

UNAIDS 2021

Eastern Europe and Central Asia

Regional report 2020

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Progress towards the Fast-Track targets

Regional priorities/ targets (by end of 2021)	Status	Results (by end of 2020)
<p>90% people living with HIV know their status, 81% of people living with HIV are on treatment and 73% are virally suppressed (GAM 2018: 73%–36%–26%).</p> <p>Proportion of people living with HIV currently enrolled in HIV treatment receiving TB preventive therapy.</p> <p>4 countries certified for eMTCT (baseline two countries).</p>	<p>SLOW PROGRESS</p>	<p>2020 data is not yet available.</p> <p>70%–44%– 41% (GAM 2020).</p> <p>TB – data is available in GAM by countries, but not aggregated to the regional level. 2 countries (Kyrgyzstan, Ukraine) have above 30% of people living with HIV on ART receiving TB preventive therapy.</p> <p>3 countries are certified for eMTCT (Armenia, the Republic of Moldova and Belarus); two more are applying for validation; three countries reached 98% PMTCT coverage while others range from 93–97%.</p> <p>94% of pregnant women living with HIV are accessing ART.</p>
<p>9 countries reached 80–90% people who inject drugs with prevention programmes.</p> <p>7 countries reached above 60% sex workers with prevention programmes.</p> <p>3 countries reached above 60% men who have sex with men with prevention programmes.</p>	<p>SLOW PROGRESS</p>	<p>2020 data are not yet available.</p> <p>Coverage of prevention programme among sex workers increased by 30–40% since 2017 and reached up to 60% average in the region by 2019. In 4 countries, coverage among people who inject drugs increased to 60–70%. In 4 countries, coverage among gay men and other men who have sex with men increased, but was still as low as 37% on average (GAM 2020).</p>
<p>HIV-related stigma and discrimination, gender inequalities and gender-based violence reduced in 10 countries in the region.</p>	<p>SLOW PROGRESS</p>	<p>All countries in the region still criminalize HIV transmission and nearly all countries criminalize HIV exposure (GAM/ NCPI 2019).</p>

<p>Country context-specific systems and mechanisms in place to sustain response in 8 countries.</p>	<p>ON TRACK</p>	<p>Countries apply different mechanisms to sustain their national responses and made progress, but at low scale.</p> <p>For example, 4 countries use social contracting mechanism with domestic resources (Kyrgyzstan, North Macedonia, Republic of Moldova, Ukraine); 4 countries report at least 25% funding for prevention from all sources (Armenia, Belarus, Georgia, Republic of Moldova); all countries cover major ART costs from domestic funding (GAM 2020).</p>
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Joint Programme contributions and results in 2020

Testing and Treatment—*upstream advocacy; technical support; fostering partnerships (UNICEF, UNDP, WHO, UNAIDS Secretariat)*

The Eastern Europe and central Asia region remained a long way from reaching the 90–90–90 targets in 2019: 70% of people living with HIV knew their status, 44% of people diagnosed with HIV were receiving ART, and 41% of those on treatment were virally suppressed. Seven countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation and Ukraine) optimized national HIV testing algorithm and protocols to incorporate avidity testing into their HIV case reporting systems. Training on intellectual property rights and access to medicines for 12 CSOs and 137 government experts in some countries resulted in increased access to dolutegravir-based regimens for people living with HIV.

A multicountry assessment of procurement and supply of ARVs, including workshops engaging key stakeholders, ensured the uninterrupted supply of drugs for HIV treatment in Kazakhstan, Tajikistan and Uzbekistan. Four countries (Kyrgyzstan, Russian Federation, Tajikistan and Uzbekistan,) have updated HIV treatment protocols, and three more (Azerbaijan, Belarus and Kazakhstan) received voluntary licenses for procuring dolutegravir at lower prices. All countries in the region have included dolutegravir in their clinical HIV treatment policies.

An additional 18 cities joined the Paris Declaration to end the AIDS epidemic in cities, bringing to 23 the number of cities that have joined the Fast-Track Cities initiative.

EMTCT—*policy dialogue; coordination; technical support; partnerships (UNICEF, UNFPA, WHO, UNAIDS Secretariat)*

Armenia, Belarus and the Republic of Moldova have been revalidated for eMTCT, while Kazakhstan and Ukraine have validation reports for assessment. Two multicountry capacity building workshops for 400 paediatric HIV care professionals were held in partnership with the Paediatric European Treatment Network, and a regional HIV programme managers meeting was attended by 400 professionals.

