

UNAIDS 2020

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# Eastern Europe and Central Asia

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**Regional report 2018-2019**



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## Progress towards the Fast-Track priorities and targets

Regional priorities/ targets (by end-2019)	Status	Results (end-2019) <sup>1</sup>
Closing the gaps in the HIV testing and treatment cascade	<ul style="list-style-type: none"> <li>• SLOW PROGRESS</li> </ul>	<p>72%–38%–29%</p> <p>More than 70% of people living with HIV know their status in 4 countries (Armenia, Belarus, Kazakhstan, Ukraine).</p> <p>50–60% of those who know their status get treatment in 6 countries (Armenia, Belarus, Bosnia &amp; Herzegovina, Kazakhstan, Ukraine, Uzbekistan).</p> <p>40% of those on treatment have suppressed viral load in 4 countries (Armenia, Belarus, Georgia, Ukraine).</p>
10 countries in the region provide universal access to early and rapid diagnosis, including self-testing.	<ul style="list-style-type: none"> <li>• SLOW PROGRESS</li> </ul>	<p>Self-testing policy in 7 countries, 3 countries scaled up self-testing practices. All countries are guided to move away from western blotting in HIV testing algorithms.</p>
Three more countries in the region achieve validation of elimination of MTCT.	<ul style="list-style-type: none"> <li>• WITHIN REACH</li> </ul>	<p>3 countries are at different stages of applying for validation of EMTCT; 3 countries have 98% PMTCT coverage while others range from 93–97%.</p>
Increased coverage of HIV comprehensive prevention programmes among key populations	<ul style="list-style-type: none"> <li>• SLOW PROGRESS</li> </ul>	<p>Coverage among sex workers increased by 30–40% since 2017 and reached up to 60% average in the region.</p> <p>Coverage of people who inject drugs increased to 60–70% in 4 countries.</p> <p>Coverage of MSM increased in 4 countries but remained as low as 37% on average.</p> <p>PrEP is being piloted in 7 countries, through a variety of PrEP administering schemes.</p>

<sup>1</sup> Data for 2019 is not available. Data presented is for 2018.

10 countries adopted WHO-recommended “Treat All” policy	✓ ACHIEVED	All countries have adopted the “Treat All” approach.
Transition to domestic funding and sustainability plans implemented in six countries in the region.	• SLOW PROGRESS	69% of the region’s HIV response is funded from domestic sources. Domestic resources available for HIV programmes in 2018 were 19% lower than in 2017. All countries are implementing transition plans.

## Joint Programme contributions and results

### **HIV testing and treatment**—*upstream advocacy, technical support, fostering partnerships (UNICEF, UNDP, WHO, UNAIDS Secretariat)*

One million people have been tested in Armenia, Belarus, Kyrgyzstan and Tajikistan, as a result of the Regional Cooperation Programme (RCP/Russia) increasing access to rapid testing and mobile medicine for migrant workers and rural populations.

International procurement platforms established and sustained by the Joint Team and the Global Fund, resulted in savings for countries on HIV commodities procurement, with 60% price reduction in Armenia, 90% in Kazakhstan and 40% in Moldova and Ukraine. These savings were used to get more people living with HIV on treatment. Direct negotiations with local generics manufacturers in Belarus and the Russia Federation also resulted in significant price drops (for example a 90% price drop for tenofovir).

### **Comprehensive prevention for key populations**—*coordination, capacity building, advocacy, technical support (UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat)*

People-centred, gender-sensitive and human rights-based national HIV responses, targeting gay men and other men who have sex with men, sex workers, people who use drugs and young key populations, have been designed in Albania, Belarus, Georgia, Kyrgyzstan, Macedonia, Moldova, Serbia, Tajikistan and Ukraine, following the adoption and active promotion of the package of global HIV programming tools for comprehensive HIV and STI programmes for key populations (SWIT, MSMIT, TRANSIT, IDUIT and young key population programming tools).

Over 1200 service providers in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine were reached with SOS training on management of opioid overdose, including take-home naloxone.

Regional barriers to key populations accessing services have been addressed through a regional Global Fund grant of up to US\$ 13 million, implemented by regional civil society networks. A Global Fund 2020–2022 eastern Europe and central Asia allocations increase of 11% was also informed by a second wave allocative efficiency modelling analysis (OPTIMA) in 11 countries. The eastern Europe and central Asia was the only region to conduct an Optima study that was used in the Global Fund allocations decisions and development of national AIDS programmes.

