of bedaquiline was implemented in 2022.

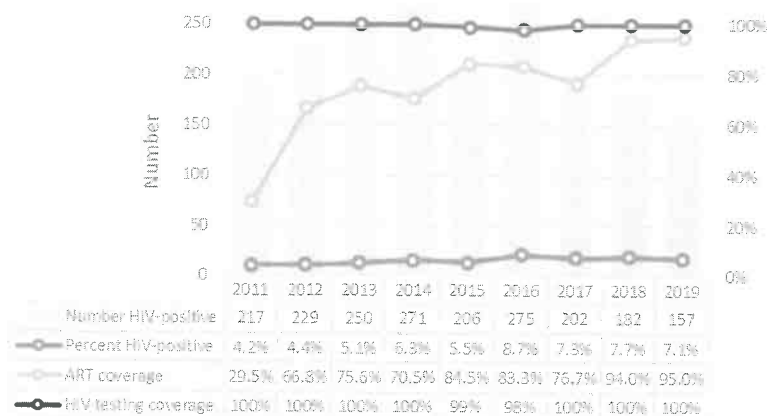
The number of **TB cases in the penitentiary system** is also declining rapidly (94, 55, and 33 TB cases in 2018-2020 respectively), but the number is still several times higher than in the civilian sector. The annual proportion of TB/HIV cases in the penitentiary system has been about 20% for the past few years, which is also higher than in the civilian population. According to the National TB Control Program (NTP), 40-45% of all patients are alcohol dependent. NPT, funded by the Global Fund, provides psychological counseling, harm reduction and rehabilitation services and social support to people with TB and alcohol dependence.

### TB/HIV

HIV prevalence among TB patients increased from 4.2% in 2011 to 7.1% in 2019, with an average of 150-200 PLHIV diagnosed with TB. In 2020, 100% of registered TB cases were tested for HIV, and 95% of the detected cases were initiated on ART (WHO TB Country Profile, 2019) (Figure 4). The mortality rate among TB/HIV patients is twice as high (13%) compared to PLHIV (7%). People with TB/HIV co-infection are usually monitored by the TB service, and an HIV specialist optimizes ART regimens considering drug compatibility and prescribes TB preventive treatment (TPT) after ruling out active TB. In 2019, 63% of PLWH received TB preventive treatment.

Figure 4 - TB/HIV indicators.

Diag. TB/HIV indicators, 2011-2019



Source: Overview of TB Epidemiological Situation in Belarus, WHO/Europe, 2020

The National TB Strategic Plan 2021-2025 involves measures to improve TB/HIV prevention and case management. Consultations between national TB and HIV programs and other relevant stakeholders will continue to improve national and regional coordination, joint planning to integrate TB and HIV services, joint epidemiological surveillance, monitoring and evaluation. Access to HIV rapid tests and ART at TB facilities will be improved (dolutegravir-based regimens recommended by WHO as first-line therapy for patients with TB and HIV co-infection; raltegravir-based regimens for all RR-TB/HIV patients). In accordance with the latest WHO recommendations, HIV treatment services will have improved access to Xpert MTB/RIF rapid tests to improve case detection and screening among PLHIV. The Plan also provides for TB care for the patients addicted to alcohol and/or drugs (e.g., TB treatment at harm reduction/OST centres, viral hepatitis (VHC) diagnosis and treatment).

### COVID-19

As of 1 July 2022, 994,037<sup>9</sup> confirmed cases of coronavirus infection (COVID-19) and 7,118 deaths were registered in Belarus. The Ministry of Health in cooperation with other ministries and departments, WHO and neighbouring countries organized and implemented a number of timely preventive measures in the country. Quarantine control of persons arriving in the country is being implemented at all border checkpoints. Public healthcare services conducted epidemiological investigations and determined the scope of infection control measures. The Government introduced certain quarantine measures, mask and self-isolation regimes for those affected or the contacts. Persons arriving in Belarus (regardless of the country of departure) were subject to self-isolation for 10 days (except for drivers of transit trucks), and since December 2021 this requirement has been eliminated. In May 2022, the requirement to take a PCR test when entering the country was also eliminated.

<sup>9</sup> <https://stopcovid.belta.by>



Laboratory testing for SARS-CoV-2 was conducted by 32 specialized laboratories operating 24 hours a day, seven days a week. Over 27,000 tests were performed daily.

The national COVID-19 response was supported by the World Bank loan allocated for the Belarus Emergency COVID-19 Response Project under the COVID-19 Strategic Preparedness and Response Program based on the multiphase programmatic approach, 2020-2022. This funding enables urgent procurement of the most needed medical equipment, supplies, personal protective equipment, healthcare personnel training and public awareness raising.

On May 3, 2021, the Government of Belarus adopted a Comprehensive COVID-19 Response Plan for 2021-2022. The major goal of the plan is to implement measures to prevent the spread of COVID-19 and mitigate the consequences of COVID-19. As of June 2022, 68% of the population were vaccinated with a single dose, and 66.7% were fully vaccinated<sup>10</sup>. Vaccination is mainly carried out using Sputnik vaccine (Russian Federation).

The COVID-19 epidemic had a serious impact on HIV and tuberculosis services. In 2020, HIV testing rates decreased by 13% compared to 2019, and ART initiation rates decreased by 48% compared to 2019. At the same time, length of treatment improved as a result of ongoing efforts to adhere to treatment and COVID-19 adaptation, including NGO participation<sup>11</sup>.

As part of COVID-19 response, TB facilities were partially redesigned, while specialized inpatient TB care was preserved.

Funding for the COVID-19 Response Mechanism (C19RM) helped government entities and NGOs on the ground ensure access to services for key populations during the pandemic and minimize the risk of COVID-19 infection.

The following measures were taken to mitigate the effects of the pandemic:

- cross-use of the national Xpert network for testing for TB, HIV and COVID-19;
- expansion of video directly observed therapy: 650 smartphones were purchased and distributed among TB patients in 2020 (150 smartphones in 2019);
- enhanced case management services (if necessary, medicines are delivered whenever convenient to a patient) and increased use of the 'hospital-at-home' care model;
- greater involvement of NGOs in the HIV prevention and treatment cascade with an increased focus on HIV testing and further treatment;
- procurement and operation of five mobile sites to support access among PLHIV that enable access to ART, medical consultations and monitoring of PLHIV treatment.

### Human Rights and Gender Equality

In 2019-2020, the Country Coordinating Mechanism (CCM), supported by the Global Fund, conducted a sociological study to assess the needs of key populations (KP) in order to ensure sustainable TB and HIV prevention, treatment, care and support measures (hereafter, needs assessment of key populations), in which 131 participants from all key and vulnerable groups of population participated. The study identified the important issues of KP access to relevant information and services as well as social inclusion and responsibility.

**Stigma and discrimination (S&D)** against PLHIV and KP hinder access to healthcare in general and to HIV preventive testing and treatment services. According to the 2021 People Living with HIV Stigma Index 2.0, the following experiences of avoiding medical care/services because of belonging to certain key populations were noted: men who have sex with men (MSM) - 1.6% in the last 12 months and 14.3% ever, sex workers (SW) - 9.0% in the last 12 months and 22.0% ever, PWUD (people who use drugs, not only injecting drugs) - 3.8% in the last 12 months and 50.6% ever. During the study, the following additional key populations were identified: people with some different gender identity, women who have sex with women (WSW) and bisexual people. These groups reported the following experiences of avoiding care/services: people with different gender identity - 14.3% in the last 12 months and 28.6% ever, WSW - 7.1% in the last 12 months and 21.4% ever, bisexual people - 0% in the last 12 months and 9.5% ever. Also, according to the results of this study, 9.7% of PLHIV chose not to seek healthcare in the last 12 months because of their HIV status.

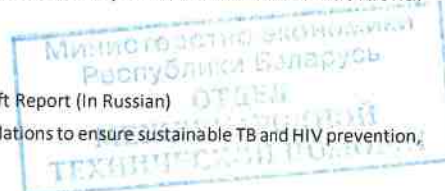
The results of the Integrated Epidemiological Surveillance (IBBS 2020) showed that 35% of PWID, 25% of SW and 14% of MSM avoid healthcare facilities because of stigma and discrimination and that often key populations (KP) do not disclose their HIV status while taking tests at healthcare facilities. The results of the KP needs assessment show that S&D continues to influence healthcare seeking behaviour. The assessment findings emphasize that fears related to disclosure of HIV status and drug use are important factors that influence healthcare access<sup>12</sup>.

The study demonstrated that the majority of key populations have access to services in both NGO (78%) and public sectors (74%) with a very limited role of the private sector (10%). Concurrently a high level of discomfort while working with KP was observed among public sector providers, who do not typically provide assistance to KP, and their need for additional

<sup>10</sup> <https://ourworldindata.org/covid-vaccinations?country=BLR>

<sup>11</sup> Ukraine Public Health Institute (2021) Impact of Covid Pandemic on HIV epidemic and services. Draft Report (In Russian)

<sup>12</sup> Zakrevskaya A, Dubitskaya O, Mun A (2020) (2020) Sociological study to assess the needs of key populations to ensure sustainable TB and HIV prevention, treatment, care and support measures. Annex 14







## II. STRATEGY

The project implementation strategy is defined by:

The Grant Agreement of 17 November 2022 to finance the activities, signed by UNDP and the Donor represented by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The amount of funding under this Agreement is 24,824,362 (twenty four million eight hundred twenty four thousand three hundred sixty two) US dollars.

The Agreement aims to:

- contain the HIV epidemics in the concentrated phase and to reduce the HIV-related morbidity and mortality in Belarus;
- reduce morbidity and TB-related mortality, as well as improve the treatment outcomes, especially in patients with multidrug-resistant and extensively drug-resistant TB (MDR/XDR-TB) in Belarus;
- strengthen the national monitoring system and healthcare system to control HIV and TB;
- increase the healthcare system capacity for the response to COVID-19 in Belarus, reduce the negative impact on preventive services for the key populations (KP).

UNDP directly supports the national program through Outcome 4 of the Country Programme Document (CPD) for Belarus (2021-2025): Promoting Equal Economic and Social Opportunities for Men and Women. In particular, Output 4.3 will involve measures to strengthen the healthcare system, especially at the primary care level, for the response to COVID-19 and prevention and control of noncommunicable disease (NCDs), HIV and infectious diseases. This priority of the UNDP Country Office falls under Outcome 2 of the UNDP Strategic Plan: Accelerate structural transformations for sustainable development.

The project will support the Republic of Belarus in performing its SDG commitments. The project is mainly focused on Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages, namely:

- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

This project will also contribute to the achievement of other SDGs related to the HIV and TB response:

- SDG 5 Gender equality
- SDG 10 Reduced Inequalities
- SDG 17 Partnerships for the Goals.

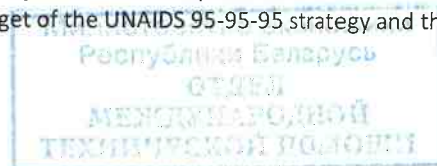
The project aims to support the efforts of the Republic of Belarus to implement the State Program "Health of the People and Demographic Security" for 2021-2025:

- sub-program 5 *Prevention of HIV Infection*: - 92% coverage with antiretroviral therapy (ART); maintenance of mother-to-child transmission rate below 2%; increase to 64% in coverage of key populations. This project aims to strengthen the national capacity to build resilient healthcare systems and sustainable and comprehensive HIV response for key populations at high risk of or affected by HIV
- sub-program 4 *Countering the Spread of Tuberculosis*: TB mortality decreased to 2.11 cases per 100,000 population; TB incidence (including relapse cases) decreased to 19.3 cases per 100,000 population; and the proportion of patients with multiple drug-resistant TB forms, who successfully completed the full treatment course (9-24 months), increased to 79% of the total number of such patients.

Project implementation is also based on the following strategic documents:

- 2030 Agenda for Sustainable Development<sup>16</sup>;
- UN Declaration of Commitment on HIV/AIDS<sup>17</sup>;
- National Strategic Action Plan on HIV Prevention, Treatment, Care and Support in the Republic of Belarus 2021-2025;
- National Strategic Action Plan to Fight TB in the Republic of Belarus 2021-2025.
- The Plan to Ensure Sustainability of the National Response and Transition to Public Funding for HIV/AIDS and TB Prevention, Treatment, Care and Support Programs in the Republic of Belarus for 2020-2021, approved by the order of the Ministry of Health no. 268 of 9 March 2020.

Project interventions were developed in accordance with the international obligations of the Republic of Belarus and the recommendations to intensify the measures aimed at achieving the global target of the UNAIDS 95-95-95 strategy and the WHO End TB Strategy.



<sup>16</sup> [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=fr](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=fr)

<sup>17</sup> [https://www.un.org/ru/documents/decl\\_conv/declarations/aidsdecl2.shtml](https://www.un.org/ru/documents/decl_conv/declarations/aidsdecl2.shtml)

**Project goals are planned to be achieved through implementation of the following objectives:**

1. *to scale up the delivery of evidence-based, integrated and regionally prioritized package of HIV prevention and treatment services to KP groups at risk of or affected by HIV*

As part of this task, assistance will be provided to ensure introduction of rapid HIV diagnosis and increased coverage of ART, increased access of key populations to programs of harm reduction, prevention, accelerated diagnostics, social support and HIV-related support.

2. *to build national capacities to fully uptake the programmatic and financial responsibility of HIV response in Belarus*  
As part of this task, assistance will be provided to support the national HIV monitoring and prevention system development, enable operations of HIV prevention units at healthcare facilities and optimize procurement of ART drugs.

3. *to strengthen community systems to ensure relevant, human rights and public health based, sustainable and integrated HIV response measures for key affected populations*

This task provides for the development of a national platform for HIV-affected communities, wider practical use of the SCM and national capacity building to engage community representatives in HIV prevention activities.

4. *to ensure universal access to high-quality rapid laboratory diagnosis of all forms of TB, including MDR/XDR TB*

The project provides for strengthening the capacity of national laboratories, ensuring proper external quality control and infection control in laboratories, ensuring timely and quality TB diagnosis.

5. *to enhance coverage of MDR/XDR-TB patients with high-quality treatment*

It is planned to enhance coverage of TB patients with innovative treatment regimens recommended by WHO.

6. *to improve MDR-TB treatment outcomes with appropriate patient-centred support, including patients from high-risk groups and vulnerable populations*

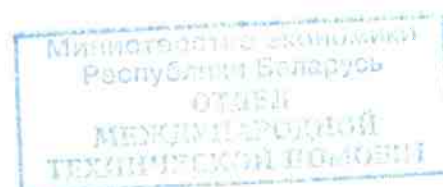
It is planned to improve access to TB services by engaging civil society to support outpatient treatment with the participation of NGOs.

7. *to improve management of HIV-associated TB*

It is planned to hold a series of trainings for medical doctors on the peculiarities of case management for patients with HIV-associated TB. Diagnostic cartridges will be procured for viral load testing at TB facilities, which will accelerate treatment assignment and the following selection of the most effective treatment regimen.

