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Summary Information

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| **Country** | Kazakhstan |
| **Funding for COVID-19 response already accessed with Global Fund grant flexibilities** | Yes, Kazakhstan obtained approval from the Global Fund Secretariat to reprogram the savings pursuant to the donor’s policy through the 2 Principal Recipients under the current TB and HIV grants for the urgent needs caused by the COVID-19 pandemic.  The total amount approved by the GF Secretariat for Kazakhstan under the grant flexibilities was USD 624,093 (USD 399,224 in the TB grant and USD 224,869 in the HIV grant) |
| **Priority 1 funding request** | Amount requested: USD 494,583  Amount available: USD 495,251 |
| **Priority 2 funding request: contingent on additional sources of funding** | Amount requested: USD 403,590  Amount available: USD 404,506 |

# **Section 1: Funding Request**

## Context

a) Briefly describe the **country context** that informed the development of this funding request. If there is a national COVID-19 response plan you are invited to attach it and refer to this document.

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| On January 30, 2020, the World Health Organization (WHO) declared the novel coronavirus outbreak in 2019 (COVID-19) a Public Health Emergency of International Concern, which was later declared a pandemic resulting in unprecedented social and economic disruption globally.  The worldwide spread of COVID-19 started with isolated cases at the end of 2019 in China. Within the first quarter 2020, COVID-19 was spreading with alarming speed around the world.  The COVID-19 pandemic has placed an unprecedented burden on healthcare systems, especially in Eastern Europe and Central Asia (EECA) countries. The Republic of Kazakhstan is one of the countries severely affected by the COVID-19 pandemic in the EECA region.  The first COVID-19 cases in Kazakhstan (3 cases in Almaty and 1 case in Nur-Sultan) were registered on March 13, 2020, and the coronavirus spread rapidly over the next several weeks throughout the country.  Following the declaration of the COVID-19 pandemic, the Government of Kazakhstan established an Interdepartmental Commission chaired by the Deputy Prime Minister to coordinate measures to prevent the spread of coronavirus infection.  On March 15, 2020, the President of Kazakhstan signed a decree establishing the State of Emergency for the period from March 16 to April 15, 2020, subsequently extended until May 11, 2020 (<https://online.zakon.kz/document/?doc_id=32648341>). In line with the WHO recommendations, the country implemented the following measures: physical distancing, the introduction of COVID-19 testing, quarantine, self-isolation, suspending border transit and movement within the country, monitoring individuals arriving from abroad, contact tracing, as well as strict social and economic restrictions. During the state of emergency, the government established measures to increase the healthcare system capacity to ensure an adequate epidemic response: national protocols for the diagnosis and treatment of COVID-19 infection in Kazakhstan were developed and adopted; a network of medical facilities was created to provide quarantine, treatment and diagnostic measures for people with suspected COVID-19, their contacts, as well as for individuals with confirmed disease; procurement of laboratory equipment, tests, personal protective equipment for medical personnel, medical equipment (pulmonary ventilators, oxygen concentrators), and medicines was carried out. Furthermore, to reduce the economic burden of the disease, several social and economic measures were implemented to support both the population (social payment of KZT 42,500 for the quarantine period) and businesses. Special websites have been launched, webinars and online specialist consultations are held to ensure broad awareness of the population about the virus, symptoms, treatment, social and psychological support.  Upon completion of the State of Emergency, the gradual easing of quarantine measures process started with reducing/removing restrictions on economic activity and constraints on movement within the country and partially abroad. At the same time, such measures as physical distancing, wearing of masks in public transport and indoors, maintaining respiratory cough etiquette, hand washing and use of sanitizers have remained in place.  In the context of easing the lockdown measures, the number of confirmed COVID-19 cases, both with clinical symptoms and asymptomatic, has increased since mid-June 2020. While at the end of the State of Emergency on May 11, 2020, there were 5,207 COVID-19 cases registered in the country, in mid-June the number of registered cases almost tripled to 15,192 cases with an average daily increase of 114 - 117 cases in May and 380 - 400 cases per day in June. In July, the average daily increase was 1,550 cases.  At the same time, in June, the rising number of patients with atypical pneumonia and disease complications imposed a heavy burden on the healthcare system and resulted in a shortage of laboratory diagnostic equipment and consumables, inpatient beds, medical equipment, medicines and personal protective equipment for medical personnel. In view of the deteriorating situation in the country, from July 5 to August 2, 2020, restrictive measures aimed at preventing the spread of the infection were reinforced.  To increase the COVID-19 testing coverage, the laboratory network was extended (by engaging private laboratories and opening modular laboratories) and additional laboratory equipment and supplies were procured. At the moment, COVID-19 testing is being conducted in 46 laboratories in the country.  