
2014 regional summary report

Eastern Europe and Central Asia

CONTENTS

CONTENTS	3
INTRODUCTION	4
ACHIEVEMENTS.....	4
Strategic direction 1: revolutionize HIV prevention.....	4
Strategic direction 2: catalyse the next phase of treatment, care and support.....	5
Strategic direction 3: advance human rights and gender equality for the HIV response.....	6
MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED.....	7
KEY FUTURE INTERVENTIONS	8
THE UNAIDS REGIONAL COORDINATION MECHANISM.....	9

INTRODUCTION

This report provides a summary of the key UNAIDS achievements in 2014 in the Eastern Europe and central Asia (EECA) region, grouped by the three strategic directions of the UNAIDS 2011–2015 strategy. It lists major challenges and key future interventions and outlines the way the regional Joint Team operates. It can be read as a standalone report; although it is principally designed to complement other UNAIDS reporting at the country and global level.

ACHIEVEMENTS

Strategic direction 1: revolutionize HIV prevention

In order to reinforce the importance of HIV prevention among people who inject drugs to a successful AIDS response, the UNAIDS Secretariat, the United Nations Office on Drugs and Crime (UNODC), the Centres for Disease Control and Prevention and the Eurasian Harm Reduction Network convened country-level consultations in Kazakhstan, Tajikistan and Ukraine in 2014. UNODC additionally promoted access to opioid substitution therapy in central Asia. As a result, an opioid substitution therapy pilot in prisons is being considered in Tajikistan, several normative documents were adopted in Kazakhstan, and the reopening of an opioid substitution therapy site in Uzbekistan is back on the agenda. The World Bank and UNODC initiated population size estimates for people who inject drugs in five countries in the EECA region to ensure prevention programmes are planned at an adequate scale.

Rollout of the tool Implementing Comprehensive HIV/STI Programmes with Sex Workers (produced by the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the UNAIDS Secretariat, the Global Network of Sex Work Projects and the World Bank), which became available in Russian, was started by UNFPA and the Regional Sex Workers' Rights Advocacy Network.

UNFPA and the International Labour Organization (ILO) partnered with industry and trades unions in Ukraine to institutionalize a mandatory training curriculum of the Training and Counselling Centre for Truck Drivers. In Russia, ILO promoted and implemented the VCT@WORK campaign at large enterprises in four regions.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) allocated US\$ 170 million for antiretroviral therapy and HIV prevention among key populations in the Republic of Moldova, the Russian Federation and Ukraine based on coordinated technical support from UNAIDS.

UNFPA enabled almost 80 organizations in 23 countries to establish Youth Voice as a platform for youth engagement in envisioning the future they want, through the post-2015 development framework: over 7000 young people from 17 countries identified access to good-quality education in formal and informal settings, health and youth-friendly services—

including sexual and reproductive health and HIV services—and employment opportunities.

UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO), WHO, the United Nations Children’s Fund (UNICEF) and other partners have worked to significantly advance comprehensive sexuality education across the region. Policy briefs were developed and country-level applications increased, including piloting of comprehensive sexuality education in Kazakhstan. UNFPA also created regional good practices to generate condom demand through building capacities of young internally displaced people (Ukraine), young urbanizing internal migrants (Kyrgyzstan) and youth-friendly pharmacies (Georgia). UNESCO supported development of relevant teacher training resources in Armenia, Kyrgyzstan and Ukraine, while WHO disseminated Russian-language versions of the 2013 WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.

UNESCO, UNICEF and UNDP supported development of information and communications technology-based resources to boost outreach to key audiences. This included:

- a multi-language website for adolescents on sexual and reproductive health (<http://www.teenslive.info>);
- an interactive educational video game about the harm caused by drug use (<http://www.xroad.tv>);
- a special resource for sex workers (<http://www.malina-center.by>);
- a new mobile application to assess personal risks of HIV and locate a youth health centre for HIV counselling and testing via Google Maps;
- access to multiple resources on health and life skills, including sexual and reproductive health and HIV education, which was made available in Russian and Ukrainian (<http://www.autta.org.ua>). More than 26 000 educators from EECA countries benefited from this.