8. *to strengthen National monitoring and evaluation system, National TB program management for improved performance of TB control program.*

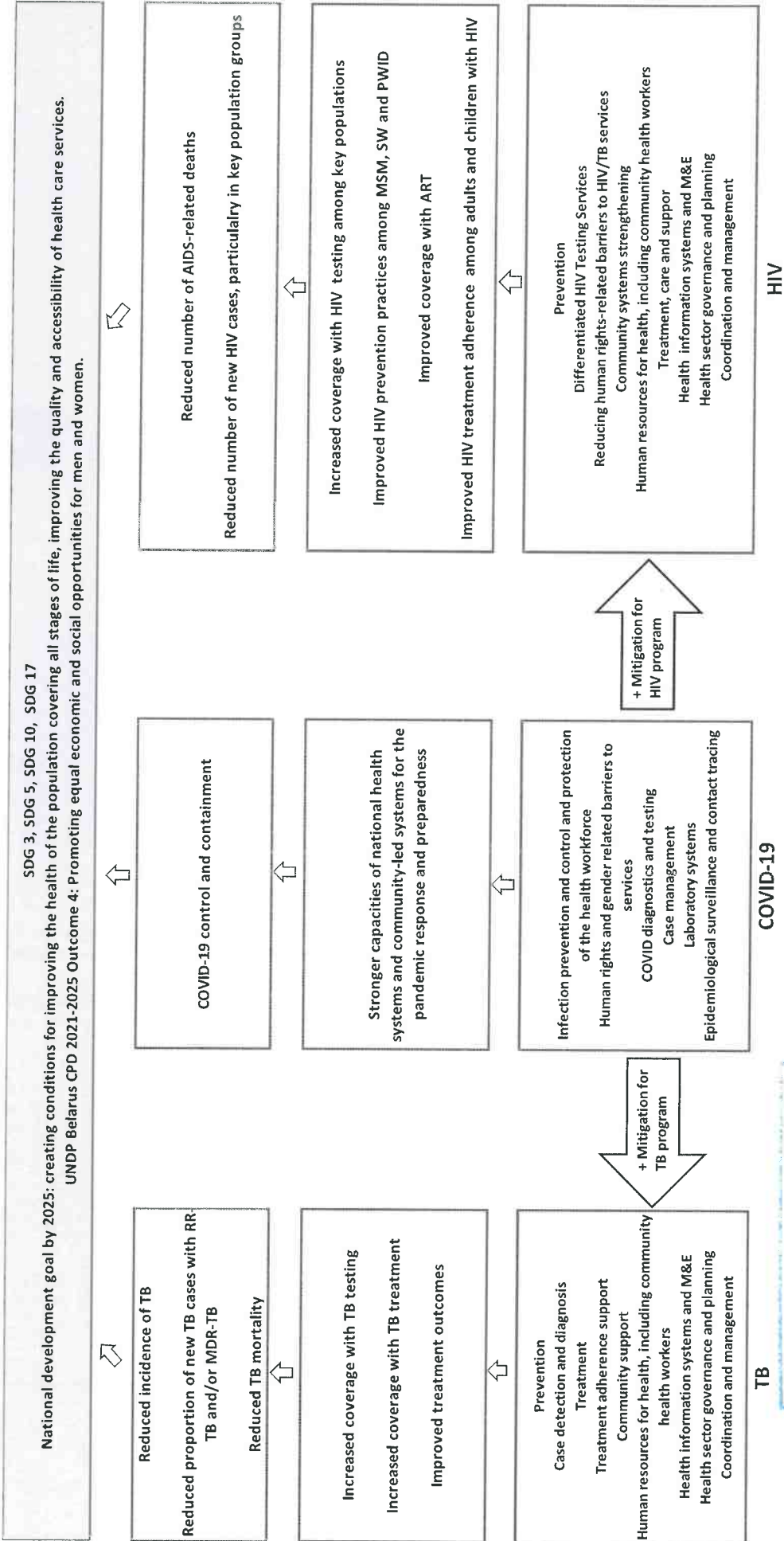
In addition, the COVID-19 response component of the project will minimize disruption to HIV/TB services due to the pandemic, while focusing on vulnerable populations, and will help contain the spread of COVID-19 and strengthen the national healthcare system in general and social protection system on the ground to respond to the ongoing pandemic and prepare for future public health emergencies with respect to sub-program 6 Ensuring Healthcare System Functioning in the Republic of Belarus of the State Program "Health of the People and Demographic Security" for 2021-2025.





**PROJECT DOCUMENT**

*Republic of Belarus*





## PROJECT DOCUMENT

### Republic of Belarus

### III. OUTCOMES AND PARTNERSHIP

#### *Expected outcomes*

The strategy described in the previous section will be implemented through a set of activities for each disease taking into account epidemiological data, country context, lessons learned from previous UNDP projects and government healthcare programs, in consultation with stakeholders, communities and beneficiaries.

One of the key principles at the core of financial support delivery to countries for combating HIV/AIDS and TB is the guaranteed sustainability of GFATM-funded programs and projects and the readiness of countries to implement a phased transition to domestic funding.

As part of this strategy, the following outcomes will be achieved:

#### **Outcome 1. The HIV epidemic in Belarus is contained in the concentrated phase; HIV-related morbidity and mortality is decreasing in Belarus.**

##### **Activity 1.1 Differentiated HIV testing services**

The national HIV testing strategy has not yet been brought in line with the latest WHO guidance and is mainly based on the testing of a wide range of categories, with mass screening introduced in regions with high HIV prevalence. The HIV testing algorithm is outdated and the testing strategy using enzyme linked immunosorbent assay (ELISA) and Western Blotting (WB) has not been optimized for new case detection. Community-based rapid screening tests were introduced for pregnant women with late entry into prenatal care, clinical and epidemiological indications, screening tests initiated by clients, and for high-risk groups. With GF support, community-based testing using rapid oral fluid tests is provided as part of a package of services for each key population. Self-testing kits are also available in pharmacies. However current strategies require both optimization and further differentiation and diversification for scaling-up and better coverage of the key populations beyond the established client base. In addition, a significant portion of PLHIV are diagnosed late, as 21.4% have CD4 count <350 mm<sup>3</sup> indicating that people either avoid health services, or miss opportunities to get tested by healthcare organizations, or are lost to follow-up after the initial positive screening test and at later stages.

Proactive concentration on a combination of HIV testing methods with respect to key populations and inclusion of new cases into the treatment cascade and care continuum create a foundation for a much stronger strategic focus and will ensure the awareness of key populations, their sexual partners and people in prisons and other closed settings of their status and also, the detection of cases among those who do not identify themselves as belonging to key populations.

The activity is aimed at scaling up testing including beyond the regular client base. The proposed measures will increase the need of key populations to know their HIV status and expand search for cases among those who do not identify themselves as belonging to key populations. Rapid initiation of testing and therapy in Minsk will be supported in order to obtain objective evidence of the expedience of national implementation of the updated testing strategy.

##### **Intervention: Community-based testing**

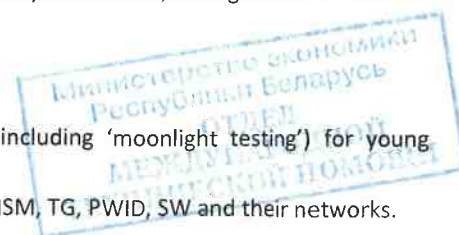
Community-based testing will involve the following variants for all key populations: PWID, SW, MSM, TG and people in prisons:

- community-based index testing and assisted partner testing;
- targeted community testing by service providers (at permanent community-based sites, during outreach activities and at mobile sites);
- retesting of key populations (annually);
- social network-based testing (social and sexual contacts);
- and a pilot project for testing in places at high risk of infection (including 'moonlight testing') for young representatives of key populations.

The intervention provides for the procurement of rapid oral fluid HIV tests for MSM, TG, PWID, SW and their networks.

##### **Intervention: Self-testing**

In addition to self-testing kits currently available in pharmacies, more kits will be purchased to provide access through the key populations community platforms (home delivery and through permanent sites). The service will be provided by NGOs and will include both (1) assisted self-testing of MSM and their partners (provision of tests to MSM who have positive result or high behavioural risk, for self-testing of their sexual partners, and a flyer describing the self-testing procedure) and (2) distribution of tests on the Internet using online queries, online counseling and linkage to care. The number of HIV self-testing kits is set at 15% of the annual coverage of key populations to be covered by prevention services.



### **Intervention: Organization-based testing**

The intervention provides for HIV testing in prisons and other closed settings; currently, HIV testing in prisons is done only upon arrival at pre-trial detention facilities, and client-initiated testing using ELISA tests is available during the entire period of detention. This activity is designed to introduce rapid tests: both client-initiated testing and testing at the initiative of healthcare providers, if medically required. It is aimed at increasing the availability and timeliness of confirmation of clinical decisions to initiate ART.

To improve the quality of testing, healthcare workers will be trained to use all kinds of testing strategies (online modules) on the initiative of the healthcare workers. The scope of the testing process (consent, consulting on confidentiality issues, correct results, delivery of care) will be included in the curriculum, as well as the principle of medical ethics, stigma and discrimination as major barriers to healthcare access.

### **Activity 1.2 HIV Treatment, Care and Support**

#### **Intervention: ART medicines procurement**

Currently, the state covers the major portion of expenditures for ART, except for dolutegravir (DTG) and paediatric formulation (because of the high price of DTG and small volumes of paediatric antiretroviral drugs, there are no tender bids from potential providers).

The activity provides for DTG procurement, for which it is expected that the share of the state budget will increase and the contribution of the Global Fund will decrease. Overall, it is expected that by 2024, about 50% of patients receiving a first-line regimen will have been switched to a DTG-based regimen. The program includes procurement and supply of medicines for children under 3 years of age, who receive ART in syrup form, and procurement of antiretroviral drugs for pre-exposure prophylaxis (PrEP) (Tenofovir/Emtricitabine) with a phased transition to state funding. The full transition of PrEP to state funding is expected in 2024. However, the Project provides for procurement of 500 PrEP courses for the year 2024, if the state funding is not available.

#### **Intervention: Counseling and psychosocial support for PLHIV**

In addition to treatment scaling up the Project prioritizes investing in activities aimed at improving engagement and retention in treatment and reducing the cases of disengagement from treatment. For the first time, the Project involves NGO activities aimed at comprehensive integrated support of key populations in the area of prevention, testing, inclusion in the treatment cascade and care continuum and support. As part of an integrated package of services for key populations and for treatment adherence and viral suppression improvement, the focus is on person-centred models of differentiated service delivery that include case management, counseling and psychosocial support, adherence counseling and support (in-person and online counseling) to ensure adherence and retention for all people starting treatment, including support in overcoming challenges and barriers to treatment initiation, adherence building and maintaining; reducing the risk of disengagement from HIV care and treatment. There is an option to pay/reimburse the costs of additional healthcare services, medicines (as prescribed by a doctor) and non-healthcare services. This work will be carried out by case managers, peer counsellors and NGO-based consultants. Patient schools will also satisfy a wide range of demands including integration of legal literacy and self-stigma management.

The connection between patient care and retention in the treatment cascade for key populations will be centred on the mixed payment models for community staff and social workers. For each key population, for people living with HIV, interventions will include standard adherence services and a psychosocial support package. Besides, payable results have been included in order to motivate people to take a confirmatory HIV test. The second phase will include travel expenses for those who have been diagnosed, so that they could start ART (1,941 people are expected to start ART).

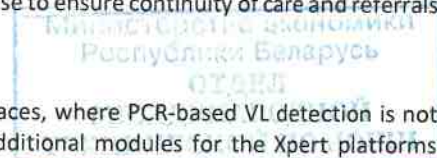
An important measure is expanding the capacity of existing HIV information systems to identify patients, who are unable to pick up their medicine and don't take it on time, and to engage NGO workers for follow up observation of these patients in order to bring them back into the treatment cascade and care continuum, with appropriate assurances of their confidentiality, safety and protection, and to avoid any mandatory treatment practices. Due attention will be paid to the gender aspect; and sets of measures aimed at engagement of men and women will ensure a differentiated approach to the problems related to treatment dropouts due to different reasons and circumstances.

For PLHIV in prisons, to address poor adherence, retention and low viral suppression, the focus will be on the improvement of the quality of care (healthcare staff training and training for peer counsellors on how to support treatment adherence) and peer counseling to ensure adherence to ART while in prison and before release to ensure continuity of care and referrals to community-based service providers.

#### **Intervention: Treatment monitoring - viral load (VL)**

**Accessing VL Monitoring Using Xpert Platforms** to increase access to VL in places, where PCR-based VL detection is not available despite the large number of PLHIV, the potential of existing and additional modules for the Xpert platforms (described in the TB component) will be used.

**Expanding access to clinical monitoring using mobile teams:** another strategy for expanding access to VL testing and other necessary clinical monitoring in small towns will be to support 3-4 mobile units. These units began operations in 2020 as a



measure of adaptation to the COVID-19 epidemic to ensure access to both clinical care (delivery of ART and in-home consultations) and clinical monitoring of viral load. In small towns, a mobile team consists of an infectious disease doctor (epidemiologist, if needed), a nurse and a social worker.

#### **Intervention: Prevention and treatment of concurrent infections and co-morbidities**

Considering the high proportion of late HIV diagnosis and high total mortality of PLHIV due to TB and other co-morbidities, this intervention will focus on integrated services, including prevention, timely diagnosis of other diseases and access to treatment and care. The project will finance investments in the management of co-infections, cryptococcal infection and screening of hepatitis B and C in Minsk (through a pilot project). The connection with the hepatitis C elimination program will be ensured.

As part of the intervention, it is planned to procure rapid tests for hepatitis B and C to screen people in prisons.

#### **Activity 1.3 HIV Prevention**

The activity will introduce innovative approaches to prevention services, i.e. (1) restructuring activities supported by the Global Fund including geographic prioritization to ensure broad coverage in areas with high HIV prevalence, reviewing services and differentiating basic and expanded packages of services. The basic service package includes differentiated HIV testing as a key element, including tests for hepatitis and syphilis, to make services more attractive for new clients and help reduce the number of new HIV infections; (2) innovative combined approaches including introduction of PrEP; (3) exploring risks and expanding coverage beyond already existing groups: using virtual and online outreach packages, separate and individual service packages for transgender people, when assessing their needs and risks, assessing the needs and risks of substance users, MSM and young members of key populations who practice 'chemsex'.

The national dialogue report concluded that existing services were inadequate for effective prevention and testing and did not meet global best practices. Service packages have been reviewed and adjusted to fit current global standards (PWIDIT, TRANSIT, MSMIT, SWIT) taking into account the latest international recommendations for all groups at high risk of HIV infection; gender-sensitive, age-appropriate services for young people from these groups; transgender people have been included as a separate group for the first time.

To achieve the greatest effect, investments focus on the most affected and most vulnerable KP and prioritize geographic areas.

It is planned that the basic package of services will cover:

- PWID 59,323-60,000-60,500 (75,6% - target for 2024)
- SW 10,700 - 11,200 – 11,700 (62,9% - target for 2024)
- MSM: 17484-18,543-19,399 until 2024 (60,6% -target for 2024)
- TT: 200 ppl (the target will be defined based on the completed estimate of the group size).

Interventions for all key populations include motivational counseling for MSM, TG, SW and PWID, who have positive results of rapid HIV testing, in order to involve their sexual partners in testing and counseling using rapid tests and, depending on the results of rapid HIV testing, referral of clients to healthcare organizations for confirmatory testing and assistance in ART initiation (if HIV diagnosis is confirmed) or counseling to help stay negative (including linkage to PrEP).

The Project provides for the introduction of incentive payments for employees for each new HIV case identified, confirmed and started on ART and for their linkage to the treatment cascade, as a method to promote targeted testing aimed at detection of new HIV cases and their treatment. Case management is also provided for patients, who receive positive results of rapid HIV tests in NGO-based testing, or who are lost to medical follow-up, so that they can be returned as soon as possible and started on ART.

Community-based counsellors will be taught about all testing methods, communication techniques, HIV-positive patients' linkage to cascade of care and work with clients, who have negative attitudes towards prevention. The training will focus on informing and adapting the methods that work best for each KP in order to reach those outside the regular coverage too.

#### **Interventions: PWID and their partners/ Needle and syringe exchange programs/ Opioid substitution therapy and other medicinal treatment/ Behaviour change interventions/ Condom and lubricant distribution programs/ Sexual and reproductive health issues including STIs/ Prevention and treatment of co-infections and co-morbidities**

The intervention includes NGO-based programs for PWID, procurement of all prevention supplies (condoms, lubricant, syringes and disinfectant wipes). In order to prevent overdosing, naloxone distribution is included in the basic package of services for the first time (the demand is estimated at 30% of the total number of opiate users per year). It is planned to provide training, supportive supervision and control to improve service delivery and support for all new services including integration of approaches to gender-sensitive monitoring (since 35% of clients are women, who inject drugs, the basic package of services will include gender-sensitive services involving outreach workers and social workers, and additional commodities will be included in the expanded package).

The gradual increase of the national financing involves the plans to cover essential services for all key populations. Due to this, 22 needle and syringe exchange centres based at healthcare organizations will continue to function and will account



for 33% of the planned coverage. The project funds will cover remuneration of the outreach workers and part of supplies for needle and syringe exchange centres (syringes, condoms) and HIV tests.

The intervention will also include working meetings, seminars and trainings on strengthening and upgrading the interaction between healthcare structures, non-governmental organizations, patient communities and law enforcement entities regarding prevention services provision to PWID, drug overdose treatment, referral to rehabilitation programs and opioid antagonist supporting therapy.

**Intervention: PWID and their partners/Opioid substitution therapy and other medicinal treatment.**

Since 2014, the provision of OST services transitioned to state financing, while the procurement of methadone was implemented using GF funds. Beginning in 2022, liquid methadone and oral buprenorphine will be procured using budget funds in full. In 2020, OST program sustainability was evaluated. Based on its results, an action plan was developed. To address barriers to OST scale-up and quality improvement, the national partners are implementing a number of activities under the action plan that do not require funding, i.e. (1) advocating for approval of the developed OST clinical protocol and integration of ART and directly observed therapy shortcourse (DOTS) in OST centres; adapting services to meet the needs of women (about 25% of OST clients are women, 39.3% are HIV-positive and 92.2% receive ART).