Due to the increased need for inpatient treatment, the number of inpatient beds has been increased. As of June 30, 2020, 26,000 beds were deployed in 348 medical organizations to deliver hospital care to COVID-19 patients, including 3,049 beds in 17 TB facilities including the National Scientific Center of Phthisiopulmonology. By the end of July, the number of inpatient beds for treating COVID-19 patients had reached 43,000. Additionally, pulmonary ventilators and oxygen concentrators were procured. In total, there are 3,294 pulmonary ventilators and 135 computer tomography scanners (CT) in the country. The equipment procured from the government budget was intended to equip infectious disease inpatient hospitals.  To reduce the load on inpatient hospitals, at-home treatment of patients with mild and moderate symptoms was organized and monitored by primary healthcare (PHC) doctors. To monitor patients with COVID-19 and pneumonia symptoms, as well as those discharged from the hospital, 400 clinic based mobile teams were established to ensure access to medical care and prevent complications. The functions of mobile teams include home visits to patients with acute respiratory viral infection/COVID-19/pneumonia, medical examination, sample collection for PCR testing and delivery of medicines. It is expected that by the end of July there will be 3,500 mobile teams in the country.  As of July 31, 2020, 90,367 COVID-19 cases were registered in Kazakhstan, out of which 28,749 patients received treatment, 60,825 people (67.3%) recovered and 793 (0.9%) people died (<https://www.coronavirus2020.kz/>). For three weeks of quarantine from July 5, 2020, there has been a 29% decrease in the number of reported COVID-19 cases. For now, the situation with the COVID-19 incidence has stabilized at the level of 1,500-1,600 cases per day. At the same time, 234,187 pneumonia cases were registered in Kazakhstan in the period from January 1 to July 15, 2020, which is 3.3 times higher compared to the same period last year (70,926 cases), including 45,824 cases of bacterial pneumonia, and 188,363 pneumonia cases caused by viruses (including pneumonia with COVID-19 signs).  According to the decision of the Ministry of Health of the Republic of Kazakhstan, from August 1, 2020, laboratory-confirmed cases of coronavirus and pneumonia with a negative PCR test result, but with clinical COVID-19 features, will be included in the statistics on coronavirus.  Within the period from March 13 until July 28, 2,064,778 COVID-19 tests were conducted in the country, increasing from 3,000 daily tests in March to 32,000 in July. Kazakhstan is among the first 35 countries in the world in terms of the number of tests carried out per 1 million population (109,869 tests). (<https://www.worldometers.info/coronavirus/?fbclid=IwAR2C6VrQLh34jkV-bR2qQYFMIaojwMtQp-OTrX4pJsL7IM-W32wCnPGbKSM>). Testing for COVID-19 is carried out free of charge when prescribed by a doctor (patients with acute respiratory viral infections and pneumonia, close COVID-19 contacts), as well as for unemployed persons, low-income groups, people with disabilities, patients over 50 years of age with chronic diseases, citizens who are in nursing homes and boarding schools, employees of preschool facilities as well as organizations involved in epidemiological control measures. In all other cases, testing for COVID-19 is paid.  Today, the actual laboratory capacity is 32,000 COVID-19 tests per day. By September 1, 2020, it is planned to increase testing to 64,000 tests per day through the further expansion of the laboratory network and adding testing equipment to existing laboratories.  The key document regulating the country’s multisectoral COVID-19 response in Kazakhstan is the National Plan to Protect the Life and Health of Kazakhstanis in a Pandemic which contains measures aimed at organizing medical care with a focus on high-risk groups (elderly people, patients with chronic diseases); strengthening the infrastructure and the material and technical capacity of medical facilities to provide COVID-19 diagnosis and treatment; providing medicines and personal protective equipment; enhancing human resources; improving digital healthcare for recording and monitoring COVID-19 cases, sharing data on COVID-19 patients and their contacts, as well as conducting remote specialist consultations; carrying out awareness-raising work; epidemic control measures, as well as financial security and other measures. The national plan is undergoing government approval.  The Ministry of Health was allocated KZT 114.826 billion (which corresponds to approximately USD 280.1 million) to combat the coronavirus infection. Of these funds, KZT 21.184 billion was allocated for PPE procurement, KZT 2.030 billion for the procurement of medicines and medical products, KZT 2.5 billion for laboratory equipment and test systems, KZT 13.7 billion for conducting PCR tests, and KZT 310 million for pulmonary ventilators to equip ambulances.  The Government of Kazakhstan is implementing the COVID-19 response activities in the country in close collaboration with partner organizations (USAID, UN), WHO experts and friendly countries. Funded by USAID, WHO, IFRC and Abt Associates/LHSS carry out activities aimed at infection prevention and control, case management, strengthening laboratory capacity in the country, risk communication and community engagement. The UN agencies’ activities to support the COVID-19 National Mitigation Plan include technical support for COVID-19 economic and social impact analysis and response, monitoring and research in education, webinars and training of trainers on distance learning, training for the media, needs assessment in science, technology and innovations, assessing the needs of people with disabilities during the lockdown period, needs assessment of PLHIV during the pandemic, developing recommendations for the COVID-19 prevention among PLHIV, monitoring the COVID-19 impact on migrants and their families, information campaigns, etc. Detailed information regarding the activities of partners is outlined in the table in Section 2: Coordination. A detailed analysis of gaps and needs in providing laboratory diagnostics (laboratory network and tests), beds, personal protective equipment (PPE) and other infection control tools and human resources has been carried out.  