Strategic direction 2: catalyse the next phase of treatment, care and support

In 2014 the UNAIDS Secretariat convened a regional consultation on AIDS treatment retargeting, calling on national stakeholders to set up new treatment targets by 2020 and 2030 and urgently adopt the 2013 WHO consolidated treatment guidelines. The UNAIDS Secretariat obtained commitments from Commonwealth of Independent States health ministers, who signed a common declaration of commitment in December 2014 to sustain AIDS responses in the region.

WHO and the UNAIDS Secretariat also convened technical working groups in 10 EECA countries to bring national treatment protocols in line with the WHO consolidated guidelines on the use of antiretroviral medicines to treat and prevent HIV infection. All countries aimed to start antiretroviral therapy for people with a CD4 count below 500 cells/mm³ and accepted WHO recommendations on initiation of antiretroviral therapy regardless of CD4 count for certain populations. Additionally, WHO provided technical support and tools to 12 high-priority countries in the region to guide expansion of HIV treatment and care along the cascade of services. This included direct technical assistance

to eight countries to support applications to the Global Fund.

WHO maintained its key role in collection and analysis of strategic HIV and AIDS information in 2014, particularly for monitoring implementation of the WHO European Action Plan for HIV/AIDS 2012–2015. With the European Centre for Disease Prevention and Control, WHO jointly convened 53 countries to revise and strengthen European HIV/AIDS case surveillance and monitoring of the cascade of HIV treatment and care services.

WHO, UNICEF, UNFPA and the UNAIDS Secretariat continued to support dual elimination of mother-to-child transmission of HIV and congenital syphilis, and validation tools were developed and piloted in Kazakhstan and the Republic of Moldova.

UNICEF and the Paediatric European Network for Treatment of AIDS built capacity of care providers to improve paediatric care, treatment and support for children and families affected by HIV in 11 EECA countries.

Strategic direction 3: advance human rights and gender equality for the HIV response

In order to expand access to lifesaving services for women who inject drugs, through the application of gender-sensitive interventions, UNODC, WHO, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the International Network of People who Use Drugs developed a policy brief on addressing the specific HIV-related needs of women who inject drugs. The UNAIDS Secretariat, UNDP, UN Women and UNFPA built the capacity of 60 national stakeholders from 8 EECA countries to use tools that support planning and implementation of critical enablers, ensuring equitable coverage of affected populations with basic programmes. Seven key programmes to reduce stigma and discrimination and increase access to justice were also supported.

UNDP and UNFPA supported the Regional Sex Workers' Rights Advocacy Network to integrate rights and gender issues (in the context of sex workers) into Global Fund concept notes in Kyrgyzstan and Tajikistan. Concept notes in Tajikistan and Uzbekistan were informed by gender assessments of national AIDS responses carried out by UN Women and the UNAIDS Secretariat.

UNAIDS worked to strengthen capacities of regional civil society networks in 2014. UNDP, UNFPA and UN Women supported institutional strengthening of the Eurasian Women's Network on AIDS by helping it develop a long-term development strategy and resource mobilization plan. UNFPA funded full-time programme coordinator positions with the Eurasian Coalition on Male Health and the Regional Sex Workers' Rights Advocacy Network, while UNDP supported the Eurasian Coalition on Male Health to carry out regional consultations with government participation to try to stop the development and adoption of homophobic laws. UNICEF and the East Europe and Central Asia Union of People Living with HIV are supporting adolescents living with HIV to build their resilience, coping and leadership capacities.

UNDP supported the Regional HIV Legal Network (operational in 12 EECA countries) to analyse regional needs for legislative reform and to develop a handbook, Know Your Rights, Use Your Laws, on free legal aid and documenting violations.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