The intervention includes a number of activities aimed at increasing access, quality and flexibility of OST programs:

- community-based psychosocial support that is necessary for treatment initiation and retention as part of a multidisciplinary approach;
- use of a combined approach, motivational payments to peer counsellors for the verified fact of linkage to treatment. OST promotion through peer counseling has demonstrated that patients' retention through peer counsellors is short run and they do not stay on treatment longer than a few weeks;
- providing trainings for healthcare personnel.

**Intervention: Sex workers and their clients: Behaviour change interventions/ Condom and lubricant distribution programs/ Sexual and reproductive health issues including STIs/ Prevention and treatment of co-infections and co-morbidities.**

NGO-based programs for SW include a basic package with various models of outreach activities and an increased focus on the Internet. In addition to the service package for SW, who test positive for HIV, there is an option of assisting patients in linkage to support and care cascade through case management. In addition, other services (from among the expanded package of services) are available to SW: informing about the opportunity to sign up for PrEP (PrEP for 25-30-40 SW), rapid STI tests and referral for a full range of STI diagnosis and treatment, hepatitis screening and referral for diagnosis and treatment and cervical cancer screening and human papilloma virus (HPV) vaccination.

**Intervention MSM: Behaviour change interventions/ Condom and lubricant distribution programs/ Sexual and reproductive health issues including STIs/ Prevention and treatment of co-infections and co-morbidities.**

As part of the intervention, NGO-based programs for MSM include a basic package with various models of outreach activities and increased focus on the Internet.

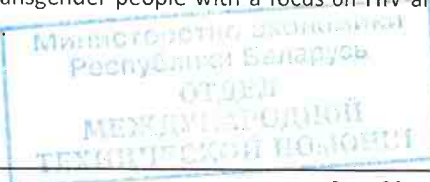
In accordance with the epidemiological necessity, it is planned to expand coverage of MSM with HIV prevention programs and to enrol them in the treatment and care cascade. An innovative set of HIV prevention services for MSM will be provided, namely:

- development and implementation of targeted online outreach activities through websites, chat rooms and social media with a focus on HIV prevention information, safe sex, and condom use for MSM;
- creation of a mobile application for peer counsellors that will help implement one-on-one activities aimed at risk reduction in order to retain those HIV-negative MSM, who they have covered;
- access to PrEP among MSM from high-risk groups in high HIV burden regions (200- 320-460 MSM by 2024);
- assessment of MSM practising chemsex to obtain information and identify key risks and needs as well as targeted interventions.

**Intervention TG: Behaviour change interventions/ Condom and lubricant distribution programs/ Sexual and reproductive health issues including STIs].**

For the first time as part of project implementation, transgender people have been separated from MSM. To obtain information about risks, HIV prevalence and estimates of the population size, an assessment will be conducted to determine the scope and required interventions. Until the study findings are ready, it is planned that services will be provided at a prevention centre for key populations in Minsk, based on the available individual data and the results of work as part of MSM programs.

The intervention is aimed at tailoring services to the specific needs of transgender people with a focus on HIV and STI prevention. The service package includes HIV/STI and sexual health testing.





In addition, in terms of needs and risk assessment, an expanded package will be available with services concerning gender affirmation and mental health, and consultations on hormone replacement therapy (HRT), surgical referrals and capacity building for healthcare workers in the area of integrated HIV and HRT counseling.

**Intervention: prisoners**

As part of the intervention and cooperation with the Ministry of Internal Affairs (MIA), interagency cross-sectoral interaction will be ensured to implement programs to prevent HIV infection and TB among populations at greatest risk of infection. These programs are also aimed at creating an enabling environment to promote opioid substitution therapy and implement post-release social support programs for prisoners awaiting release from places of detention.

Penitentiary settings will provide healthcare staff to offer counseling services for PLHIV and patients with TB and parenteral viral hepatitis in order to prevent disease and build adherence to treatment. An infectious disease doctor from a healthcare organization and, if appropriate, other specialists (online, offline consultations) can be engaged. Also, consultations with healthcare personnel of penitentiary settings can be organized to adjust treatment regimens in complicated treatment and diagnostic cases.

MIA employees will visit rehabilitation centres for people using psychoactive substances. These centres are based in healthcare, religious organizations, correctional facilities. Representatives of NGOs, territorial social care centres and healthcare staff of public healthcare organizations will participate in these visits. Working meetings will be conducted to discuss interaction between representatives of law enforcement entities, healthcare system and NGOs aimed at preventing HIV infection, drug use, increasing the effectiveness of opioid substitution therapy at the national and regional levels.

As part of this intervention, an innovative approach will also be developed and implemented to work with young people belonging to key populations (KP), who use recreational drugs and practice chemsex.

Most of the existing programs targeting KP serve adults and do not engage younger segments of KP. The information on the role of younger groups in the dynamics of HIV transmission is limited. At the same time, there is evidence from other countries in the region that recreational drugs known as 'chemsex' are associated with more likely or unsafe sexual practices including low condom use and multiple sex partners. The proposed approach includes assessment of risk and needs, practice documenting, service packages adjustment and online outreach. On-site outreach activities (dancing parties), behaviour change counseling, condom distribution and 'moonlight testing' will be conducted.

Similarly, a new outreach approach using a mobile unit, involving local authorities and coordinated by law enforcement bodies will be tested in Minsk.

**Outcome 2. TB morbidity and mortality decreased and treatment outcomes, especially in patients with multidrug-resistant and extensively drug-resistant TB (MDR/XDR-TB), improved in Belarus**

A patient-centred model of TB care will be a key approach to regulate the ambitious interventions under the National Strategic Plan (NSP) and to ensure universal access to DR-TB diagnosis, treatment and care for key populations including prisoners. In pursuing this goal, all national TB/MTB guidelines will be updated according to the most recent WHO recommendations.

**Activity 2.1 TB Diagnosis**

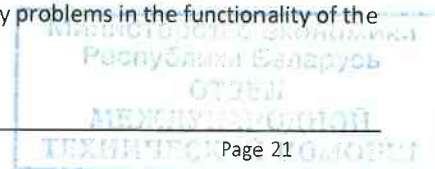
Implementation of this activity will help increase access to modern diagnostic technologies at the regional level and use them as an initial diagnostic test for TB laboratories, while implementing all rapid diagnostic methods recommended by WHO, including procurement of laboratory equipment, reagents, supplies, maintenance services and technical assistance to scale up the use of Xpert, automated MGIT and LPA technologies. This is an important prerequisite for the approval of the revised diagnostic and treatment algorithm using rapid diagnostic technologies as an initial test for all suspected TB cases. Intervention: Providing access to Xpert MTB/RIF as a primary diagnostic test and supporting the use of the new Xpert XDR test.

In 2022, the existing national TB diagnostic and treatment algorithm will be updated to include the rapid molecular diagnostic system (Xpert MTB/RIF) recommended by WHO as an initial test at the national level in accordance with the latest WHO recommendations. To implement this, it is necessary to review and optimize the existing laboratory network with the major purpose to reduce diagnostic delays and provide coverage with appropriate DR-TB treatment regimens according to resistance profile.

To ensure proper operation of all GeneXpert equipment, the grant provides for the appropriate maintenance. Xpert MTB/RIF Ultra and XDR cartridges will be supplied based on cost sharing with an increasing transit of financial commitment to the Government of Belarus by 2025.

**Intervention: Implementation of a network solution for diagnostic systems.**

To ensure full functionality of the laboratory network, the grant provides for implementation of a network solution for GeneXpert connectivity, which allows to have immediate results and inform about any **problems in the functionality of the equipment.**



### **Intervention: Ensuring timely and high quality DST**

The grant will enable to further carry out the entire range of drug susceptibility tests (DST), including for new anti-TB drugs (Bdq, Dlm), for each RR/MDR-TB case, in addition to and concurrent with the standard DST range for the second-line drugs, by means of purchasing reagents and supplies and providing appropriate support for the maintenance and repair of laboratory equipment for phenotypic and genotypic DST. The related state co-funding will gradually increase over the grant life.

### **Intervention: External Technical Support for Laboratory Services**

The grant will support implementation of the program of External Quality Assurance of the National TB Laboratory Network, including phenotypic DST retesting and evaluation and technical support for the expansion of Xpert diagnostic technology, which requires specific technical assistance from WHO and supranational reference laboratory.

## **Activity 2.2 Treatment (TB/MDR-TB)**

In accordance with NSP and Global Fund requirements concerning the targeting of activity funding, the practice of using shorter all-oral regimens will be expanded, with an increasing proportion of patients treated with shorter regimens. The grant will contribute to uninterrupted supply of quality-assured TB drugs.

### **Intervention: Ensuring sustainable universal access to shorter TB/DR-TB regimens.**

The grant will enhance the transition to modified short TB/DR-TB regimens in operational research settings, improve quality clinical care for patients and contribute to the foundation for future WHO recommendations. In addition to short regimens, the BPAL regimen will be offered as one more alternative to longer treatment regimens for DR-TB patients resistant to Fq. According to WHO guidelines, BPAL introduction requires compliance with the terms of operational research, which is funded under the grant too.

To prevent severe adverse reactions and development of resistance to new drugs and to achieve the best clinical results, the grant provides for the procurement of quality-assured pyridoxine (vitamin B6).

As required by the Global Fund, the project provides for the procurement of TB drugs through GDF. The grant will cover the procurement of new TB drugs for patients with RR/MDR-TB, including pre-XDR-TB and XDR-TB, with a phased transition to domestic financing. Beside drug costs, the grant covers the related costs of supply management and in-country distribution, as well as external quality control of the drugs.

The grant also provides for additional costs for building a buffer supply of TB drugs.

### **Intervention: Supporting outpatient treatment through NGOs for all RR/MDR-TB patients**

Civil society involvement can improve access to TB services in some hard-to-reach populations and expand quality TB care in outpatient settings. Further integration with primary healthcare facilities and other healthcare and non-healthcare government services will also contribute to better access. TB therapy initiation in outpatient settings will be presented as the best practice and experience to be disseminated on a national basis.

In Belarus, models of TB patients support as part of case management programs are currently being implemented resulting in the improved treatment success rates in key and vulnerable populations. Prior to TB treatment initiation, patients will be assessed for the risk of disengagement from treatment and will be offered assistance with their individual needs to successfully complete treatment. This will help develop an individual social support plan as part of a continuum of care considering the identified risk factors for treatment interruption.

The grant will help develop and get approval of appropriate guidelines and prepare the necessary documentation and system of monitoring and evaluation of supplied services; it will ensure training and operations of six multidisciplinary teams (MDT), one per each region. The MDT budget includes salaries of the coordinator, case managers, nurses, psychologist and other specialists (where applicable) depending on the workload.

To specifically address the problems of hard-to-reach patients with TB/DR-TB and complex medical and social problems, a comprehensive approach, in which drug treatment services and NGOs will take part, will be implemented in Gomel region. TB patients with more than a two-day break in treatment will be eligible. In addition, TB patients will be eligible for direct support, including reimbursement of transportation costs and assistance in job search. Funding will also be allocated for the purchase of smartphones, mobile services, appropriate training and supervision as part of the video directly observed therapy. As required by the Global Fund, the project will support regular WHO activities related to health workforce development in the country.

## **Activity 2.3 Key Populations - People in Prisons and Other Closed Settings**

The following components will be implemented as part of this activity:

- Supporting the creation of a technical working group to improve the quality of TB and HIV services in the penitentiary system (as part of the LFA-TB).

- Expanding NGO-based services for prisoners with TB to ensure equal access to treatment in accordance with the national standards, including access to new TB/MR-TB regimens, TB care during detention and after release, patient rights education and mechanisms of their enforcement.
- Conducting trainings for MIA staff, including staff of the MIA Department of Corrections, on prevention of TB-related stigma and discrimination and on patient rights, and a joint international training for prison healthcare staff on TB in prisons, organized by experts from the WHO Collaborating Centre on prevention and control of tuberculosis in prisons (Baku, Azerbaijan).

#### **Activity 2.4. Preventing the Spread of Tuberculosis**

During the Global Fund grant implementation, the country aims to significantly increase the coverage of key and vulnerable populations with preventive TB treatment; the activity will be supported by the Belarusian Ministry of Health that will introduce new national guidelines on programmatic management of TB preventive treatment (TPT) in 2022.

##### **Intervention: Developing a digital web platform for tracking contacts and TPT**

As part of the grant implementation, a web-based system will be developed to support contact tracing protocols, screening for latent tuberculosis infection (LTBI) and TPT in key and vulnerable populations, which will be integrated into the national TB register in accordance with WHO recommendations. This will facilitate detection of TB cases in general and fill the gap related to the appropriate TPT monitoring and evaluation system.

##### **Intervention: Engaging NGOs to improve the effectiveness of screening for TB among the population**

Due to access to vulnerable populations, NGOs can expand the systematic coverage with TB screening and refer individuals with presumptive TB for further diagnosis. The intervention provides for the expenses for the purchase of incentive certificates for NGO staff and representatives of populations at TB risk brought to X-ray fluorography screening.

##### **Intervention: Implementation and deployment of TB-LAM testing**

The grant provides for the purchase of TB-LAM tests for seriously ill patients living with HIV and related training for healthcare staff.

##### **Intervention: Provision of diagnostic options recommended by WHO for LTBI and TPT**

The grant will support procurement of IGRA tests and rifampicin-based TPT options in accordance with the latest WHO recommendations. Particular attention will be paid to contact persons of DR-TB patients, children under 5 years of age, PLHIV and prisoners.

### **Outcome 3. The national monitoring system and healthcare system to control HIV and TB strengthened**

#### **Activity 3.1 Healthcare and Planning Sector Management**

**Intervention: Reviewing and improving cost efficiency of the national strategies to control AIDS and TB.** The project involves organization of seminars and round tables and engagement of the national experts to update information and assist in information collection and analysis, to evaluate cost efficiency of the national AIDS and tuberculosis expenditures and to increase their efficiency.

**Intervention: Promoting the use of the SCM.** Since 2018, in line with the SCM, contracts have been signed with NGOs to provide HIV prevention services. The analysis of SCM use revealed a number of existing barriers:

- shortness of contracts concluded, which can entail disruptions in the delivery of services to key populations;
- peculiarities of SCM use by local authorities at the regional level, which is due to insufficient awareness among both potential service providers and the customer at the local level.

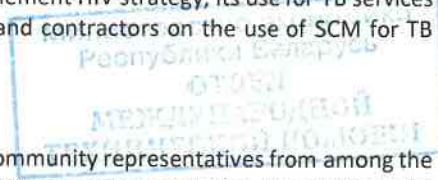
To ensure wider and more effective application of SCM, the Project will hold trainings for both customers and SCM potential contractors. The purpose of training seminars: raising awareness about SCM specifics and tender rules among the interested contractors. Analytical reviews and methodological materials will be prepared to further monitor the effectiveness of SCM implementation.

National round tables will be held annually to summarize the work using SCM and share best practices. It is planned to hold consultations with the national SCM experts and their reviews of the legal framework for all interested representatives of local government bodies.

While a significant progress has been observed regarding the use of SCM to implement HIV strategy, its use for TB services provision is still lagging behind. The project will focus on training customers and contractors on the use of SCM for TB control.

#### **Activity 3.2 Strengthening Community Systems**

**Intervention: Community-based monitoring** The project provides for training community representatives from among the key populations in order to maintain the quality of services provided as part of HIV prevention activities. A toolkit is to be developed to monitor HIV prevention services delivery immediately at prevention sites using the 'mystery client' method.





The data obtained will be used to maintain the quality of prevention services provided by organizations participating in the project and to prevent the delivery of incomplete or low-quality package of services and cases of discrimination and stigma against clients from among the key populations. The findings of the monitoring will be presented to the Country Coordinating Mechanism (CCM).

**Intervention: Institutional capacity building, planning, and leadership development.**

The project will systematically analyse gaps and training needs of employees of the organizations involved in project implementation and representatives of key population communities, CCM members. Based on the results of the analysis, the plans will be developed and implemented to conduct training activities aimed at building the capacity for effective implementation of HIV and TB prevention, treatment, care and support activities.

**Intervention: Social mobilization, networking and coordination in the community.**

The intervention will assist the national reproductive health experts in creation of a “school of sexual and reproductive health” for women from among the key populations. Intervention activities are aimed at training women -volunteers - for counseling and outreach activities aimed at improving the clients’ quality of life and preventing HIV spread considering gender peculiarities and their belonging to certain key populations (KP).