National TB and HIV programs have also encountered systemic and institutional challenges due to their direct engagement in the COVID-19 response. Units to treat COVID-19 patients were opened based on the national and regional Phthisiopulmonology centers. A total of 3,049 beds were deployed for patients with moderate-severe and severe disease. Currently, 3,049 COVID-19 patients are in the Phthisiopulmonology centers, including 102 patients with TB and COVID-19. The HIV/AIDS program laboratories are testing for COVID-19. Based on the Kazakh Scientific Center of Dermatology and Infectious Diseases (KSCDID), a provisional inpatient hospital with 50 beds has been deployed with the possibility of expanding to 70 beds if required. Direct engagement in the delivery of COVID-19 diagnosis and treatment services has contributed to cost increase related to the increased need for personal protective equipment (PPE), medical equipment for intensive care and monitoring of COVID-19 patients. The heightened physical and emotional stress, the lack of appropriate personal protective equipment, especially at the beginning of the pandemic, led to an increase in COVID-19 among the medical staff of facilities. For 5 months of this year, 373 Phthisiopulmonology centers’ employees fell ill with COVID-19.  The growing number of patients with pneumonia, and especially those with severe course of the disease, has significantly increased the patient load of intensive care units and the need for medical equipment, particularly for pulmonary ventilators and oxygenators.  Key populations such as people who use drugs, sex workers, homeless people, prisoners, people affected by HIV and TB are at risk for COVID-19 due to reduced immunity and lung damage (based on WHO and UNAIDS technical data). Furthermore, they constitute a population group that faces barriers to access medical services, which can lead to delay in seeking health care. With the introduction of lockdown and the overload of medical facilities, access to medical care for the population in general, and especially for these groups, has been limited. Over the past four months, there has been a slowdown in the delivery of services to key populations and PLHIV by civil society organizations associated with the imposition of restrictions on movement during the lockdown period. Due to the high risk of COVID-19 infection, given that the majority of outreach workers are PLHIV or people treated for tuberculosis, and owing to the lack of personal protective equipment, the activities of most non-governmental organizations have been constrained and partially transferred to the remote service delivery.  Following the release of the Guidance Note on grant flexibilities in March 2020, the Principal Recipients of TB and HIV grants in the country requested and received GF approval to use the savings of the existing grants for COVID-19 related immediate needs aimed at procuring PPE for TB facilities, AIDS centers and non-governmental organizations for a period of three months.  In the context of the current COVID-19 epidemiological situation in the country and considering the possible deterioration of the situation in the fall, the need for PPE, both for medical facilities and non-governmental organizations, will increase.  As per the results of the needs assessment among the people living with HIV, people who inject drugs, men who have sex with men and sex workers conducted by the United Nations Programme on HIV/AIDS (UNAIDS) during the lockdown period, 60% of respondents noted the need for psychological and other counseling to reduce feelings of fear and anxiety related to COVID-19, consultations on diagnosis, clinic and treatment of coronavirus, 61% of respondents encountered difficulties in obtaining ARV drugs which was mainly due to the imposed restrictive measures on movement, and 12% of respondents had a fear of contracting COVID-19. Also, the implementation of lockdown measures affected the social and economic situation of the country's citizens, including those from high-risk groups.  To provide psychological support, the Republican Scientific and Practical Center for Mental Health of the Ministry of Health of the Republic of Kazakhstan, in cooperation and with the support of the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the Kazakh Scientific Center of Dermatology and Infectious Diseases of the Ministry of Health of the Republic of Kazakhstan, created a special website for psychological support to key populations <https://key-help.mentalcenter.kz/> which operates from June 8, 2020. The website contains separate sections for LGBT+, PLHIV, PWID, SW, transgender people. There is also a Q&A section, where answers to the most relevant questions concerning key populations are given.  Based on the above, the CCM identified the interventions for each section of the funding request under Priority 1 and Priority 2. The context description is provided and the detailed justified interventions are presented in the sections Priority 1 and Priority 2. |