Prevention for key populations—*coordination; technical support (UNHCR, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, UNAIDS Secretariat)*

A regional study was completed in cooperation with CSOs and key population communities, with participation of 1,400 representatives from Fast-Track cities in Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Ukraine and Uzbekistan, to identify the main needs and barriers in accessing health and social services among people who use new psychoactive substances/amphetamine-type stimulants. A new service delivery model has been developed incorporating web outreach technologies, online consultations and web-based tools to scale up HIV testing and treatment, based on the study's findings.

The Eurasian Coalition on Male Health was supported to roll out the gay men and other men who have sex with men implementation tool kit (MSMIT) in Kyrgyzstan and Tajikistan, and to use the MSMIT monitoring and evaluation tool in four other countries (Armenia, Belarus, Kyrgyzstan and the Republic of Moldova) to assess the efficiency of MSMIT-based prevention services. The Coalition teams in Kyrgyzstan and Ukraine were trained to deliver HIV prevention programmes for transgender people using the transgender implementation toolkit. In Tajikistan, training of 32 sex workers in Bokhtar and Khujand by local STI specialists based on the sex workers implementation toolkit, provided them with knowledge on HIV and STI prevention management to improve health-seeking behaviours with a focus on their sexual and reproductive health. A SRHR and HIV tool kit for young key populations informed the Eurasian Coalition on Male Health and Teenergizer HIV programming in six countries (Albania, Belarus, Georgia, Kyrgyzstan, the Republic of Moldova and Tajikistan).

About two million young people (in Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine) improved their knowledge about HIV and sexual and reproductive health via a digital chatbot, while campaigns provided linkages to HIV testing and treatment. Sexual and reproductive health information also reached young people through expanded HIV and health education in the new school curriculum in Armenia, and the "Journey4Life" programme, which empowered over 1,000 young people, including from key populations, to access HIV prevention and testing in Kazakhstan, Kyrgyzstan and Ukraine. The Eurasian Union Teenergizer (a regional network of youth and adolescents, including young people living with HIV and young key populations) was mobilized in five countries (Kazakhstan,

Kyrgyzstan, Russian Federation, Tajikistan and Ukraine), resulting in 2,700 peer-to-peer consultations, 13 700 adolescents and young people being reached with HIV prevention, while over 800 young people and adolescents tested for HIV during the information campaigns.

The Federation of Independent Trade Unions of Russia, with support from the regional Joint Team, reached 45 000 viewers in 85 territories with TV broadcasts on "HIV and AIDS and the World of Work". This series of broadcasts reached an additional 400 000 viewers through national and territorial social networks. In Ukraine, the regional support team strengthened the State Migration Service's capacities on HIV, TB, COVID-19 and LGBTI issues with a view to reducing discrimination against people applying for asylum, and improving the quality of the State Migration Service decisions on asylum claims by people living with HIV and LGBTI identity. A sample nondiscriminatory workplace policy was also drafted for use at the regional departments of the State Migration Service.

Gender inequalities and gender-based violence—*coordination; technical support (UNDP, UNFPA, UN Women, UNESCO, UNAIDS Secretariat)*

With the regional Joint Team's assistance, the Eurasian Women's Network on AIDS led a mapping of sexual and gender-based violence services in the region, which was shared in a subregional civil society consultation related to the Generation Equality Forum, securing strong commitments on gender equality. In Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine, networks of women living with HIV benefitted from capacity development and institutional strengthening for their advocacy work.

A multimedia series titled "25 Women" was produced for the Beijing+25 anniversary, presenting personal stories of women living with and affected by HIV in central Asia. An app was developed by and for women living with and affected by HIV in Tajikistan, and is fully operational to improve access to gender-based violence, psychosocial and HIV services. Media campaigns in Belarus, Kyrgyzstan and the Russian Federation reached over 1.8 million people with messages on HIV and gender-related stigma and discrimination reduction, and guides on preventing discrimination against people living with HIV in schools were endorsed by education ministries in the Russian Federation and Ukraine.