Support will be provided to the national platform of HIV and TB-affected KP communities to ensure effective communication between healthcare experts, CCM and project implementers.

**Activity 3.3 Health Management Information Systems, Monitoring and Evaluation**

Regular monitoring visits will be conducted by organizations implementing the activities to obtain timely and accurate information on the results achieved by the project.

In order to improve the effectiveness of the project monitoring and evaluation system, operability of SyrEx software will be maintained and software updating and upgrading will be implemented. SyrEx is the main tool for collecting and verifying the data on the results of project activities.

In 2023, the next sentinel surveillance (IBSS) will be conducted, as a result of which the data on HIV prevalence, HIV burden among the key populations and the predominant routes of transmission will be obtained. For the first time, IBSS will include testing for co-infections (Hepatitis B, C, syphilis) and, as a result, the unique data will be obtained that can be used by the national partners to plan effective country responses to prevent the spread of HIV infection.

**Activity 3.4 Reducing Legal Barriers to Accessing TB and HIV Services**

As part of the event, extensive work will be carried out with representatives of the judiciary and Ministry of Internal Affairs (seminars, roundtables) to promote experience with using alternative measures of punishment instead of incarceration for injecting drug users in order to re-socialize them.

To develop gender-sensitive training modules, an audit will be conducted for HIV service organizations to generate gender-disaggregated routine statistics. Upon completion of this work, the Gender Academy training will be conducted for HIV-service government entities and non-governmental organizations.

Together with the Ministry of Health a study will be conducted to identify the level of HIV-related stigma. The findings of this study will be used for further training of TB doctors.

**Activity 3.5 Health Workforce Including Facility-Based and Community-Based Healthcare Workers**

The project will train healthcare workers, who work in OST centres, to provide ART to OST clients, and train infectious disease doctors and epidemiologists to conduct rapid HIV diagnosis and organize rapid initiation of treatment for HIV patients from the key populations (will be continued after the implementation of the pilot project in Minsk).

**Outcome 4. Healthcare system capacity increased for the response to COVID-19 in Belarus, the negative impact on prevention services for the key populations reduced**

In Belarus, the disease development is completely controlled, but requires utmost concentration of effort of the healthcare system and resources that are engaged in the fight against COVID-19. Belarusian healthcare system, as well as other healthcare systems in the world, worked under extreme stress and engaged all kinds of resources. Healthcare providers worked in the context of the need to provide emergency services due to the growth of the number of COVID-19 patients, while continuing their daily activities against HIV and TB, which could not but affect the volume of services provided.

Under the COVID-19 Response Mechanism (C19RM) of the Global Fund, this problem was partially solved through delegating outreach and customer service responsibilities to NGOs, including ART delivery to patients, organization of viral load and CD4 count testing, and expansion of video directly observed therapy; cross-using the national G-Xpert network for TB, HIV, and COVID-19 testing; procurement and usage of 5 mobile sites that provide PLHIV with access to ART, medical consultations and monitoring of PLHIV treatment etc. These activities improved the HIV and TB epidemiological situation and strengthened the healthcare system in general.



The activities of this project are aimed at further strengthening the capacity of the healthcare system by purchasing necessary laboratory equipment, reagents, rapid tests and other medical equipment for treatment and diagnosis of patients; mitigating the negative effects on HIV prevention programs.

#### **Activity 4.1 Infection Control and Protection of Healthcare Personnel**

This activity provides for implementation of a number of important measures, namely:

- promotion of COVID-19 vaccination among 4,000 most hard-to-reach PWID, SW, MSM, PLHIV in 2022. Civil Society Organizations working with key populations (KP) will organize those KP, who are ready to be vaccinated against COVID-19, and invite vaccination teams to travel to their offices or work at mobile sites. This work will be carried out with the ready KP; it is estimated that 4,000 KP representatives will be vaccinated;
- procurement of prevention supplies to protect against COVID-19: disinfectants, non-contact disinfectant dispensers, disposable masks;
- procurement of FFP2 respirators for TB dispensaries (150,000 pcs).

#### **Activity 4.2 COVID Diagnosis and Testing**

The Activity provides for the procurement of rapid tests for diagnosing COVID-19, reagents and equipment for PCR testing, GeneXpert machines, cartridges and replacement modules and other laboratory equipment.

It is planned to conduct operational research through TB dispensaries among incoming patients with suspected tuberculosis or coronavirus infection in order to accelerate the diagnosis using GeneXpert cartridges.

An information system combining GeneXpert machines in use will be installed, which will provide operational information on the equipment functioning, findings of the ongoing research and centralized monitoring and optimization of the laboratories.

#### **Activity 4.3 Patient Management, Clinical Operations and Therapy**

As part of the project, PCR equipment will be purchased and also, 5,000 nasal cannulas and 10 portable lung ventilators, 30 portable ultrasound machines, 3 blood gas analysers (KSC) and electrolytes, 20 high flow ventilators and 20,000 replacement cannulas, 10 patient status monitors. Five digital portable X-ray machines will also be purchased as part of the project.

#### **Activity 4.4 Mitigation Measures for HIV Programs**

This Activity contains vitally important measures of HIV prevention, support, and treatment of the key populations to mitigate the consequences of coronavirus infection.

Operational support is planned for 12 mobile teams serving all key populations: 6 teams to work with PWID, 3 teams to work with SW, 2 teams to work with MSM and 1 team to work with young people from key populations. Scaling up HIV testing among PWID, SW/PWID through the Internet, including on websites/groups in VKontakte, Facebook and others; opening a site, where tests can be ordered, organizing delivery, assistance in testing; distributing ART drugs (in Belarus and other countries) if a person cannot come for therapy. Also, increasing access to HIV testing and other essential clinical monitoring in small towns through operations of 3 mobile stations.

Interventions under this Activity are as follows: supporting OST patients affected by COVID-19 or suffering from complications of COVID-19: pilot implementation of a new scheme of OST launch in outpatient clinics and social support to follow-up patients after treatment ends. Ensuring access to OST for patients with COVID-19 (and other mobility difficulties). Organizing in-home OST, delivering OST drugs to 120 patients in nearby healthcare and preventive treatment facilities (MPT). Public monitoring of the continuity of access to the OST program and the level of satisfaction with the OST program in the context of COVID-19. Food packages or gift certificates for food and vitamins will be purchased for distribution (120 patients on OST will receive help).

COVID-19 prevention measures among inmates will be implemented: online COVID-19 consultations conducted by NGOs upon consultations with the Department of Corrections of the Ministry of Internal Affairs to obtain authorization for work in the penitentiary system: at least twice a month in all 16 penal colonies in Belarus.

The program includes COVID-19 outreach activities for service providers and online support: conducting training webinars for project personnel working with key populations about safe work with clients in a complex epidemiological situation. Supporting the national call centre and providing mobile and accessible services to representatives of target (vulnerable) populations in the context of HIV and COVID-19.

Meetings of self-help groups are planned to be organized in 12 cities of Belarus by women - leaders of SW/PWID and PLHIV community in order to identify and address the barriers that affect service delivery. Legal support for OST clients through telephone or online consultations to overcome barriers to accessing OST.

In addition, peer counseling services will be provided on the issues of ART adherence among SW/PLHIV on highways and in remote regions of the country in the context of COVID-19 pandemic: counseling on ART adherence building among clients; referring clients to healthcare facilities; involving 'difficult' PLHIV clients in the social support and case management program in the regions; delivering ART medicines to clients' homes. Creating an online and offline social adaptation centre for persons released from prison; development of online courses for them.

### Resources Required to Achieve the Expected Results

#### Budget:

The estimated budget for the project is shown in the table below:

	HIV/TB	C19RM (COVID19)	Total
GF funds (US dollars):	16,821,054	8,003,308	24,824,362

Expenditures by recipient of funds, itemization of expenditures and a list of reimbursable expenses of the recipients of the Project funds are in Appendices 1-3, respectively.

**Human resources:** during the preparatory phase (from 1 November 2022 to 31 December 2022), UNDP will hire five professionals to ensure the implementation of the main phase of the Project (from 1 January 2023 to 31 December 2024). From 1 January 2023 to 31 December 2024, the Project will be implemented by a permanent team of professionals. The project will involve employees of the grant sub-recipients, WHO and RSPC MT.

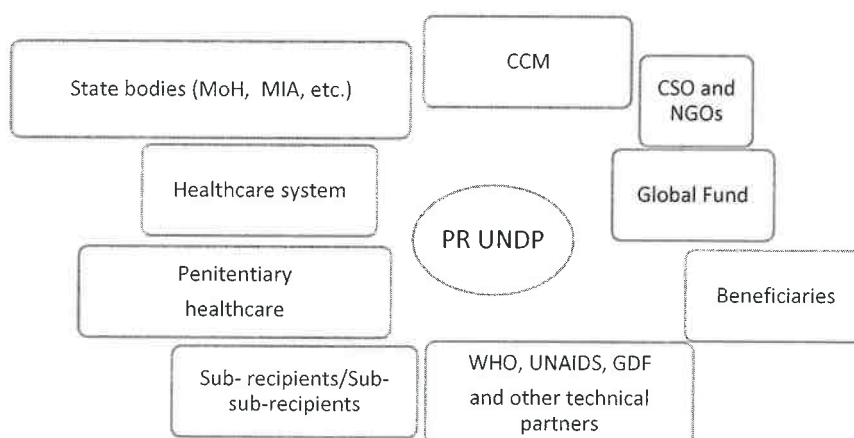
Project implementation will be supervised by the UNDP Deputy Resident Representative in Belarus with due support from the UNDP Country Office. Other elements of the UN system (UNDP Health Implementation Support Team based in Geneva, Switzerland, and Istanbul, Turkey; UNDP Global Procurement Unit, Copenhagen, Denmark) can take part in project implementation.

Procurement under the Project funded by the Global Fund will be subject to the same regulations, rules and procedures that apply to other UNDP procurement activities. Country offices will follow UNDP's Programme and Operations Policies and Procedures (POPP) as it relates to contracts and procurement. In order to meet the ongoing needs and continuity of implementation of the Project activities, in some cases, project recipients may apply local procedures of procurement. A list of eligible costs for such procurements is provided in Annex 3.

### Partnerships

The Program strategy is based on synergies and linkages with all relevant stakeholders including the Ministry of Health, healthcare facilities at all levels, state penitentiary settings and civil society organizations as well as UNDP, which serves as the Principal Recipient, and WHO (Figure 5).

Figure 5 - Partnership.



**National Coordinating Body: The Ministry of Health of the Republic of Belarus (MoH)** will ensure strategic planning and coordination of implementation of project activities in accordance with national priorities and relevant state programs and plans, including for the purposes of activities duplicate prevention, MoH will also ensure the constructive interaction between healthcare organizations involved in the project.

The Project will also involve other healthcare organizations that will ensure the effective implementation of project activities and will, among other things, act as recipients of funds and other project resources.

**National Responsible Partner: The Republican Scientific and Practical Centre for Medical Technologies, Informatization, Administration and Management of Health (RSPC MT)** is the leading Belarusian entity implementing and coordinating research and development work aimed at organization, administration, management and informatization of health. RSPC MT will coordinate: program and financial activities of sub-sub-recipients, in particular, monitoring of implementation of Project target indicators, including collection, verification and analysis of program data; work of health information systems (Republican HIV and TB registers, SyrEx), and joint work with other stakeholders and national partners; development of technical specifications for procurement of medicines, medical products (medical supplies, medical equipment), supplies for prevention and treatment of HIV infection, development of plans for distributing and ensuring importation and subsequent logistics; development of technical normative legal acts (TNLA), coordination of IBSS and other TB and HIV research; budget advocacy and development of SCM, development and implementation of training activities.

**Technical Partner: World Health Organization**

The WHO Country Office in Belarus will provide technical assistance, training, operational research and surveys, and general technical guidance on TB, HIV, COVID-19 and other health issues. The project will collaborate with the Global Drug Facility of IDA Foundation (GDF) to procure second-line TB drugs.

**RUE Belpharmacy** is a republican unitary enterprise providing services in the area of legal circulation of medicines and narcotic drugs, psychotropic substances and their precursors (purchase, import, storage, exemption of customs duties, quality control, distribution and delivery to end users).

**Other recipients of Project funds and/or other resources:**

1. «**Republic Centre for Hygiene, Epidemiology and Public Health (RCHEPH)**» and other healthcare facilities
2. «**Republican Scientific and Practical Centre for Pulmonology and Tuberculosis**» (RSPC PT)
3. **Ministry of Internal Affairs of the Republic of Belarus (MIA), MIA Department of Finance and Logistics, «Detention Centre no. 1» of the MIA Department of Corrections and other MIA entities**
4. **Belarus Red Cross Society and its structural organizations**
5. **Belarusian Public Association «Positive Movement»**
6. **Republican Youth Public Association «Vstrecha»**
7. **Republican Public Association «Belarusian Association of UNESCO Clubs» (BeIAU)**
8. **Republican public association «People PLUS»**
9. **Public association «Business Women Club» (Brest)**
10. **Republican Public Association «Mothers against Drugs»**
11. **Pinsk City Branch of Republican Public Association «Mothers Against Drugs»**
12. **Charity Counselling Public Association «Adaptation»**
13. **Pinsk City Branch of Belarusian Public Association «Positive Movement»**
14. **Vitebsk City Branch of Belarusian Public Association «Positive Movement»**
15. **Republican Social Public Association «Your Chance»**

NGOs play a crucial role in community outreach when it comes to rapid HIV testing, timely clinical observation and ART initiation, treatment adherence, and psychosocial support of PLHIV, including healthcare and home-based care, as well as in increasing coverage of key populations and improving prevention of sexual transmission by key populations to their sexual partners by means of consistent condom use, especially among SW and MSM, and in syringe exchange programs for PWID. Non-profit organizations dealing with TB problems will help TB patients improve adherence to treatment and monitoring.

**Risks and assumptions**

Key risks and assumptions have been examined to ensure successful project implementation and, most importantly, maximum possible impact of project activities/interventions. Some key risks and assumptions identified along with proposed mitigation approaches include the following:

- **Macroeconomic factors and financial instability in the world market** are negatively affecting the situation in the country causing rise in prices of goods and services. The budget has been revised to reflect the most current cost estimates. If necessary, it will be possible to return to this issue together with CCM to discuss with the Global Fund the potential opportunity to modify program activities and/or allocate additional funding.
- **The geopolitical situation in the region** may result in sanctions imposed on the Government of Belarus, which may have a negative impact on the activities specified in the project. It is necessary to focus on applying and using diplomatic status to support the national healthcare system and ensure uninterrupted delivery of HIV/TB services including timely



and uninterrupted supply of required medicines and supplies for implementation of preventive activities and laboratory tests.

- **Delayed decision of the Belarusian Government to approve the Project.** The national partners and CCM will help minimize this delay by applying to the relevant state authorities; timely submission of the required package of documents for review and registration will help too.
- **The impact of the COVID-19 pandemic and its socio-economic consequences** on the most vulnerable groups and key populations, including people who survived TB, people living with HIV, people who inject drugs (PWID) and other populations. It will be important to put in force and monitor the implementation of the COVID-19 Socio-Economic Response Plan developed by the UN Country Team and Belarusian Government, which also includes measures to support vulnerable people living with HIV, PWID and other populations.
- **Health supply chain disruptions.** To overcome such barriers, it is necessary to use corporate long-term agreements (LTA) with forwarding agents and suppliers whenever possible, to place all orders in advance and to constantly monitor the status of global freight and supply of goods to Belarus.
- **Limited human resources and capacity.** Finding and hiring strong candidates in the Project Implementation Unit. This risk can be offset using a personalized approach in headhunting, by searching for candidates on social media and through the UNDP jobs website and by offering attractive positions, working conditions and salaries.

A risk register is attached (see Appendix 5).

### ***Interaction with stakeholders***

*Project's target group:*

#### **1. People who inject drugs**

In order to develop the necessary level of PWID coverage with preventive measures, HIV testing services and opioid substitution therapy program, the following facilities will work: at least 19 units for prevention of HIV-infection and parenteral viral hepatitis among PWID at government healthcare facilities (through partial provision of supplies and remuneration of the units' staff aimed at result achievement); at least 13 units for anonymous prevention services provision in non-governmental non-profit organizations (including 5 mobile service delivery sites); a team of outreach workers at permanent and mobile sites for prevention services delivery); support of opioid substitution therapy units through the complementary purchase of medicines and financing the social support program for program patients.