All CCM members are required to endorse this funding request. Note that CCM Eligibility Requirement 1 applies to this funding request submission.

b) Summarize how a range of stakeholders, including **civil society and key populations**, have been engaged in the development and decision-making on the priorities in this funding request.

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| The development of the Global Fund COVID-19 Response Mechanism funding request was coordinated by the Country Coordinating Committee on Work with International Organizations on HIV and Tuberculosis (CCM) in Kazakhstan through an open and transparent process involving a wide range of stakeholders including CCM and non-CCM members.  The CCM and the Country Team (representatives of government and non-governmental organizations, people living with HIV, people affected by socially significant diseases (tuberculosis), representatives of key populations, healthcare workers, representatives of multilateral and bilateral organizations) were engaged in the process of collecting proposals from stakeholders to include in this funding request.  The CCM received a letter from the Global Fund on allocation of additional funding to fight COVID-19 in the amount of USD 899,757 to mitigate the impact of the pandemic on TB and HIV patients.  Following the CCM decision, the National Scientific Center of Phthisiopulmonology of the Ministry of Health of the Republic of Kazakhstan (NSCP) was nominated as the funding recipient for this application. Electronic voting on the appointment of the Principal Recipient and establishment of the CCM working group to develop the funding request was held on July 21, 2020. The working group included representatives of the government, international and non-governmental sectors, as well as representatives of key populations (KP). The government sector of the working group was represented by two representatives of the Kazakh Scientific Center of Dermatology and Infectious Diseases (KSCDID) and the National Scientific Center of Phthisiopulmonology (NSCP) each. The international sector was represented by UNAIDS, ICAP, TB consultant and Partners in Health. The non-governmental sector of the working group included representatives of national NGOs working in the delivery of HIV and TB services – KazUnion PLHIV, Doverie Plus, Zabota, Sanat Alemi. The working group also involved two representatives of key populations. The list of the working group is available on the CCM website.  The funding request contains activities for the two components – HIV and TB. The discussion of priorities and proposals to include in the funding request took place with the participation of decision-makers, Principal Recipients of HIV/AIDS and tuberculosis grants as well as representatives of key populations, PLHIV and people affected by tuberculosis.  On July 23, 2020, a Round table was held to bring together non-governmental organizations, representatives of key populations and people affected by diseases to deliberate on existing gaps/barriers and proposals to be included in the funding request.  On July 24, 2020, government organizations and international partners convened at another Round table. Participants discussed the gaps in programs as a result of COVID-19 and presented their suggestions on priority areas for which funding is needed.  By the CCM decision, all participants were expected to submit their proposals with justifications by July 27, 2020.  On July 28, 2020, the working group meeting was conducted to decide on the proposals to be included in the application. Proposals to mitigate the impact of COVID-19 on the TB program were defined and agreed on by the Principal Recipient for the TB component with representatives of NGOs delivering services in TB prevention and treatment.  On July 29, 2020, the working group for the HIV program convened a meeting to take a decision on proposals to mitigate COVID-19 impact on the HIV program.  The minutes of the Round tables and working group meetings are available on the CCM website under the following link: [www.ccmkz.kz](http://www.ccmkz.kz)  At the working group meeting on July 28, 2020, it was decided to split the allocated funding between the programs as follows:  Tuberculosis program (65%): Priority I - $ 321,913, and Priority II - $ 262,929  HIV Program (35%): Priority I - $173,338, and Priority II - $ 141,577  Total: $ 899,757 Priority I - $ 495,251, and Priority II - $ 404,506  The CCM Secretariat sent out letters to international organizations requesting to provide information on the international donors’ contributions to the fight against COVID-19, which made it possible to identify priority areas and avoid overlapping when developing the funding request.  On August 03, 2020, the draft application was disseminated to all interested parties for discussion. After receiving recommendations and comments, the final version of the proposal was presented and approved at the CCM meeting on August 7, 2020. |

## Priority 1: Primary Funding Request

1. Indicate your allocation in the table below, and **calculate funds available** for COVID-19 Response Mechanism support.

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| 2020-2022 total allocation | USD 15,238,497 |
| Funds available for COVID-19 Response Mechanism support | USD 495,251 |

The designated funds available for financial support can be used for any of the following areas:

* Mitigating COVID-19 impact on HIV, TB, malaria programs
* Reinforcing the national COVID-19 response
* Urgent improvements in health and community systems

1. Briefly describe your **Priority 1 funding request**. Note that Global Fund investments must be in line with Global Fund technical guidance and WHO recommendations, and should support a national strategic preparedness and response plan.