**Young people, gender and gender-based violence**—*policy advice, coordination, technical support (UNDP UNFPA, UN Women, ILO, UNESCO, UNAIDS Secretariat)*

Youth-friendly HIV testing has been increased in Kazakhstan, Kyrgyzstan, Russia and Ukraine through a geo-age-targeted service ([map.teenergizer.org](http://map.teenergizer.org)) peer counselling and internship programmes, reaching 7241 adolescents.

Youth-led web sources and media campaigns on HIV/SRH, relationships and discrimination reached 3 million young people in the region, with a further 2000 teachers trained to deliver HIV/sexuality education to 60 000 pupils. Support given to Armenia, Belarus, Kyrgyzstan, and Ukraine resulted in the development and provision of new teaching material for 10 000 teachers.

The capacities of 7000 educators, psychologists, youth workers and parents were strengthened through online courses and face-to-face training across the region, to better address gender-based violence in schools and communities, provide counselling and advise young people and parents on gender-based violence prevention, parent-child communication on HIV, SRHR, and gender-based violence.

The Regional Forum on Women, Youth and HIV (attended by 120 representatives of government, youth organizations and HIV activists from Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan and Ukraine) facilitated engagement of women living with HIV in national, regional and global review processes, including SDGs planning, Beijing +25 and ICPD. The engagement resulted in strategic recommendations for alliance building, addressing intersectionality of HIV, gender equality and women's empowerment.

## **Contribution to the integrated SDG agenda**

There was increased demand for corruption risk assessments in the region, following support by the Joint Team to establish the Global Network on Anti-Corruption, Transparency and Accountability in Health Systems (GNACTA).

Data collection methodologies and coordination mechanisms implemented by the HIV response are informing work on wider health and development goals. The Optima study methodology and software that was first applied to allocative efficiency studies of HIV programmes in 11 countries is now being used by Ministries of Health in Armenia and Belarus for allocative efficiency studies for noncommunicable diseases. Country Coordinating Mechanisms and now also being applied in "child-friendly cities" in Belarus and Ukraine. International procurement mechanisms used for ARVs and HIV commodities have also been used to procure drugs and medical products for other health programmes.

## **Challenges and bottlenecks**

The HIV epidemic in the EECA is growing (29% increase in new infections, 2010–2017). Countries have not achieved a sufficient domestic funding increase to ensure sustainable phasing out of donor support and to assure Universal Health Coverage.

Low ART coverage (38%) is linked to limited capacity of countries to utilize intellectual property and TRIPS flexibility for increased access to medicine at lower prices. Late diagnosis (51% of new cases diagnosed at CD4+<350 and 29% at CD4+<200) remains unaddressed, due to outdated technologies for HIV diagnosis and lack of community-based testing.

The trend continues towards further marginalization, discrimination, and criminalization of key populations at high risk of HIV.

Lack of political will and societal support prevents mandatory HIV/SRHR education and diminishes the quality of its delivery in several countries. In other contexts, restrictive policies make open discussion about sexuality and diversity very difficult in educational settings, fuelling gender-based violence and homophobia.

Harm reduction programmes are not seen as an alternative to the criminal justice system and arrest is commonly applied as a pretrial measure, even if alternatives exist.

## Key future actions

- Support countries in developing mechanisms for transitioning to domestic funding.
- Build capacity to use TRIPS flexibility and international procurement mechanisms.
- Mobilize CSOs for claiming and monitoring of the rights of key populations.
- Promote sustainable health procurement as part of cost sharing agreement with Ministries of Health.
- Mobilize and enhance capacities of relevant constituencies to eliminate HIV-related stigma and discrimination in health care.
- Support ICT-based solutions for formal and non-formal HIV, sexuality, health education of adolescents.
- Enhance use of alternatives to incarceration and integration of the referral algorithm for drug users to health, social, and other services by police.
- Build technical expertise for national drug control programmes to counter punitive policies and practices that negatively impact access to critical services by key populations.
- Conduct needs assessment to develop prevention programmes, technical guidance for people who use stimulant drugs and new psychoactive substance.
- Capacity building and technical support to implement key recommendations of the Global Commission on HIV and the Law Supplement and the HIV and TB Legal Environment.
- Build capacity of judges and National Institutes of Justice on HIV and the law to protect the rights of key populations and people living with HIV.





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