As a result of these activities it is expected to achieve the following results in 2024: coverage of PWID with a minimum package of preventive services - at least 60,500 people; coverage of PWID with HIV testing - at least 40,200 people; percentage of PWID retained in the opioid substitution therapy program for 6 months or longer - 75%.

#### **2. People living with HIV**

The project plans to implement a number of activities aimed at achieving the global targets of the UNAIDS 95-95-95 strategy, i.e. 95% of people living with HIV will know their positive status, 95% of them will receive sustained antiretroviral therapy and 95% of them will have an undetectable viral load. In order to achieve the established indicators, the complementary state procurement of ART will be implemented via international sites in accordance with WHO recommendations. Among representatives of key groups (PWID, MSM, TG and SW), through introduction of social support programs and case management services for patients with newly diagnosed HIV infection and/or with disengagement from treatment or low adherence to treatment, it is planned to achieve the following indicators: diagnosis made in 95% of persons, who first received a positive rapid test result; linkage to HIV care and ART for 95% of PLWH among MSM and 90% of PLWH among SW and PWID. To ensure effective treatment and use of modern diagnostic methods and laboratory research based on needs analysis and in line with technical specifications, laboratory equipment and materials will be procured and delivered to government entities. The multidisciplinary approach used in counseling and healthcare and social services delivery to PLHIV and their families will continue to be supported.

#### **3. Commercial sex workers**

As part of the project at least 13 sites for prevention services provision to SW will be supported (including 2 mobile sites), as well as a team of social and outreach workers operating at permanent and mobile sites. As a result of preventive activities aimed at SW counseling, provision of prevention, informational and educational materials, rapid HIV testing services, STIs screening and treatment, the following indicators are expected to be achieved in 2024: number of SW covered with a minimum package of prevention services - 11,700 people, covered with HIV testing - 8,700.

#### **4. Men who have sex with men and transgender people**

By supporting 14 sites for anonymous HIV prevention and testing services, it is planned to increase the number of MSM and TG covered with prevention measures to 19,399 and to reach 14,400 MSM and TG with HIV testing in 2024. The set goals will be achieved through the increase of HIV counseling and rapid testing services (including through self-



testing) provided by social workers and outreach workers, STIs screening services and distribution of informational, educational and prevention materials among the target group.

#### **5. Prisoners**

The project will maintain a system of medical and social support for prisoners and their re-socialization, including as part of 'preparing for release' in order to further monitor them in healthcare settings in view of HIV and/or TB. TB drugs and supplies for diagnosing TB, HIV and other diseases will be supplied. At least 2,500 people in prisons will be tested for HIV and parenteral viral hepatitis.

#### **6. HIV-service NGOs**

In order to increase the national capacity to counter the spread of HIV and improve the effectiveness of HIV treatment, to strengthen systems of HIV situation monitoring and evaluation, a number of measures were designed to develop the human resource capacity of HIV-service NGOs and to ensure participation of representatives of key groups and NGOs in monitoring, analysis and decision-making processes. The efforts will be continued to increase the practice of applying the SCM in the area of HIV infection, and measures will be implemented to improve the effectiveness of this mechanism.

#### **7. TB patients**

The people-centred model of TB care will be a key approach governing the activities under the grant. Access to modern diagnostic methods will enable timely prescription of TB treatment, and access to modern methods and regimens of TB treatment, methods of prevention of severe adverse reactions to TB drugs will improve adherence to treatment and its effectiveness. In order to improve access to and quality of TB services, the grant provides for implementation of case management programs for representatives of key and vulnerable populations, including people in prisons and people with substance dependencies, expansion of digital technologies to support adherence to treatment (video directly observed therapy), direct support, including reimbursement of transportation costs and assistance in job search.

#### **8. Representatives of groups at high risk for developing TB disease**

Access to modern TB preventive treatment (TPT) methods and regimens and modern methods of latent tuberculosis infection (LTBI) diagnosis will help expand the coverage of representatives of groups at risk for developing TB disease with preventive treatment, which will help reduce TB incidence among the population at large. In addition, implementation of screening activities in healthcare organizations will contribute to the timely detection of TB cases among populations at risk.

#### **9. Patients with suspected or confirmed COVID-19**

Access to modern diagnostic technologies will facilitate the timely detection and confirmation of COVID-19 infection in a patient, and medical equipment planned for procurement under the grant will improve availability and quality of healthcare and minimize the risks of COVID-19-related health deterioration in patients.

#### **10. Healthcare professionals**

The Projects will include the activities aimed at improving the capacity and knowledge of healthcare workers and implementing the procurement of personal protective equipment (respirators) for doctors in TB settings.

#### **11. Healthcare facilities**

Grant implementation will help increase access to modern diagnostic technologies at the regional level and use them as an initial diagnostic test in TB laboratories, when introducing all rapid diagnostic methods recommended by WHO, including procurement of laboratory equipment, reagents, supplies, maintenance services and technical assistance to scale up the use of Xpert, automated MGIT and LPA technologies. Due to the purchase of diagnostic laboratory equipment, supplies and reagents, the capacity of the laboratory service will be strengthened. As part of the project, medical equipment necessary to treat patients, including those suffering from coronavirus infection, will be purchased.

#### **12. General population**

As a result of Project implementation, the population at large will be less exposed to the risk of infection due to stabilization of the epidemiological situation and decreased threat of further spread of HIV, TB and COVID-19.

Interaction with all stakeholders will be carried out through the Country Coordinating Mechanism (CCM): this is a Project Board that includes representatives from a wide range of different public organizations and NGOs, UN agencies, academia and people affected by HIV and TB. CCM coordinates and monitors project implementation, including reviewing appeals/complaints and providing any feedback to stakeholders. CCM holds regular meetings, where CCM members can express their concerns and suggestions about project implementation, suggest changes to be introduced to the activities being implemented.

The UNDP Country Office has completed the Social and Environmental Screening Procedure (SESP) (Annex 4). The results of this procedure were presented on the CCM meeting held on 01.01.2022. UNDP will also conduct a presentation of the stakeholder engagement mechanism and the complaints and suggestions mechanism used in UNDP, providing clear

guidance on how to submit a complaint or suggestion if there is doubt about the environmental or social impact of this project.

### ***South-South and Triangular cooperation (SSC/TrC)***

The project strategies are based on best practices of other countries that have similar epidemiological and socio-economic situation. Further capacity building of the national partners will be strengthened through information / knowledge sharing and participation of relevant representatives of national institutions and NGOs in regional conferences / workshops. The project involves several activities that will allow representatives of the national HIV/TB laboratories and penal system to share knowledge, skills, experience and resources with colleagues from other countries of a similar profile: participation in conferences, training, etc.

### ***Digital solutions***

Several project components and activities are designed to promote the use of digital technologies and solutions, particularly when providing services in the context of the pandemic:

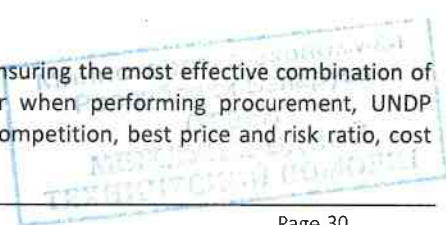
- Functioning of the national call centre and provision of mobile and accessible services to representatives of target (vulnerable) populations in the context of HIV and COVID-19.
- Expanding the use of digital technologies to support adherence to treatment (video directly observed treatment (VDOT)). Further support will be provided to buy smartphones, pay for mobile communication services, organize and conduct relevant training and implement supervision.
- Development of a digital web-based platform for tracking patient contacts and Programmatic Management of Tuberculosis Preventive Therapy (PMTPT): to support contact tracing protocols, screening for latent TB infection (LTBI) and preventive treatment for key and vulnerable populations, a web-based Roles and Responsibilities (R&R) system will be developed as an innovation and will be integrated with the updated national TB register in accordance with WHO recommendations. This will facilitate TB case detection (DS and DR-TB) in general and close the gap related to the appropriate monitoring and evaluation (M&E) system for programmatic management of tuberculosis preventive therapy (PMTPT).
- Conducting training webinars on safe working with clients in a complex epidemiological situation related to COVID-19 for project personnel working with key populations.
- Implementation of a network solution for GeneXpert diagnostic systems.
- Transition to online methods of services delivery in the context of the pandemic. Expansion of HIV testing in PWID, SW/PWID through the Internet, including on websites / in VKontakte and Facebook groups. Opening a site, where tests can be ordered, organization of delivery, assistance in testing.
- By targeting KP with the highest burden of disease and HIV transmission (PWID and MSM), the project will support well-planned innovative programs to expand outreach to new and more latent sub-populations. This includes the use of gender-sensitive and transformational approaches, improvement of quality and lower threshold for joining OST programs, implementation of innovative digital support strategies, distribution of doses of OST medicines to patients for in-home administration and expansion of approaches to combined prevention including introduction of pre-exposure prophylaxis (PrEP) in key populations.
- Creating an online and offline social adaptation centre for persons released from prison; development of online courses for them.
- Legal support for OST clients through telephone or online consultations to overcome barriers to accessing OST.
- Improving sustainable funding, community-based respond and service expansion through remote access and digital technologies.

### ***Knowledge***

Information and knowledge sharing will be critical to the implementation of this project. Relevant and most recent events and project news will be published on the UNDP website, in various communication channels, social networks at the country level and at the headquarters level (as appropriate), CCM. As part of sentinel surveillance (IBSS), the data on HIV prevalence, HIV burden among the key populations and the predominant routes of transmission will be obtained. For the first time, IBSS will include testing for co-infections (Hepatitis B, C, syphilis) and, as a result, the unique data will be obtained that can be used by the national partners to plan effective country responses to prevent the spread of HIV infection. For the first time, in partnership with the Republican Scientific and Practical Centre for Pulmonology and TB, a study will be conducted on the burden of 'catastrophic costs' among TB patients. A study on the prevalence of HIV-related stigma among PLHIV will be conducted, which will help develop further strategies.

### ***Sustainable development and scaling up***

The project will use both UNDP and national systems' rules and procedures, ensuring the most effective combination of their capacities. For example, when hiring project staff and consultants or when performing procurement, UNDP mechanisms will be applied to ensure transparency, fairness, accountability, competition, best price and risk ratio, cost







#### IV. PROJECT MANAGEMENT

##### *Cost Efficiency and Effectiveness*

The strategic aim of this project is to support the most complex HIV, M/XDR-TB, COVID-19 interventions including those implemented by non-healthcare providers, with consideration of the human rights and gender barriers. The project is technically sound as it was developed in consultation with all stakeholders and technical partners, such as the Ministry of Health, WHO, as well as NGOs and the key beneficiaries. The project architecture is based on the analysis of epidemiological trends and situation in the country and includes only evidence-based and most effective and innovative approaches.

The project applies the 'lowest price - best result' approach. The medicines, supplies and medical equipment procured within this Project will only be sourced from suppliers prequalified by WHO and at the lowest price due to the pooled procurement mechanism. Efficiency and cost-effectiveness will be achieved, among other things, through joint operations with other projects implemented by UNDP in Belarus.

Based on strategic considerations, Project funds are allocated across interventions, geographic regions and population groups taking into account the epidemiological burden of disease. The project drew on the results of the Optima HIV study and focused on overcoming the barriers to scaling up ART, increasing funding for HIV testing among key populations in the regions with high prevalence of HIV infection, with simultaneous maintenance and reasonably moderate increase in coverage in other sites. The Project focuses on improving the linkage between confirmatory testing in HIV-positive key populations and antiretroviral therapy, as well as on revision of HIV testing algorithms in accordance with WHO guidelines. Prioritization of accelerated transition to oral less toxic modified shorter treatment regimens (mSTR) and bedaquiline, pretomanid and linezolid (BPAL) regimens within a decentralized model of care will also allow to accelerate pace of reducing unnecessary bed days (hospitalizations) and optimize resource allocation.

The proposed preventive, diagnostic and treatment activities are in line with most recent and relevant WHO recommendations and guidelines as well as best practices from other countries. Procurement of medicines, reagents and other health products is planned considering the latest national diagnostic and treatment protocols and WHO recommendations. These procurements are carefully aligned with the national procurement to ensure timely, quality and uninterrupted supply.

##### *Project management*

At its meeting on 24 June 2022, the Country Coordinating Mechanism designated UNDP as the Principal Recipient of the Project "Strengthening of HIV and tuberculosis («TB») National Systems of Prevention, Treatment, Care and Support in the Republic of Belarus."

UNDP has been working in Belarus since 1992 based on the Agreement with the Government of the Republic of Belarus. The program has extensive experience in cooperating with government entities and non-governmental organizations. The role of UNDP as the Principal Recipient of the GF grant allocated to the Republic of Belarus, includes overall management of the grant, proper financial management, accountability and support of programme activities and implementing entities towards an improved program and financial performance. The Project will also be implemented in accordance with the Grant Regulations of the Global Fund 2014 ([https://www.theglobalfund.org/media/5682/core\\_grant\\_regulations\\_en.pdf](https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf))

As a coordinator at the national level, the Ministry of Health will ensure:

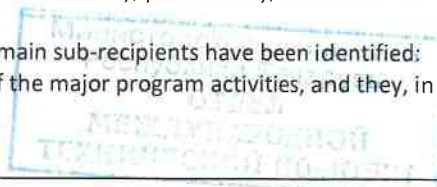
- overall coordination of Project activities implementation;
- coordination of project activities considering relevant state programs and plans to avoid duplication;
- interaction of healthcare organizations involved in the Project;
- Interaction with UNDP, WHO and other organizations in implementation of Project activities.

During the first phase of Project implementation, UNDP in Belarus will set up a temporary Project Implementation Unit (PIU) to administer and support the transition of the Principal Recipient role from RSPC MT to UNDP. There will be 5 employees (interim project manager, finance analyst, monitoring and evaluation analyst, procurement and supply analyst, and operations associate) for the period 1 November 2022 - 31 December 2022.

The second phase (1 January 2023 - 31 December 2024) involves the implementation of the Project program activities and will be carried out by a group of 19 people. PIU will be located in Minsk in the rented office premises. The Project organization structure is described below and may be changed in the future.

The Programme Manager will be supervised by the UNDP Deputy Resident Representative in Belarus. The UNDP Country Office will provide direct support in all aspects of implementation. The Global Fund program will cooperate closely with other programs implemented by the UNDP Country Office to ensure synergy, cost-efficiency, productivity, innovation and collaborative learning.

UNDP will engage sub-recipients for implementation of Project activities. Two main sub-recipients have been identified: RSPC MT and WHO. RSPC MT will engage sub-recipients for implementation of the major program activities, and they, in





turn, may also engage partners. The list of organizations that can participate in the Project is given in Table 3 - List of Recipients.

Sub-sub-recipients of RSPC MT are the following organizations: HIV-service NGOs, healthcare organizations, TB-service and HIV-service government entities, other organizations as decided by the CCM.

This project implementation mechanism is based on maintaining the effective use of existing structural, programmatic and logistical capacity and further implementation of activities under the international technical assistance project "Strengthening of HIV and Tuberculosis National Systems of Prevention, Treatment, Care and Support in the Republic of Belarus (registered by the Ministry of Economy on 03.01.2022 no. 2/22/001148). To avoid the risks of suspension of operations of sub- and sub-sub-recipients, sustainability of program activities, and to maintain and strengthen the monitoring and reporting system during the transition from the current Principal Recipient to UNDP, the RSPC MT has been assigned the crucial functions concerning:

- use of equipment, vehicles purchased under previous Global Fund grants;
- support, collection, processing, accumulation, storage and provision of information of the Republican HIV and TB registers;
- support, collection, verification, aggregation of data from SyrEx database;
- sharing personal and depersonalized data of PLHIV - 'data sharing node';
- use of the best mechanisms of interaction between the Ministry of Health, government entities, NGOs, when implementing the international technical assistance project;
- implementation of program activities within the frameworks of existing contracts;
- coordination of financial flows and reporting among the reporting organizations and partners;
- implementation of innovations aimed at sustainability of programs of HIV and TB spread prevention including in the context of unfavourable epidemiological situation due to COVID-19 infection;
- promotion of the SCM.

The Country Coordinating Mechanism (CCM) in Belarus will continue to supervise the overall implementation of the new project and ensure proper coordination between the Global Fund grant and national HIV and TB programs. CCM will pay close attention to the project progress to make sure that the activities are implemented in accordance with the work plan and program and financial targets are achieved.