- In Ukraine, where military conflict is coupled with the biggest HIV epidemic in the region and a severe economic crisis, the situation is growing increasingly complex. UNAIDS supported the Joint United Nations Team on AIDS in Ukraine to restore and maintain access to opioid substitution therapy, antiretroviral treatment, condoms and lubricants for people living with HIV and/or who use drugs in conflict areas.
- Pregnant women, in particular women living with HIV, who use drugs often have poor access to prevention of mother-to-child transmission services. To address these challenges, UNICEF piloted model interventions for prevention of mother-to-child transmission services among pregnant women using drugs in Ukraine from 2011 to 2014. No cases of mother-to-child transmission were identified during the project.
- Growing conservatism, the invocation of “traditional values” and pressure from certain political and religious groups are barriers to openly reducing sexual transmission in the EECA region. As the HIV epidemic in the region rapidly shifts from transmission through injecting drug use to sexual transmission, it will be critical to ensure flexibility in HIV funding and programming to meet the needs of all key populations and their sexual partners. The legal and policy environment in the region is also a significant barrier to programming on key populations. UNDP, UNFPA and the UNAIDS Secretariat managed to put the passing of a homophobic bill in Kyrgyzstan on hold, and conducted an inquiry with the Ministry of the Interior of Tajikistan on detention and forced testing of sex workers and men who have sex with men. UNDP, UNFPA and the UNAIDS Secretariat also conducted analysis of the law on prevention of misdemeanours in Uzbekistan, which stigmatizes people living with HIV..
- UNICEF supported key stakeholders in Belarus to lower the age at which adolescents can test for HIV without parental consent to 14 years. Pertinent legislation was shared with parliaments in Azerbaijan, Georgia and the Republic of Moldova to lower the age of consent for adolescents to test for HIV. Collective advocacy by UNDP, other cosponsors and the UNAIDS Secretariat resulted in HIV-related travel restrictions being removed from law in 2014 in Tajikistan.
- The risk of the imminent exit of the Global Fund is high in many EECA countries. Sustainability of HIV prevention among key populations is also doubtful. In a partial response to this challenge, the UNAIDS Secretariat, the

International HIV/AIDS Alliance in Ukraine, the Eurasian Harm Reduction Network and the East Europe and Central Asia Union of People Living with HIV forged a partnership to promote the adoption of mechanisms that will enable governments to use public funds to purchase HIV prevention services delivered by nongovernmental organizations. This is a viable strategy to ensure sustainability of programmes that are currently funded by the Global Fund. To this end, the partners sponsored a joint regional event to review practices and barriers to purchasing services of nongovernmental organizations in eight EECA countries.

KEY FUTURE INTERVENTIONS

- WHO will convene regional consultations to:
 - assess progress in the EECA region in the implementation of WHO consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV infection;
 - disseminate tools to validate elimination of mother-to-child transmission and congenital syphilis (jointly with UNFPA, UNICEF and the UNAIDS Secretariat);
 - seek guidance to develop new global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for the period 2016–2021 and related European action plans, and discuss implementation of WHO consolidated guidelines. WHO will also strengthen the regional response to viral hepatitis through developing and implementing a European action plan on viral Hepatitis.
- UNODC will support regional dialogue on drug policies and their impact on HIV in the region in preparation for the United Nations General Assembly Special Session on Drugs and the High-Level Meeting on AIDS in 2016. UNODC, WHO, UNDP and the UNAIDS Secretariat will continue to advocate for full-scale opioid substitution therapy, in the face of resistance from local authorities and the public.
- UNFPA, UNESCO, WHO, the International Planned Parenthood Federation and the Federal Centre for Health Education will organize regional technical consultations with 18 EECA countries to review progress in providing adolescents and young people with access to sexual and reproductive health and HIV education, while UNFPA will lead the rollout of implementation tools for sex workers and men who have sex with men.
- The World Bank, UNDP, other cosponsors, the UNAIDS Secretariat and the Global Fund will promote an investment approach to national AIDS responses in the EECA region. An AIDS response investment case has already been prepared for Tajikistan. Various investment scenarios will be finalized in six more countries to inform Global Fund applications and national AIDS plans.

- UNAIDS will focus on supporting synergies and strengthening collaboration between regional networks (the Eurasian Coalition on Male Health, the East Europe and Central Asia Union of People Living with HIV, the Euroasian Harm Reduction Network, the Eurasian Women's AIDS Network, the Regional HIV Legal Network and the Regional Sex Workers' Rights Advocacy Network) to ensure access and address barriers to HIV-related services for groups of people at high risk.

THE UNAIDS REGIONAL COORDINATION MECHANISM

The regional Joint Team on AIDS in Eastern Europe and Central Asia consists of regional advisers from the UNAIDS Secretariat (in the Regional Support Team based in Moscow) and those of Cosponsors based at either regional (European) offices or headquarters. The team is coordinated by the Regional Support Team Director. The alignment of activities is achieved by regularly sharing workplans at joint events attended by several cosponsors (such as during the regional AIDS conference in Moscow in May 2014) or through bilateral or multilateral conference calls.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org