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|  | Funding Requested | Activities proposed and rationale |
| Mitigating COVID-19 impact on HIV, TB, Malaria programs[[1]](#footnote-2) | $ 97,932 | **1. Organizing remote monitoring of tuberculosis activities**  With respect to the epidemiological situation of COVID-19 and the associated restrictions on movement, the need has emerged to revise the approaches to organizing the monitoring of tuberculosis activities. Before the pandemic, monitoring was conducted in the form of visits of a group of specialists to the regions. The new approach implies a transition to online remote monitoring.  In addition, currently 19 NGOs provide services for the prevention, detection, and treatment of tuberculosis among the KPs. To monitor the NGOs’ services and better plan their activities as part of the main grant for the TB component, it is planned to create a database of clients receiving services through NGOs. In compliance with the Law of the Republic of Kazakhstan "On personal data and their protection" and to ensure confidentiality, the database will have multiple levels of security, personal data will be encoded and the coordinator and the TB specialist of the NGO will be authorized to access the database.  To organize remote monitoring and ensure functioning of NGOs, laptops are required to enable NGOs to work in any environment, including the lockdown period with restrictions on movement in place.  Under this funding, it is planned to procure 24 laptops: for the NSCP monitoring group (5) and 19 NGOs.  *Total Required: $ 18,506*  **2. Personal protective equipment for NGOs delivering TB prevention, detection and treatment services and their clients**  In line with the measures to prevent the spread of COVID-19, wearing masks is mandatory in the country.  19 NGOs deliver TB prevention, detection, diagnosis and treatment services to KP and PLHIV representatives. As NGO staff in some cases may have direct contact with representatives of risk groups for tuberculosis, who are also at high risk for COVID-19, they may have a high risk of contracting both TB and the coronavirus. Providing PPE to NGO workers and their clients is needed to protect them from contracting infection and prevent the spread of the coronavirus when implementing activities.  To protect NGO staff from getting infected, respirators will be procured that are required in case they have to accompany or meet with clients at a high risk of contracting TB and/or coronavirus infection.  To prevent the spread of infection, medical masks, hand sanitizers and gloves will be procured for NGO staff and clients.  *Total Required: $ 27,232*  **3. Personal protective equipment for OST patients and NGO staff delivering HIV prevention and treatment services**  NGOs that provide services to KP and PLHIV, as a rule, are themselves representatives of these groups and belong to the high-risk group for COVID-19. Regardless of the restrictive measures imposed during the lockdown period, NGO staff continue to deliver services to clients. They schedule the time and place of the meeting in advance. They meet with no more than 2-3 clients, if required, use Yandex taxi services or public transport, continue to visit apartments and closed clubs. Therefore, providing them with PPE is an essential measure to prevent them from contracting infection and spreading COVID-19.  PPE is also required for PWID representatives who receive opioid substitution therapy. National legislation prohibits handing out Methadone or delivering it to the patient's location, therefore patients receiving opioid substitution therapy (OST) must visit an OST site based at the narcology center. OST patients have to use public transport every day to get to the OST site. PWID representatives need PPE to be able to continue opioid substitution therapy during the lockdown period. It is planned to procure PPE (respirators, medical masks, gloves, hand sanitizers) for NGOs and OST patients of the HIV grant project regions.  *Total Required: $ 52,194* |
| Reinforcing national COVID-19 response[[2]](#footnote-3) | $396,651 | **1. Equipment for COVID-19 units in the TB program**  The equipment procured from the government budget was intended only for infectious disease inpatient hospitals and was not provided for tuberculosis organizations.  With respect to the deployment of 3,049 beds for COVID-19 patients based on Phthisiopulmonology centers, there is a need for equipment to provide required health care. Due to the increased number of patients with pneumonia, as well as the severe course of the disease, additional pulmonary ventilators, monitors for monitoring vital functions, pulse oximeters are needed in COVID-19 treatment units based on TB organizations.  The largest number of beds for infectious diseases is deployed on the basis of Phthisiopulmonology centers in Almaty and Semey cities, Zhambyl, Aktobe, North Kazakhstan, Kyzylorda, Karaganda, Akmola regions and the NSCP. To cover the needs for equipment, it is required to procure the following:  1) Pulmonary ventilators, adult and pediatric - 6 (1 ventilator each for Almaty city, Aktobe, Zhambyl and Kyzylorda regions; and 2 ventilators for NSCP);  2) Monitors for monitoring vital functions (including neonatal accessories) - 6 (1 monitor each in Almaty city, Aktobe, Zhambyl and Kyzylorda regions; and 2 monitors in NSCP);  3) Pulse oximeters - 99 (10 each for Almaty, Semey, Zhambyl, Kyzylorda, Akmola, North Kazakhstan and Karaganda regions and NSCP; and 19 for Aktobe region)  4) Non-contact infrared thermometers – 43.  *Total Required: $ 275,547*  **2. Equipment for COVID-19 units**  **based on KSCDID and Regional AIDS Centers**  To deliver adequate medical care to COVID-19 patients, the units need pulmonary ventilators, oxygen concentrators, and monitors to monitor vital functions.  As the government budget did not envisage the procurement of equipment for AIDS centers, as well as for Phthisiopulmonology centers, as part of this application, it is planned to procure the following equipment for KSCDID and 17 Regional AIDS centers:  1) Pulmonary ventilator - 1 for KSCDID;  2) Mobile oxygen concentrators - 10 for KSCDID;  3) Monitor for monitoring vital functions - 2 for KSCDID;  4) Pulse oximeter - 101 (50 for KSCDID and 51 for Regional AIDS Centers)  5) Non-contact infrared thermometers - 37  *Total Required: $ 69,813*  **3. Personal protective equipment for KSCDID medical staff**  The HIV/AIDS service is engaged in COVID-19 diagnosis and treatment service delivery, as a provisional unit has been deployed at the KSCDID. In this regard, it is very critical to protect personnel from COVID-19 infection.  The resources available are insufficient to meet the increased demand for PPE due to COVID-19, given that this is a consumable item that needs to be replenished regularly.  Therefore, within this funding request, it is planned to procure PPE (respirators, disposable protective suits, kits for medical personnel, gloves, medical masks) for KSCDID medical staff.  *Total Required: $ 51,291* |
| Urgent improvements in health and community systems[[3]](#footnote-4) |  |  |

1. If you are requesting COVID-19 diagnostic tests and will be using machines currently used for TB testing and HIV viral load testing, indicate your **plan to mitigate the impact** on these activities.