### ***Inspections/ Audits<sup>18</sup>***

UNDP inspections/audits are conducted in accordance with the so-called Single Audit Principle, which excludes any audit of UNDP activities by any external body, including any government entity; instead: (a) the United Nations Board of Auditors (UN BoA) retains the exclusive right to carry out external audit of the accounts, book and statement of UNDP; and (b) the Office of Audit and Investigations (OAI) retains the exclusive right to carry out internal audit of the accounts, books and statement of UNDP.

In line with the Single Audit Principle and the UNDP Financial Regulations and Rules, Global Fund grants entrusted to UNDP as Implementing Agent (IA) shall only be audited by either the UN BoA or the UNDP OAI. In addition, in countries falling under the Global Fund's Additional Safeguards Policy, the Global Fund may request a special purpose audit on the use of Global Fund resources. In such cases UNDP must: (1) secure the appointment of a mutually agreed independent auditor; and (2) prepare mutually agreed audit terms of reference which reflect, as necessary, circumstances giving rise to the Global Fund's request for said audit. Furthermore, given the challenging environments, in practice, Global Fund grants are subject to particularly intense oversight and audit, and the Office of Audit and Investigations (OAI) has resources dedicated solely to the audit and investigations of Global Fund programmes.

The inspection/audit of UNDP sub-recipients<sup>19</sup> that receive funds under the project financed by the Global Fund is conducted using the risk assessment methodology. The UNDP Health Implementation Support Team (HIST) has long-term agreements with selected audit firms and only these firms should be addressed with a request to audit the sub-recipients. In some exceptional cases (including due to the country situation or restrictions on audit firm registration), the UNDP country office may choose to work with a local audit firm rather than one of the firms with which it has long-term cooperation agreements (LCA). Local audit firms are required to comply with the extended terms of reference for sub-recipient audits. At the start of the sub-recipient audit, the UNDP Country Office should discuss this or any other probable departure from the approach to audits of UNDP sub-recipients who receive funds under the projects financed by the Global Fund, with the UNDP Global Fund/Health Implementation Support Team.



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<sup>18</sup> <https://undphealthimplementation.org/functional-areas/audit-and-investigations/>

<sup>19</sup> When a sub-recipient is a UN agency, it is not audited by UNDP; instead, it is accountable to its internal oversight and control system.

**V. RESULTS FRAMEWORK**

**Intended Outcome as stated in the draft UN Sustainable Development Cooperation Framework (UNSDCF)/Country Programme Results and Resource Framework:** Outcome 4. By 2025, improvements in data collection, gender equality policies, child-centred budgeting and elements of gender budgeting have created conditions for men and women of all ages, including those aged 65 years and older, as well as girls and boys, to better realize their rights and improve the quality of their lives, including through increased opportunities for employment and better protection from gender-based and domestic violence.

**Outcome indicators as stated in the UNDP Country Programme Results and Resources Framework, including baseline and targets:** Output 4.3. Measures to strengthen the healthcare system, especially at the primary care level, for the response to COVID-19 and prevention and control of NCDs, HIV and infectious diseases, developed and introduced.

Indicative indicator 4.3.1. SDG national indicator: 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex and age  
Baseline (2018): 0.25; male: 0.33; female: 0.17; 0-14 years: 0.004; 15 years and older: 0.30. Target (by 2025) 0.2.

**Applicable outputs of the UNDP Strategic Plan:** Outcome 2: Accelerate Structural Transformations for Sustainable Development.

**Project title and Atlas project number:** «Strengthening of HIV and tuberculosis («TB») National Systems of Prevention, Treatment, Care and Support in the Republic of Belarus, phase 2»

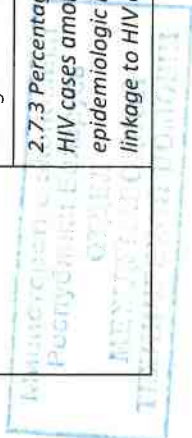
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EXPECTED OUTPUTS	OUTPUT INDICATORS <sup>20</sup>	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)			DATA COLLECTION METHODS AND RISKS
			Value	Year	2022	2023	2024	
<b>Output 1. HIV Prevention</b>	1.1. Percentage of men who have sex with men (MSM) reached with prevention programs - defined package of services	Program data based on the unique identification code (UIC) of a client	41.2%	2020	54.6%	58%	60.6%	Data Source: program data based on the unique identification code of a client (generated by SyRex database). The basic package of prevention services includes a condom and safe sexual behaviour counseling by a social worker.
	1.2. Percentage of transgender people (TG) reached with prevention programs - defined package of services	Program data based on the unique identification code (UIC) of a client	47	2020	200	TBD	TBD	Data Source: program data based on the unique identification code of a client (generated by SyRex database). The basic package of prevention services includes a condom and safe sexual behaviour counseling by a social worker.
	1.3. Percentage of sex workers (SW) reached with prevention programs - defined package of services	Program data based on the unique identification code (UIC) of a client	50.9%	2020	57.5%	60.2%	62.9%	Data Source: program data based on the unique identification code of a client (generated by SyRex database). The basic package of prevention services includes a condom and safe sexual behaviour counseling by a social worker.

<sup>20</sup> It is recommended that the Project use output indicators from the Strategic Plan of the Integrated Results and Resource Framework (IRRF), as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by gender or other target groups where relevant.

	<p>1.4. Percentage of people who inject drugs (PWID) reached with prevention programs - defined package of services</p>	<p>Program data based on the unique identification code (UIC) of a client</p>	<p>77%</p>	<p>2020</p>	<p>74.2%</p>	<p>75%</p>	<p>75.6%</p>	<p>Data Source: program data based on the unique identification code of a client (generated by SyRex database). The basic package of prevention services includes a sterile syringe, condom and safe injection behaviour counseling.</p>
	<p>1.5 Percentage of the opioid substitution therapy patients who continue receiving treatment 6 months after its initiation</p>	<p>RSPC MH</p>	<p>46.2%</p>	<p>2020</p>	<p>60%</p>	<p>65%</p>	<p>75%</p>	<p>Data source: report on OST progress provided by the Republican Scientific and Practical Centre for Mental Health (RSPC MH). Operating costs for the OST program and procurement of liquid methadone will be fully funded by the state. The Global Fund will cover the costs of psychosocial support for OST, staff training and limited amounts of methadone tablets for take-home dosing.</p>
<p><b>Output 2. Differentiated HIV testing services</b></p>	<p>2.1 Percentage of men who have sex with men (MSM), who were tested for HIV during the reporting period and know their result.</p>	<p>Program data based on the unique identification code (UIC) of a client</p>	<p>27%</p>	<p>2020</p>	<p>43.6%</p>	<p>44.4%</p>	<p>45%</p>	<p>Data disaggregation: by age, by HIV-status Targets are set in line with National Strategic Plan (NSP) and are based on the expected coverage with the basic package of services (KP1a) and on geographic prioritization (high, medium, low regions).</p>
	<p>2.2 Percentage of transgender people (TG), who were tested for HIV during the reporting period and know their result.</p>	<p>Program data based on the unique identification code (UIC) of a client</p>	<p>29 (number)</p>	<p>2020</p>	<p>200</p>	<p>TBD</p>	<p>TBD</p>	<p>Data disaggregation: by age, by HIV-status TG group size will be assessed in 2023.</p>
	<p>2.3 Percentage of sex workers (SW) who were tested for HIV during the reporting period and know their result.</p>	<p>Program data based on the unique identification code (UIC) of a client</p>	<p>32.1%</p>	<p>2020</p>	<p>43.6%</p>	<p>45.8%</p>	<p>46.8%</p>	<p>Data disaggregation: by age, by gender, by HIV-status Targets are set in line with National Strategic Plan (NSP) and are based on the expected coverage with the basic package of services (KP1c) and on geographic prioritization (high, medium, low regions).</p>
	<p>2.4 Percentage of people who inject drugs (PWID), who were tested for HIV during the reporting period and know their result.</p>	<p>Program data based on the unique identification</p>	<p>21.7%</p>	<p>2020</p>	<p>44.9%</p>	<p>47.8%</p>	<p>50.2%</p>	<p>Data disaggregation: by age, by gender, by HIV-status Targets are set in line with National Strategic Plan (NSP) and are based on the expected</p>

		code (UIC) of a client								
	2.5 Number of people in detention facilities or other closed settings who were tested for HIV during the reporting period and know their result.	n/a	n/a	n/a	2500	TBD	TBD			coverage with the basic package of services (KP1d) and on geographic prioritization (high, medium, low regions). Data disaggregation: by HIV-status based on the test results It is planned to conduct HIV rapid diagnostic testing (RDT) in prisons (2,500 tests per year). The number of planned HIV RDT tests was established based on estimations made with representatives of the Department of Corrections of the Ministry of Internal Affairs (MIA). Data source: administrative data of the MIA Department of Corrections. Experience gained in Year 1 of the Project will inform target setting for Years 2 and 3 of the project.
	2.6 Percentage of newly diagnosed HIV-positive people who initiated ART.	Republican Register of HIV-Infected Patients	73.8%	2020	90.5%	91.0%	91.5%			Data disaggregation: by age, by target group / key population The target is set in line with the National Strategic Plan (NSP) target to cover 91.5% of people among those who know their HIV status with antiretroviral therapy (ART).
	2.7.1 Percentage of newly diagnosed HIV cases among MSM with completed epidemiologic investigation and linkage to HIV care	Republican Register of HIV-Infected Patients, SyRex	n/a	n/a	95%	95%	95%			This indicator evaluates the first step in the treatment cascade - the diagnosis of new HIV infections. Numerator: formed by summing two parts: 1) Number of newly diagnosed HIV-positive clients who completed epidemiological registration; 2) Number of clients with previously diagnosed HIV infection, for whom there is no record in the Republican register of HIV-infected patients with completed epidemiological registration. Denominator: formed by summing two parts: 1) number of clients who received a positive result of the rapid HIV test and need epidemiological registration; 2) number of clients with a previously established fact of
	2.7.2 Percentage of newly diagnosed HIV cases among TG with completed epidemiologic investigation and linkage to HIV care	Republican Register of HIV-Infected Patients, SyRex	n/a	n/a	90%	90%	95%			
	2.7.3 Percentage of newly diagnosed HIV cases among SW with completed epidemiologic investigation and linkage to HIV care	Republican Register of HIV-Infected Patients, SyRex	n/a	n/a	80%	85%	90%			







	4.2 Number of RR-TB and/or MDR-TB cases that began second-line treatment.	Republican TB Register	810	2020	928	856	790	Data disaggregation: by age, by gender, by treatment regimen. The targets for the numerator and denominator are projected based on the results and recommendations of the 2021 Regional Green Light Committee (rGLC) mission and aligned with the National TB Strategic Plan 2021-2025 (sub-program 4 "Countering the Spread of Tuberculosis" of the State Program "Health of the People and Demographic Security" for 2021-2025).
<b>Output 5. TB Prevention and Care</b>	5.1 Number of registered TB cases of all forms (i.e. clinically diagnosed and bacteriologically confirmed) new and relapsed	Republican TB Register	1517	2020	1484	1300	1138	Numerator: Number of registered TB cases of all forms (clinically diagnosed and bacteriologically confirmed, new and relapsed) Both civilian and penitentiary sectors are included. Data Source Republican TB Register
<b>Output 6. TB/HIV</b>	6.1 Percentage of HIV-positive new and relapsed TB patients on ART during TB treatment	Republican TB Register	90.3%	2020	93%	94%	95%	Data disaggregation: by age, by gender It is planned that by 2024, 95% of TB/HIV patients will have access to ART
<b>Output 7. Reducing human rights-barriers to HIV/TB services</b>	7.1 Percentage of people living with HIV who report experiences of HIV-related discrimination in healthcare settings	n/a	n/a	n/a		TBD		Data source: Stigma Index Study among PLHIV ongoing in 2021 will set the baseline and the target will be set. The next round of Stigma Index Study among PLHIV is planned for 2023.
	7.2 Percentage of MSM who report experiences of HIV-related discrimination in healthcare settings	IBBS	14%	2020	n/a	10%	n/a	Data disaggregation: by age Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
	7.3 Percentage of SW who report experiences of HIV-related discrimination in healthcare settings.	IBBS	24.8%	2020	n/a	15%	n/a	Data disaggregation: by age, by gender Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
	7.4 Percentage of PWID who report experiences of HIV-related discrimination in healthcare settings.	IBBS	34.9%	2020	n/a	25%	n/a	Data disaggregation: by age, by gender Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.



The project will also collect data and report on the following **impact** level indicators:

	INDICATORS	BASELINE	TARGETS (by frequency of data collection)				DATA COLLECTION METHODS AND RISKS
			Weight	Year	2022	2023	
1	Number of AIDS-related deaths per 100,000 population	1.78	2020	1.65	1.64	1.60	Data disaggregation: by age, by gender Targets are set in line with the objectives of the National Strategic Plan (NSP).
2	Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	73.9%	cohort 2019	75%	77%	79%	The targets are aligned with the National TB Strategic Plan 2021-2025.
3	Treatment success rate of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapse cases	88.6%	cohort 2019	90%	90%	90%	Numerator: Number of TB cases (clinically diagnosed and bacteriologically confirmed, new and relapsed) that began first-line TB treatment during the year of assessment and successfully treated (cured and treatment completed). Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment during the year of assessment. Data Source: Republican TB Register
4	Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	74%	2020	75%	77%	79%	Numerator: Number of bacteriologically confirmed DR-TB (RR and/or MDR) cases that began second-line TB treatment during the year of assessment and successfully treated (cured and treatment completed). Denominator: Total number of bacteriologically confirmed DR-TB (RR and/or MDR) cases that began second-line TB treatment during the year of assessment.
5	TB treatment coverage: percentage of new and relapse cases that were registered and treated among the estimated number of new TB cases in the same year (all TB forms:						Numerator: Number of new and relapsed TB cases registered and started on treatment during the specified period.





	bacteriologically confirmed and clinically diagnosed)	Republican TB Register	78.8%	2020	80.1%	83%	86%	Denominator: Estimated number of new TB cases in the same year (all TB forms: bacteriologically confirmed and clinically diagnosed). Data Source: Republican TB Register; Reports under the National TB Program.
6	TB mortality rate per 100,000 population	The Civil Registration System	1.22	2020	1.20	1.18	1.16	Data disaggregation: by age, by gender The targets are aligned with the National TB Strategic Plan 2021-2025.
7	Prevalence of RR-TB and/or MDR-TB among new TB patients: proportion of new TB cases with RR-TB and/or MDR-TB	Republican TB Register	39.3%	2020	38.8%	38.3%	37.8%	The targets are aligned with the National TB Strategic Plan 2021-2025.
8	Percentage of people diagnosed with TB who report stigma in healthcare settings that inhibited them from seeking and accessing TB services	TB Stigma Index Study	n/a	n/a	n/a	TBD	n/a	Numerator: number of people with TB who faced stigma in the healthcare system because of their TB status that inhibited them from seeking and accessing TB services during the last 12 months. Denominator: total number of respondents among people diagnosed with TB during the last 12 months.
9	Percentage of men who have sex with men (MSM) living with HIV	IBBS	7.14%	2020	-	≤ 7,14%	-	Data disaggregation: by age Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
10	Percentage of transgender people (TG) living with HIV	TBD in 2023.	-	-	-	TBD	-	Data disaggregation: by age Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
11	Percentage of sex workers (SW) living with HIV	IBBS	9.7%	2020	-	≤ 9,7%	-	Data disaggregation: by age, gender Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
12	Percentage of people who inject drugs (PWID) living with HIV	IBBS	30.8%	2017	-	≤ 30,8%	-	Data disaggregation: by age, gender Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
13	Percentage of people living with HIV who know their HIV status as of the end of the reporting period	National AIDS Reports Spectrum data	81.6%	2020	87.5%	90%	92.5%	The next IBBS is planned for 2023. Data disaggregation: by gender Targets are set in line with National Strategic Plan objective to reach 95% by 2025.

14	Percentage of people living with HIV and on ART who are virologically suppressed	Republican Register of HIV-Infected Patients	88.2%	2020	88%	91%	95%	Targets are set in line with National Strategic Plan objective to reach 95% by 2025.
15	Percentage of men reporting the use of a condom the last time they had anal sex with an irregular partner.	IBBS	76.8%	2020	-	80%	-	Data disaggregation: by age Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
16	Percentage of SW reporting the use of a condom with their most recent client.	IBBS	88.6%	2020	-	90%	-	Data disaggregation: by age, by gender Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
17	Percentage of people who inject drugs reporting the use of sterile injecting equipment during their most recent injection	IBBS	87.9%	2020	-	95%	-	Data disaggregation: by age, by gender Targets are in line with the National Strategic Plan. The next IBBS is planned for 2023.
18	Percentage of people who inject drugs reporting condom use the last time they had sex.	IBBS	51.5%	2020	-	60%	-	Data disaggregation: by age, by gender Targets are in line with the National Strategic Plan.



**VI. MONITORING AND EVALUATION (M&E)**

In accordance with the UNDP programming policies and procedures, the project will be monitored through the forms, methods and measures provided for by the **Monitoring and Evaluation Plan** of the project "Strengthening of HIV and tuberculosis («TB») National Systems of Prevention, Treatment, Care and Support in the Republic of Belarus – phase 2" (Annex 6), through the following monitoring and evaluation plan.

**Monitoring Plan for Key Activities**

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if in partnership)	Cost (if any)
<b>Tracking result progress</b>	Data on progress toward achieving the indicators will be collected and analysed to assess the progress toward achieving the agreed output indicators.	Quarterly or as often as required for each indicator.	If progress is less than expected, action will be taken by project management.		
<b>Risk monitoring and management</b>	Identify specific risks that may be a threat to achievement of intended results. Identify and track risk management actions using a risk log. These include monitoring measures and plans that may be required in accordance with the UNDP Social and Environmental Standards. Conducting audits in accordance with the UNDP audit policy for financial risk management.	Quarterly	Risks are identified by project management and appropriate risk management measures are taken. The risk log is actively used and maintained to track and identify risks and record risk management actions.		
<b>Learning</b>	Knowledge, good practices and cases will be regularly captured and also actively adopted from other partners and projects, and integrated back into this project.	At least once a year	Relevant lessons are learned by the project team and used to inform management decisions.		
<b>Annual project quality assurance</b>	Project quality should be checked against UNDP quality standards to identify project strengths and weaknesses and to inform management decisions to improve the project.	Annually	Strengths and weaknesses are reviewed by project management and used to inform decisions to improve project performance.		
<b>Reviewing and amending the course of the Project</b>	Internal control of data and findings from all monitoring activities to inform decision-making.	At least once a year	Performance data, risks, lessons learned, and quality should be discussed by the Project board and used to make Project course corrections.		
<b>Project report</b>	A project report consisting of progress data including the results achieved against pre-defined annual targets and output level, the annual project quality assessment system, the updated risk log with risk mitigation measures, and any evaluation or review reports prepared for the entire reporting period, will be submitted to the Project Board and key stakeholders.	Annually, and at the end of the project (final report)			





Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if in partnership)	Cost (if any)
<b>Project review (Project Board)</b>	Regular Project reviews will be conducted by the Project managerial mechanism (i.e. Project Board) to assess its effectiveness; also, reviews of the Multi-Year Work Plan will be conducted to ensure a realistic budget over the life of the project. In the Project's final year, the Project Board shall conduct the resulting review to discuss lessons learned and opportunities for scaling up and to socialize project results and lessons learned with the relevant target group.	Specify frequency (e.g. at least once a year)	Any concerns for quality or progress delay should be discussed by the Project board, and appropriate concerted action should be taken.		



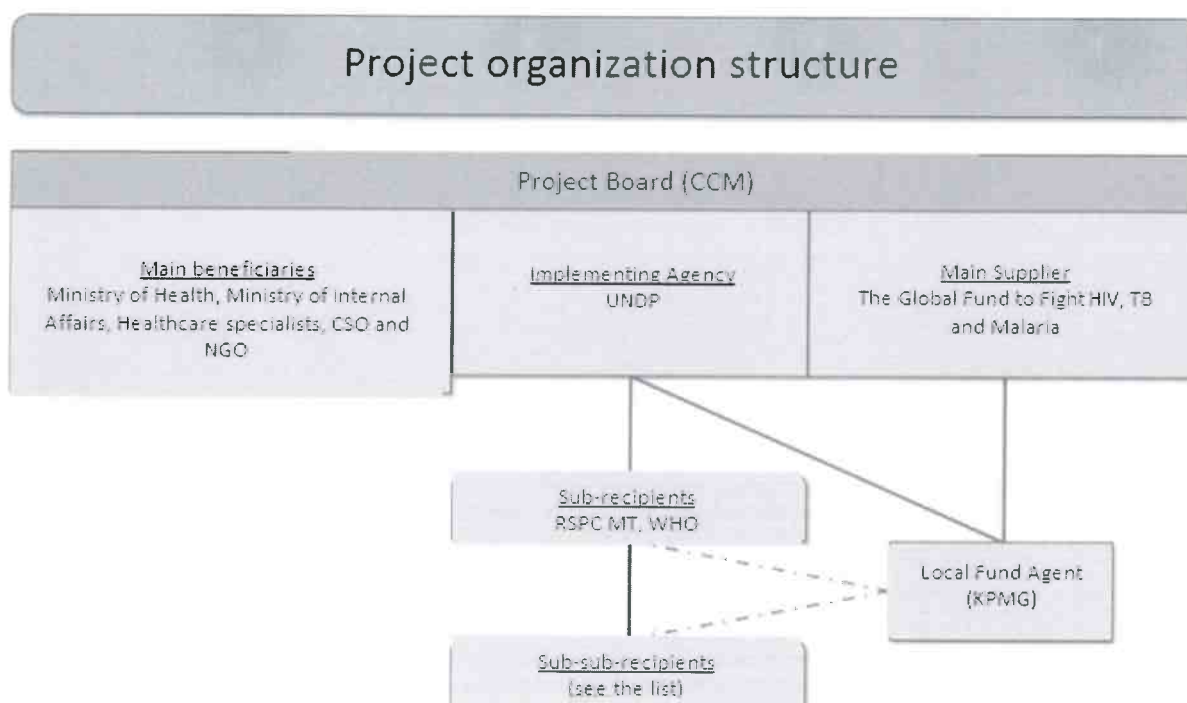
## VIII. ADMINISTRATION AND MANAGEMENT MECHANISMS

The project will be implemented by UNDP as Principal Recipient of the grant, in partnership with the Global Fund, Ministry of Health (coordinator) and organizations-recipients of project funds or resources. Two sub-recipients were identified when preparing the Project: RSPC MT (responsible partner) and WHO. However, the project implementation arrangements may be changed based on the assessment of existing capacity, risks, country context and other factors. The sub-recipient RSPC MT will contract sub-sub-recipients indicated in the Project document.

The list and scope of specific activities of the project can be adjusted during its implementation upon agreement between UNDP, Ministry of Health of the Republic of Belarus and the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure a prompt response to the most acute needs of patients, meet urgent information needs of healthcare personnel and rational use of allocated resources.

Preliminary implementation arrangements are presented in Figure 6 below.

Figure 6 Project Organization Structure.



The **Country Coordination Mechanism (CCM)** is a permanent coordinating collegiate body (Resolution no. 458 of the Council of Ministers of the Republic of Belarus of 01 June 2015) that ensures interaction of governmental, non-governmental and international sectors in the management of the national HIV/AIDS and TB programs and coordination of cooperation with the Global Fund and other donor organizations to prevent the spread of HIV/AIDS and tuberculosis. CCM is composed of representatives of government, non-governmental and international sectors.

CCM oversees the implementation of the grant and ensures proper coordination between various sectors as well as different programs implemented by other external partners. CCM is in charge of making the key financial and programmatic decisions and of addressing the main problems and challenges related to the project. CCM is chaired by Ministry of Health of the Republic of Belarus. CCM meetings will be convened quarterly or more frequently depending on the actual needs, but at least once a year. Technical working groups will work with the stakeholders between CCM meetings.

Principal Recipient (PR) will prepare annual progress reports for review by the CCM. These reports will cover the current status of project implementation, financial costs and implementation challenges. CCM will use this information to approve changes when adjusting the Program and allocating resources when required. PR will coordinate the recommended changes with the Global Fund through the country manager's portfolio.

Ministry of Health of the Republic of Belarus is the national coordinating organization providing:

1. General coordination of activities to implement Project components; participation of **organizations** and government entities of the Republic of Belarus;
2. Interaction with UNDP on all issues of project implementation, in particular:

- procurement, supply and distribution of medicines, diagnostic tests, supplies and reagents, laboratory equipment, medical equipment, monitoring of the proper use;
- expansion of lists of healthcare settings involved in the implementation of the Project, assessment of their capacity and relevance of participation;
- preparation and coordination of technical specifications, expertise and quality control;
- support of effective implementation of educational activities, international missions involving healthcare workers;
- providing Project performance statements to the Ministry of Economy;
- coordination of interaction between healthcare, non-governmental organizations working with vulnerable and key populations, providing psychosocial support and other government entities;
- collection and verification of reporting and statistical data to ensure that UNDP PIU will timely report to the Global Fund.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)** is a financing entity providing support to countries to end these three diseases.

**The Local Fund Agent (LFA)** are independent consultants hired by GFATM. LFA works closely with the Global Fund Secretariat to evaluate and monitor activities before, during and after the implementation of a grant. KPMG network of audit firms is LFA for the Republic Belarus.

UNDP as Principal Recipient will execute its functions and apply procedures as per UNDP-GF corporate agreement, in compliance with the national legislation. PR will be responsible for all practical issues related to the project implementation including oversight of the sub-recipients. PR will undertake the functions of procurement (of health and non-health products, equipment and services), financial management, project-related monitoring and evaluation and reporting to the Global Fund.

**Sub-Recipients** are entities to which UNDP provides funding in order to carry out activities under the programme. In UNDP terms, a sub-recipient (SP) is a 'responsible entity' or 'contractor'. Details of the procedures for selection of sub-recipients are available in *UNDP Guidance Manual*<sup>23</sup> for projects financed by the GFATM, for which UNDP is Principal Recipient.

The list of such organizations and the distribution of their roles has been preliminarily approved by the CCM. The activities, for which no implementers have been identified, will be implemented directly by UNDP.

UNDP has a global standard operating procedure for sub-recipients. Before entering into an agreement with a sub-recipient, its potential and possible risks are assessed. Sub-recipients receive money transfer once a quarter and submit a quarterly report on the progress of the program and the funds used.

**Sub-sub-recipients (SSR) and sub-sub-sub-recipients (SSSR)** are entities that receive grant funds from SR or SSR for specific activities.

Many government entities and non-governmental organizations were identified for being SR or SSR of the grant during preparation of the Funding Request. Table 3 below shows the list of partners and the type of services they can provide. Engagement of each organization will be defined after the capacity assessment.

Principal Recipient (UNDP), as part of the implementation of the grant, will:

- administer the Project in accordance with UNDP and Global Fund procedures and rules;
- conclude agreements with sub-recipients of funds under the Project and oversee proper execution of the program and financial indicators of the Project;
- ensure timely financing of all activities of the Project;
- carry out procurement under the Project in accordance with UNDP rules and procedures, interact with sub-recipients to ensure customs procedures and subsequent delivery and transfer to final recipients;
- hire Project staff following the UNDP requirements, rules and procedures;
- participate in the work of CCM and CCM Working Groups to ensure interaction with CCM and Ministry of Health aimed at achieving the goals and objectives of the Project;
- inform CCM about Project progress and UNDP activities as the Principal Recipient of Project funds;
- coordinate Project activities with similar programs operating in the Republic of Belarus.

The staff of the UNDP country office in Belarus will also be involved in project implementation, in accordance with multiyear working plan (Chapter VII). The management of the UNDP country office will supervise the functions of their personnel in accordance with their responsibility statement.

UNDP will set up a **Program Implementation Unit (PIU)**. Day-to-day implementation of Project activities will be carried out by the Program Coordinator, HIV Program Analyst and TB Program Analyst. PIU structure is shown in Figure 7. PIU organisation structure is coordinated with the Ministry of Health and Global Fund. UNDP may hire more consultants, coordinators and assistance and change the composition of the team based on the workload and scope of work as part of the Global Fund grant within the approved budget.

<sup>23</sup> <https://undphealthimplementation.org/functional-areas/sub-recipient-management/selecting-sub-recipients/>

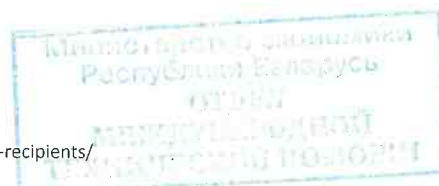
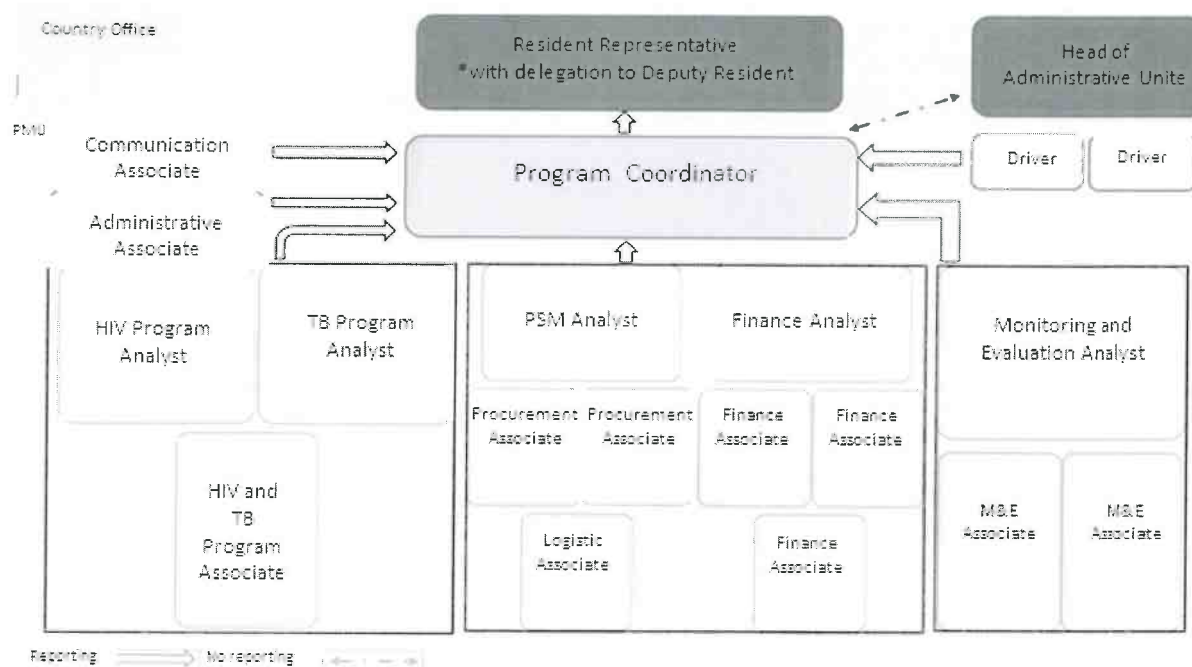


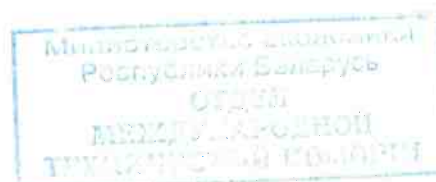


Figure 7 - PIU structure.




PIU is accountable to the UNDP Deputy Resident Representative in Belarus for the administrative management of the Project in accordance with UNDP procedures and is established for the duration of the Project. All employees are hired in accordance with UNDP procedures on a competitive basis. The main PIU functions are as follows:

- implementation of Project activities in accordance with the work plans, budgets and procurement plans;
- interaction with the Ministry of Health of the Republic of Belarus and other ministries and departments;
- development and submission of plans for Project implementation to CCM;
- procurement in accordance with the procurement plan in compliance with the UNDP procurement procedures and rules;
- transfer of purchased goods to sub-recipients of the Project in accordance with the procedure established by the legislation of the Republic of Belarus;
- preparation and submission to the Ministry of Health and Global Fund of the reports on the implementation of the Project in accordance with the approved reporting forms;
- organization of monitoring and performance evaluation carried out in accordance with the Project Monitoring and Evaluation Plan (Annex 6);
- participation in CCM meetings and implementation of CCM decisions;
- preparation of contracts with sub-recipients for signing by UNDP in accordance with UNDP procedures;
- preparation of contracts for individual Project activities in accordance with UNDP requirements and contracting procedures for individual works and services.