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| Within the project, funding is requested, in Priority 2, for procurement of Xpert SARS COV-2 cartridges for COVID-19 testing based on the National Reference Laboratory (NRL) at the National Scientific Center of Phthisiopulmonology (NSCP). The NRL has two GeneXpert 4-module devices used to conduct Xpert MTB/Rif tests. The workload for the two devices was 2,078 Xpert MTB/Rif tests in 2019, which is 35% of the estimated load of 5,900 tests per year (given that most of the patients admitted to this facility of republican significance already have the test results conducted on regional/district levels). Therefore, SARS COV-2 testing will not affect service delivery to TB patients. |

## Priority 2: Additional Funding Request

Briefly describe the **additional prioritized investments** you would request the Global Fund support, in case additional funding becomes available.

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|  | Funding Requested | Activities proposed and rationale |
| Mitigating COVID-19 impact on HIV, TB, Malaria programs |  |  |
| Reinforcing national COVID-19 response | $403,590 | **1. Providing COVID-19 testing at NSCP**  To control the treatment of COVID-19 patients at the NSCP, conduct a triage of admitted patients, and control the spread of infection among medical staff, access to testing for COVID-19 is required.  Based on the National Reference Laboratory (NRL), there are two 4-module GeneXpert devices that support COVID-19 testing.  As part of this activity, it is planned to procure 5,400 Xpert cartridges for detecting SARS-COV-2 and sample collection kits.  *Total Required: $ 140,616*  **2. Personal protective equipment for personnel of Pphthisiopulmonology centers**  With regard to the constant consumption of PPE by the COVID-19 unit personnel based on Phthisiopulmonology centers, it is planned to procure a kit for medical staff that includes a suit for multiuse, a respirator, high shoe covers, medical gloves, protective medical glasses, and protective armbands.  *Total Required: $ 121,446*  **3. Personal protective equipment for personnel of Regional AIDS centers**  Due to the increased demand, additional procurement of PPE will be required to protect the Regional AIDS centers staff. It is planned to procure respirators, medical masks, gloves, disposable medical suits, hand sanitizers for 17 Regional AIDS centers.  *Total Required: $ 141,528* |
| Urgent improvements in health and community systems |  |  |

Note: this prioritized request, in addition to funding for the COVID-19 response already accessed with Global Fund grant flexibilities and the Priority 1 funding request above, should not go beyond 10% of the total 2020-2022 allocation. Although there is no guarantee that additional funds will become available, the Global Fund requests that countries complete this section to ensure the Global Fund can fully assess demand. Countries are encouraged to exhaust all flexibilities under grant savings and reprogramming in the interim, following guidance available on the Global Fund website <https://www.theglobalfund.org/en/covid-19/grants/>.

## Implementation

Describe planned **implementation arrangements for each activity**, including Principal Recipient(s) and Sub-recipient(s). These must be existing Global Fund implementers. Indicate the grant(s) into which the funding will be integrated and the planned year of implementation.

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| Ac  Activity | Principal Recipient | Sub-recipient(s) | Grant into which funding will be integrated | Year where a  Year of implementation (2020 or 2021) |
| **Priority 1** | | | | |
| Organizing remote monitoring of tuberculosis activities | NSCP | 19 NGOs in TB | KAZ-T  KAZ-T-NCTP | 2020 |
| Personal protective equipment for NGOs delivering TB prevention, detection and treatment services and their clients | NSCP | 19 NGOs in TB | KAZ-T-NCTP | 2020 |
| Personal protective equipment for OST patients and NGO staff delivering HIV prevention and treatment services | NSCP | KSCDID | KAZ-T-NCTP | 2020 |
| Equipment for COVID-19 units in the TB program | NSCP | NSCP and Phthisiopulmonology Centers | KAZ-T-NCTP | 2020 |
| Equipment for COVID-19 units based on KSCDID and Regional AIDS Centers | NSCP | KSCDID and Regional AIDS Centers | KAZ-T-NCTP | 2020 |
| Personal protective equipment for KSCDID medical staff | NSCP | КН  KSCDID | KAZ-T-NCTP | 2020 |
| **Priority 2** | | | | |
| Providing COVID-19 testing at NSCP | NSCP | National Reference Laboratory | KAZ-T-NCTP  KAZ-T-NCTP | 2020 |
| Personal protective equipment for personnel of Phthisiopulmonology centers | NSCP | Phthisiopulmonology Centers | KAZ-T-NCTP | 2021 |
| Personal protective equipment for personnel of Regional AIDS centers | NSCP | Regional AIDS Centers | KAZ-T-NCTP | 2021 |

# **Section 2: Coordination**

The Global Fund must ensure that all COVID-19 Response Mechanism funding awarded is complementary to funding from other partners.

List any applications for funding for the COVID-19 response you have made, or intend to make, to international donors. If the funding requests are completed, please attach the applications. Indicate if any of these applications have already been approved.