**Table 3 – List of recipients.**

Organization name	Type:	HIV	TB	C19RM
<p>«Republican Scientific and Practical Centre for Medical Technologies, Informatization, Administration and Management of Health» (RSPC MT)</p>	<p>Government entity</p>	<p>Organization and delivery of training, including online courses, monitoring visits, administration of MIS and SyRex database, coordination of efforts with other stakeholders, quantitative evaluation, coordination of TOR development for procurement of medicines, medical products (medical supplies, medical equipment), HIV prevention and treatment supplies, development of TNLA, coordination of IBSS and other HIV research, budget advocacy, SCM support and development, program data collection, verification and analysis, logistics and delivery of medicines and supplies, provision of vehicles for mobile sites of prevention services and mobile stations.</p>	<p>Organization and delivery of training, including monitoring visits, MIS, coordination of efforts with other stakeholders, quantitative evaluation of medicines, medical supplies and reagents, coordination of TOR development for procurement of medicines, medical products (medical supplies, medical equipment), TB prevention, diagnosis and treatment supplies, NAP development, coordination of IBSS and other HIV research, budget advocacy, SCM support and development, program data collection, verification and analysis, logistics and delivery.</p>	<p>Implementation of a unified diagnostic system GeneXpert Purchase of medical equipment and medical supplies (portable X-ray machines, artificial intelligence software, respirators, diagnostic cartridges)</p>
<p>Belarusian Public Association «Positive Movement»</p>	<p>National NGO</p>	<p>HIV prevention services provision to PWID (through permanent prevention sites and outreach work) - provision of minimum and extended packages of services, rapid HIV testing, hepatitis C testing, ELISA testing, blood sampling for HBV, CD4, biochemistry in PLHIV/PWID; support for patients until linkage to HIV care and ART; case management for PWID/PLHIV and PLHIV; provision of informational and educational materials; consultations with subject matter experts; monitoring visits; staff training. Peer-to-peer counseling and support for OST patients; involvement of new OST clients. Social support centres for PLHIV, PWID in difficult life situations; monitoring of treatment adherence and risks of disengagement; psychological counseling and correction of psychophysical development in children affected by HIV; elimination of barriers and minimization of risk of disengagement from ART for people being released from prisons. Trainings for OST sites personnel, HIV prevention services provision to PWID, training on ART adherence for peer consultants, peer-to-peer support for OST patients, HIV prevention services provision, social support and case-management, treatment adherence support for HIV prisoners;</p>		<p>Mitigation for HIV programs: HIV prevention services provision to PWID (through mobile prevention sites and outreach work) - provision of minimum and extended packages of services, rapid HIV testing, hepatitis C testing, ELISA testing, blood sampling for HBV, CD4, biochemistry in PLHIV/PWID; support for patients until linkage to HIV care and ART; case management for PWID/PLHIV and PLHIV; provision of informational and educational materials; consultations with subject matter experts; monitoring visits; staff training. Work with new synthetic psychoactive substances users using internet technologies; consultations, linkage to offline services Mobile stations for PLHIV (ART, HIV laboratory diagnostics, consultation with an infectious disease doctor, transfer to OST sites)</p>

<p>Republican Youth Public Association «Vstrecha»</p>	<p>National NGO</p>	<p>support for participation of ex-prisoners PWID in rehabilitation programs, mobile stations for testing and treatment, pilot online outreach work for synthetic psychoactive substances users.</p> <p>HIV prevention services provision to MSM (through permanent sites and outreach work): (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART); organization of STI testing through healthcare settings, rapid VHC and syphilis testing; counseling; provision of informational and educational materials; dissemination of prevention information and involvement of clients using Internet technologies; case management for MSM/PLHIV and PLHIV; development of a mobile application for target groups; PrEP for MSM; monitoring visits; staff training.</p>	<p>Organization of a mobile team to expand the program to help people with psychoactive substance addiction including alcohol: psychological and narcological assistance to TB patients to ensure their adherence to treatment; training for mobile sites staff about motivational counseling algorithms, so that they could help people with psychoactive substance addiction; meetings with vulnerable populations; transitional case management for TB patients in pre- and post-release phase through NGO (Vitebsk and Gomel regions).</p>	<p>HIV prevention services provision to MSM (through mobile point): (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART); STI diagnosis, VHC diagnosis; consultations with subject matter experts; provision of informational and educational materials; HIV self-testing organization.</p>
<p>Republican Association «Belarusian Association of UNESCO Clubs» (BeIAU)</p> 	<p>National NGO</p>	<p>HIV prevention services provision to SW and their partners (through permanent sites and outreach work): (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART); STI diagnosis and treatment; VHC diagnosis; consultations with subject matter experts including via 'hot-lines'; provision of informational and educational materials; dissemination of prevention information and involvement of clients using Internet technologies; case management for SW/PLHIV and PLHIV; monitoring visits; staff training.</p>	<p>Development of the NGO institutional capacity; In-kind incentives and enablers for M/XDR-TB patients on ambulatory treatment (reimbursement of the cost of travel in localities where it is not possible to purchase travel tickets).</p>	<p>Mitigation for HIV programs: HIV prevention services provision to SW and their partners (through mobile sites and outreach work) (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART); provision of informational and educational materials; comprehensive HIV/STI prevention programs for vulnerable (target) youth groups; case management for SW/PLHIV and PLHIV; online trainings for staff; national call centre services and provision of mobile and accessible services for representatives of target (vulnerable) groups in the context of HIV and COVID-19; human rights protection and reduction of gender-related barriers in accessing services (self-help groups); reduction of human rights-related barriers in the field of HIV/TB services (trainings for health and social service providers); development of the institutional capacity of NGOs working in the field of public health, HIV and TB.</p>
<p>Belarus Red Cross Society and its structural organizations</p>	<p>International NGO</p>	<p>HIV prevention services provision to PWID (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART), case management for PWID/PLHIV and PLHIV; provision of information and educational materials; monitoring visits; staff training.</p>	<p>Monitoring visits Incentives and enablers for M/XDR-TB patients on ambulatory treatment (purchase of travel tickets); Trainings for MIA staff on the prevention of stigma and discrimination associated with tuberculosis; Engagement of CSOs to enhance contact investigation and IPT,</p>	



<p>«Republican Centre for Hygiene, Epidemiology and Public Health» (RCHEPH) * and other public healthcare facilities</p>	<p>Government entity</p>	<p>Organization, coordination and monitoring of HIV prevention services provision for PWID (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART), case management for PWID/PLHIV and PLHIV; provision of information and educational materials; monitoring visits; staff training. *Preventive services are provided by the units for HIV prevention among PWID based in healthcare settings.</p>	<p>Social support and case-management; Consultations: psychologist, legal adviser, medical doctors; Introduction of video directly observed treatment (VDOT).</p>	
<p>Republican public association «People PLUS»</p>	<p>National NGO</p>	<p>Reduction of human rights-related barriers (monitoring of rights violations, legal support, access to legal services, awareness raising, counseling); community monitoring; gender audit, training of leaders and activists on sexual and reproductive health).</p>		<p>Mitigation for HIV programs: (development and implementation of a mechanism to re-socialize former prisoners and enable them to maintain their standard of living by employment promotion and poverty prevention - comprehensive social support services for people in prison and those released prison, informational and educational activities in prisons, development and maintenance of a database of providers that provide services to people in prisons, counseling, staff training).</p>
<p>«Republican Scientific and Practical Centre for Pulmonology and Tuberculosis» (RSPC PT)</p>	<p>Government entity</p>		<p>NTP monitoring visits Republican MDR-TB consultations</p>	<p>Development of two new modules for TB register: web-based contact investigation and PMTPT (program management of TB preventive treatment) digital platform.</p>
<p>Department of Finance and Logistics of the Ministry of Internal Affairs of the Republic of Belarus (DFaL MIA)</p>	<p>Government entity</p>	<p>Behaviour change interventions: Trainings on Development of interaction between representatives of law enforcement system, healthcare system and NGOs. Interaction with rehabilitation centres, NGOs involved in the area of prevention of drug addiction, HIV infection, comprehensive rehabilitation of drug addicts. Online (offline) counseling on adherence and psycho-social support (for prisoners); assistance to NGOs in organization of informational and educational activities with inmates, implementation of re-socialization programs, social support for persons awaiting release; HIV and hepatitis testing in penitentiary institutions;</p>		<p>Project Management Expenses</p>
<p>Department of Corrections of the Ministry of Internal Affairs of the Republic of Belarus</p>	<p>Government entity</p>			



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World Health Organization	UN Agency	<p>trainings for MIA healthcare staff on provision of HIV prevention services and social support; development of working models (instructions) on psychosocial support, HIV prevention and adherence to ART for use within MIA system.</p> <p>Technical assistance, capacity building.</p>	<p>Technical assistance, capacity building, operational research</p>	Operational research
Public association «Business Women Club» (Brest)	National NGO	<p>Provision of HIV prevention services to sex workers and their partners (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART); STI diagnosis and treatment, HVC diagnosis; consultations with subject matter experts; provision of information and educational materials; dissemination of prevention information and involvement of clients using Internet technologies; case management for SW/PLHIV and PLHIV in the city of Brest, the nearest settlements and highways.</p>		
Republican Public Association «Mothers against Drugs»	National NGO	<p>Provision of HIV prevention services to PWID in the city of Minsk (through permanent sites and outreach work) provision of minimum and extended packages of services, rapid HIV and HVC testing, support for patients until linkage to HIV care and ART; case management for PWID/PLHIV and PLHIV; consultations with subject matter experts; provision of information and educational materials; monitoring visits; staff training.</p>		
Pinsk City Branch of Republican Public Association «Mothers Against Drugs»	National NGO	<p>Provision of HIV prevention services to sex workers and their partners (provision of minimum and extended packages of services, rapid HIV testing, support for patients until linkage to HIV care and ART); STI diagnosis and treatment, HVC diagnosis; consultations with subject matter experts; provision of information and educational materials; dissemination of prevention information and involvement of clients using Internet technologies; case management for SW/PLHIV and PLHIV in the city of Pinsk, the nearest settlements and highways.</p>		
Charity Counselling Public Association Adaptation	National NGO	<p>HIV prevention services provision to transgender people (provision of minimum and extended packages of services, rapid HIV testing, support for clients until ART initiation); STI diagnosis, rapid</p>		

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Pinsk City Branch of Belarusian Public Association «Positive Movement»	National NGO	HVC and syphilis diagnosis; consultations with subject matter experts; provision of information and educational materials; trainings for project staff, mini-trainings for clients. Provision of HIV prevention services to PWID in the city of Pinsk (through permanent sites and outreach work) provision of minimum and extended packages of services, rapid HIV and HVC testing, support for clients until ART initiation; case management for PWID/PLHIV and PLHIV; consultations with subject matter experts; provision of information and educational materials; monitoring visits.		Provision of HIV prevention services to PWID in the city of Pinsk and the nearest settlements (through a mobile prevention station and outreach work) provision of minimum and extended packages of services, rapid HIV and HVC testing, support for clients until ART initiation; case management for PWID/PLHIV and PLHIV; consultations with subject matter experts; provision of information and educational materials; monitoring visits; staff training.
Vitebsk City Branch of Belarusian Public Association «Positive Movement»	National NGO	Provision of HIV prevention services to PWID in the city of Vitebsk (through permanent sites and outreach work) provision of minimum and extended packages of services, rapid HIV and HVC testing, support for clients until ART initiation; case management for PWID/PLHIV and PLHIV; consultations with subject matter experts; provision of information and educational materials; monitoring visits.		
Republican Social Public Association «Your Chance»	National NGO			Support for OST patients in the context of COVID-19 conditions including: counseling, provision of food packages/certificates to purchase goods, OST program advocacy, social mobilization, organization of cooperation and coordination, staff training.





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## IX. REGULATORY CONTEXT

This project document shall be the instrument referred to in Article 1 of the Standard Basic Assistance Agreement between the Government of the Republic of Belarus and the UNDP, signed on 24 September 1992 (the Agreement). All references to 'Executive Agency' under the Agreement shall be deemed to refer to 'Implementing Partner'.

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## X. RISK MANAGEMENT

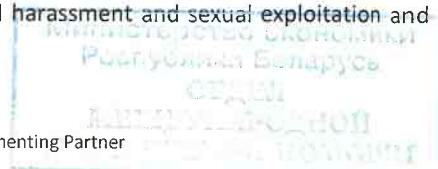
### UNDP (direct implementation (DIM))

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS).
2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds]<sup>24</sup> [UNDP funds received pursuant to the Project Document]<sup>25</sup> are used to provide support to individuals or entities associated with terrorism, that the recipients of any amounts provided by UNDP hereunder do not appear on the United Nations Security Council Consolidated Sanctions List, and that no UNDP funds received pursuant to the Project Document are used for money laundering activities. The United Nations Security Council Consolidated Sanctions List can be accessed via: <https://www.un.org/securitycouncil/content/un-sc-consolidated-list>. This provision shall be included in all contracts and concluded under this project document.
3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse ("SEA") and sexual harassment ("SH") allegations in accordance with its regulations, rules, policies and procedures.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor, and sub-recipient:
  - a. Consistent with the Article III of the SBAA, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
    - i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
    - ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.
  - b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan, when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
  - c. Each responsible party, subcontractor and sub-recipient (each a "sub-party" and together "sub-parties") acknowledges and agrees that UNDP will not tolerate sexual harassment and sexual exploitation and abuse of

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<sup>24</sup> To be used where UNDP is the Implementing Partner

<sup>25</sup> To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner



anyone by the sub-parties, and other entities involved in Project implementation, either as contractors or subcontractors and their personnel, and any individuals performing services for them under the Project Document.

- (a) In the implementation of the activities under this Project Document, each sub-party shall comply with the standards of conduct set forth in the Secretary General's Bulletin ST/SGB/2003/13 of 9 October 2003, concerning "Special measures for protection from sexual exploitation and sexual abuse" ("SEA").
- (b) Moreover, and without limitation to the application of other regulations, rules, policies and procedures bearing upon the performance of the activities under this Project Document, in the implementation of activities, each sub-party, shall not engage in any form of sexual harassment ("SH"). SH is defined as any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. SH may occur in the workplace or in connection with work. While typically involving a pattern of conduct, SH may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.
- d. In the performance of the activities under this Project Document, each sub-party shall (with respect to its own activities), and shall require from its sub-parties (with respect to their activities) that they, have minimum standards and procedures in place, or a plan to develop and/or improve such standards and procedures in order to be able to take effective preventive and investigative action. These should include: policies on sexual harassment and sexual exploitation and abuse; policies on whistleblowing/protection against retaliation; and complaints, disciplinary and investigative mechanisms. In line with this, sub-parties will and will require that their respective sub-parties will take all appropriate measures to:
- (i) Prevent its employees, agents or any other persons engaged to perform any services under this Project Document, from engaging in SH or SEA;
- (ii) Offer employees and associated personnel training on prevention and response to SH and SEA, where sub-parties have not put in place its own training regarding the prevention of SH and SEA, sub-parties may use the training material available at UNDP;
- (iii) Report and monitor allegations of SH and SEA of which any of the sub-parties have been informed or have otherwise become aware, and status thereof;
- (iv) Refer victims/survivors of SH and SEA to safe and confidential victim assistance; and
- (v) Promptly and confidentially record and investigate any allegations credible enough to warrant an investigation of SH or SEA. Each sub-party shall advise UNDP of any such allegations received and investigations being conducted by itself or any of its sub-parties with respect to their activities under the Project Document, and shall keep UNDP informed during the investigation by it or any of such sub-parties, to the extent that such notification (i) does not jeopardize the conduct of the investigation, including but not limited to the safety or security of persons, and/or (ii) is not in contravention of any laws applicable to it. Following the investigation, the relevant sub-party shall advise UNDP of any actions taken by it or any of the other entities further to the investigation.
- e. Each sub-party shall establish that it has complied with the foregoing, to the satisfaction of UNDP, when requested by UNDP or any party acting on its behalf to provide such confirmation. Failure of the relevant sub-party to comply of the foregoing, as determined by UNDP, shall be considered grounds for suspension or termination of the Project.
- f. Each responsible party, subcontractor and sub-recipient will ensure that any project activities undertaken by them will be implemented in a manner consistent with the UNDP Social and Environmental Standards and shall ensure that any incidents or issues of non-compliance shall be reported to UNDP in accordance with UNDP Social and Environmental Standards.
- g. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud, corruption or other financial irregularities, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption, anti-fraud and anti-money laundering and countering the financing of terrorism policies are in place and enforced for all funding received from or through UNDP.

- h. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices (b) UNDP Anti-Money Laundering and Countering the Financing of Terrorism Policy; and (c) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at [www.undp.org](http://www.undp.org).
- i. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
- j. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud, corruption other financial irregularities with due confidentiality.  
Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.
- k. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud corruption, other financial irregularities or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud, corruption or other financial irregularities, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

- l. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.
- m. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
- n. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, mutatis mutandis, in all its sub-contracts or sub-agreements entered into further to this Project Document.