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| **Indicate name of international donor and focus of funding request** | **Indicate status of application: [completed or in-progress]** | **Has this funding request been approved? [Yes/No]**  **If Yes, indicate how much was approved and for what activities** |
| USAID through WHO  COVID-19 prevention and control | completed | Yes  $ 60,000 |
| USAID through WHO  COVID-19 case management | in-progress | Yes  $ 346, 000 |
| USAID through IFRC  Risk communication and community engagement | in-progress | Yes  $ 400,000 |
| USAID through Abt Associates  Procurement of equipment to strengthen laboratory capacity | in-progress | Yes  $ 2,700,000 |
| UNDP  New centralized procurement approach for COVID-19 (diagnostic tests, medicines, PPE, sanitizers, equipment) | in-progress | Yes  $ 120,000 |
| UNFPA  Prevention and control of hospital infections with a focus on maternity hospitals repurposed for COVID-19 | in-progress | Yes  $ 30,000 |
| UNFPA  Strengthening capacity to implement the Clinical Protocol on Sexual and Gender-Based Violence due to COVID-19 Impact | in-progress | Yes  $ 50,000 |
| UNFPA  Rapid needs assessment of People with Disabilities during the period of lockdown | completed | Yes  $ 3,000 |
| UNFPA  Needs assessment of elderly (Healthy Ageing Index) including COVID-19 effects | in-progress | Yes  $ 37,000 |
| UNFPA  Policy advice and technical guidelines on Antenatal care, during Delivery and Post-natal care adopted to COVID | in-progress | Yes  $ 15,000 |
| UNFPA  Extensive communication campaign on impact of COVID-19 on reproductive health and gender | in-progress | Yes  $ 20,000 |
| UNICEF  Nation-wide campaign aimed for promotion of the personal hygiene and improve protective hygiene practices | in-progress | Yes  $ 10,000 |
| UNICEF  Enhanced immunization system including measles outbreak and suspended / delayed vaccination due to COVID | in-progress | Yes  $ 700,000 |
| UNICEF  Information campaign on COVID-19 prevention in Children's Hospitals | completed | Yes  $ 20,000 |
| UNDP  Analysis of the points of vulnerability and response measures for employment, labor market and SME owners and employees  Analysis of the points of vulnerability and response measures for the most vulnerable groups, including public welfare coverage, access to education and healthcare services | completed | Yes  $ 56,000 |
| UNDP  Policy advice to Ministry of National Economy (MoNE), including COVID-19 socio-economic response | in-progress | $130,000 |
| UNDP  Analysis of barriers and solutions to effective teleworking in ministries, including under crisis conditions such as COVID -19 | in-progress | $10,000 |
| UNAIDS  Rapid Needs Assessment of people with HIV during COVID19 pandemic | completed | $ 500 |
| UNAIDS  Policy advice and technical guidelines on COVID19 prevention and interactions with Antiretroviral treatment for People Living with HIV | in-progress | $ 500 |

# **Annex 1: Documents Checklist**

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

|  |  |
| --- | --- |
|  | Funding Request Form |
|  | [CCM Endorsement of Funding Request](https://www.theglobalfund.org/media/4775/fundingrequest_ccmendorsement_form_en.xlsx?u=637190998090000000)[[4]](#footnote-5) |
|  | National COVID-19 Response Plan (if available) |
|  | Funding applications to international donors (as relevant) |

# **Annex 2: Only Required if Requesting COVID-19 Diagnostic Tests**

*Context:* There is a currently a global shortfall in supply of COVID-19 diagnostics. Please submit your request for number of tests and sample collection kits for the full amount needed over the next 16 weeks, noting that due to supply constraints the actual amount provided may be less than that or be distributed in tranches over the period rather than as a single batch. We will be transparently communicating updated diagnostic volumes on a frequent basis as and when more supply becomes available. More granular guidance on the exact operational model will be issued shortly. In addition, we are cognizant that there is an evolving landscape of manual and rapid diagnostic tests, and we will be revising our approach and guidance as the WHO guidance evolves on those products. Currently, the Global Fund will focus primarily on funding automated rather than manual tests. The following information is required if requesting COVID-19 diagnostic tests:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Manufact-urer / Type** | **B. Name of COVID-19 test kit** | **C. Required Instrument Model** | **D. Number of instruments available for COVID-19 testing in Country** | **E. Indicative Cost per Test (USD)\*** | **F. Number of Tests Requested** | **G. Implied Cost of Requested Tests (column E x column F)** | **H. Indicative Cost per Sample Collection Kits (USD)\*\*** | **I. Number of Tests Requested** | **J. Implied Cost of Requested Sample Collection Kits (column H x column I)** | **K. Implied Total Cost of Requested Sample Collection Kits (column G + column J)** |
| Abbott Molecular Diagnostics | Abbott RealTime SARS-CoV-2 Amplification Reagent Kit | Abbott m2000rt |  | *$21.85* |  |  | *$2.00* |  |  |  |
| Abbott m2000sp |  | *$21.85* |  |  | *$2.00* |  |  |  |
| Cepheid HBDC | Xpert Xpress SARS-CoV-2 kit | GeneXpert Laptop Instruments |  |  |  |  |  |  |  |  |
| GeneXpert II, 2 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert IV, 2 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert IV, 4 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 4 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 8 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 12 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 16 sites analyser with Laptop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert Desktop Instruments |  |  |  |  |  |  |  |  |
| GeneXpert II, 2 sites analyser with Desktop | 103 | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert IV, 2 sites analyser with Desktop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert IV, 4 sites analyser with Desktop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 4 sites analyser with Desktop | 25\*\*\* | *$22.80* | 5,400 | 123,180 | *$2.00* | 5,400 | 10,800 | 133,980 |
| GeneXpert XVI, 8 sites analyser with Desktop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 12 sites analyser with Desktop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| GeneXpert XVI, 16 sites analyser with Desktop |  | *$22.80* |  |  | *$2.00* |  |  |  |
| ROCHE | cobas® SARS-CoV-2 Test | Cobas® 6800 System |  | *$18.40* |  |  | *$2.00* |  |  |  |
| Cobas® 8800 System |  |  |  |  |  |
| ThermoFisher SCIENTIFIC | Applied Biosystems TaqPath COVID - 19 CE-IVD RT-PCR Kit | Applied Biosystems 7500 Fast Dx Real-Time PCR System Applied Biosystems 7500 Fast Real-Time PCR System (RUO version) and |  | *$17.25* |  |  | *$2.00* |  |  |  |
| Other manual and automated systems such as BGI, Da An, Thermo, Perkin Elmer and PrimerDesign |  |  |  |  |  |
| *\*Conservative estimates based on cost of test in USD, EXW ($19.80 for Cepheid, $19 for Abbott, $16 for Roche and $15 for Thermo Fisher) with additional 15% cost for freight, insurance and quality assurance; these will be updated on a rolling basis to update budgets as more information is known* | | | | | | | | | | |
| *\*\*Conservative estimates with additional 15% cost for freight, insurance and quality assurance; these will be updated on a rolling basis to update budgets as more information is known* | | | | | | | | | | |

*Optional:* Please detail out below any needs for additional platforms beyond what is existing in your country that may be required to deliver your COVID-19 testing strategy.

|  |
| --- |
| \*\*\* Note: Within the project, funding is requested, in Priority 2, for procurement of Xpert SARS COV-2 cartridges for COVID-19 testing based on the National Reference Laboratory (NRL) at the National Scientific Center of Phthisiopulmonology (NSCP). Testing will be carried out to monitor the treatment of COVID-19 patients at the NSCP, conduct a triage of patients entering treatment, and control the spread of infection among medical staff, access to COVID-19 testing is required.  The NRL has two GeneXpert 4-module devices used to conduct Xpert MTB/Rif tests. The workload for the two devices was 2,078 Xpert MTB/Rif tests in 2019, which is 35% of the estimated load of 5,900 tests per year (given that most of the patients admitted to this facility of republican significance already have the test results conducted on regional/district levels). Therefore, SARS COV-2 testing will not affect service delivery to TB patients. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Optional:* Please provide a description of any other diagnostic-specific health products that may be required to deliver your COVID-19 testing strategy.   |  | | --- | | [Applicant response] |   *Optional:* Please provide a description and indicative budget for any technical assistance needed to implement your COVID-19 diagnostics strategy.   |  | | --- | | [Applicant response] |   **Notes and references:**  *Note: COVID-19 diagnostics will be procured and utilized in full compliance with the requirements for health products in the relevant grant agreement.*  *Reference:* *For a Diagnostics procurement framework reference, see Global Fund HIV Viral Load and Early Infant Diagnosis Selection and Procurement Information Tool; whilst developed for viral load, many of the concepts are applicable to COVID-19 diagnostics.* | | |
| [*https://www.theglobalfund.org/media/5765/psm\_viralloadearlyinfantdiagnosis\_content\_en.pdf?u=637166002690000000*](https://www.theglobalfund.org/media/5765/psm_viralloadearlyinfantdiagnosis_content_en.pdf?u=637166002690000000) |  |  |

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1. Interventions to mitigate the impact of COVID-19 on HIV, TB and malaria programs should be informed by the COVID-19 Technical Guidance Pages published and regularly updated on the Global Fund website [www.theglobalfund.org/en/covid-19/technical-guidance/](http://www.theglobalfund.org/en/covid-19/technical-guidance/) [↑](#footnote-ref-2)
2. Early response investments must be in line with WHO recommendations and could include, but are not limited to: COVID-19 response planning, preparation and surveillance (Technical Assistance, in-country planning missions, meetings, M&E investments); Protection of front-line health workers including those working for Global Fund programs (PPE, hospital infection control products, set up of isolation and quarantine wards); Diagnosis of infection (lab equipment and lab consumables, lab staff, specimen transportation); Treatment (ancillary treatment, equipment, hospital beds, systems for home-based care). [↑](#footnote-ref-3)
3. Initiatives to make urgent improvements in health and community systems should focus on interventions required to adapt to COVID-19, enabling the maintenance and impact of existing HIV, TB and malaria programs, and supporting the country’s COVID-19 response (including with respect to laboratory

   networks, supply chains and engagement with vulnerable communities). These interventions should draw on the appropriate COVID-19 Technical Guidance Pages. [↑](#footnote-ref-4)
4. <https://www.theglobalfund.org/en/funding-model/applying/materials/> [↑](#footnote-ref-5)