Stigma and discrimination—*coordination; technical support (UNDP, UNODC, UNAIDS Secretariat)*

All countries in the region still criminalize HIV transmission, and nearly all criminalize HIV exposure. Legal, regulatory and policy recommendations have been produced and shared with governments and CSOs for creating enabling environments in Belarus and the Republic of Moldova to increase protection for key populations.

Technical assistance was provided to the regional "Sustainability of Services for Key Populations Project", funded by the Global Fund, to monitor rights violations and provide legal aid to key populations in five countries (Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine). A mini-website (which will become an interactive platform in 2021) has been providing 53 judges from eight countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan) access to new knowledge on HIV and the law, including the negative impacts of criminalization.

Human rights- and health-based approaches addressing drug use have been developed by the Ministries of Interior in Belarus, Kazakhstan, the Republic of Moldova and Ukraine, and the Joint Programme has worked at country and regional levels with law enforcement agencies to provide training and guidance for national police on work safety and security, and the role of law enforcement in national HIV responses.

Efficiency and sustainability—coordination; technical support (UNDP, UNFPA, WHO, World Bank, UNAIDS Secretariat)

The regional Joint Team engaged with the Country Coordinating Mechanisms (CCMs) of nine countries to mobilize Global Fund resources for 2020–2022 (about US\$ 270 million was mobilized in 2020, which represented 80% of the total allocation in the region). A three-year grant (US\$ 880 000) was also secured from the Elton John AIDS Foundation for expanding and strengthening HIV services for transgender people in Armenia, Georgia, Kyrgyzstan, Russian Federation and Ukraine. Networks of key populations and people living with HIV were supported to be meaningfully engaged and contribute to the development of these donor funding requests.

Financing was provided for health system strengthening projects, with components on integration and HIV services in six countries (Armenia, Kazakhstan, Kosovo, Kyrgyzstan, the Republic of Moldova and Serbia), and TB investment efficiency and care cascade analyses in three countries (Armenia, Belarus and Kyrgyzstan). The Tackling the world's fastest-growing HIV epidemic report, written in cooperation with local partners, was published. It features 11 country case studies that spotlight the region's growing epidemic and ways in which outcomes can be improved.

Contribution to the COVID-19 response (UNDP, UNFPA, UNODC, UNESCO, World Bank, UNAIDS Secretariat)

According to an assessment of essential health services maintenance during COVID-19, seven countries in the region were at risk in mid-2020 (Armenia, Azerbaijan, Belarus, Georgia, Greece, Romania and the Russian Federation). The regional Joint Team

reprogrammed 15% of the Country Envelope (US\$ 180 000) for mobilizing communities, ensuring personal protective equipment for prevention programmes and clinics, building capacity through innovative apps, ensuring antiretroviral drugs delivery, and shifting to MMD and the continuation of the OST programmes.

The Eurasian Women's Network was supported to conduct a community-led regional assessment on the impacts of COVID-19 on women living with HIV in 10 countries (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Russia, Tajikistan, Uzbekistan and Ukraine) on their access to sexual and reproductive health, gender-based services and ARVs; best practices were developed for delivering HIV-related services to key populations during the pandemic. The report was recommended for presentation at the UN Economic Commission for Europe Regional Forum on Sustainable Development.

US\$ 1.5 billion was allocated for emergency response projects in 12 countries to maintain essential health services, including those vital to people living with and affected by HIV. Social protection support via cash transfers was provided to 56 000 vulnerable households in Tajikistan, social benefits reached 48 000 people in Bosnia and Herzegovina, and support was provided to 135 000 low-income households in Uzbekistan.

Support was provided for a regional hotline that delivers information and referral services to people living with HIV and key populations affected by lockdowns, travel restrictions and shortages of ARVs. Antiretrovirals provided by the Joint Programme were distributed to 120 people living with HIV who were stranded outside their home countries. In addition, mobile clinics in Armenia, Kyrgyzstan and Tajikistan were mobilized as COVID-19 medical centres, servicing 87 000 hard-to-reach populations, including labour migrants. To address the specific needs of sex workers affected by COVID-19 restrictions, a designated hotline was launched, which received over 300 calls during the first month of operation (66% were related to COVID-19 and 26% to STI/HIV prevention).

COVID-19 and HIV regional communication was delivered to support people and organizations: 27 Facebook live broadcasts reached about 700 organizations across the region each time of broadcast, and five broadcasts at ok.ru/test received over 11 million views, for example. Delivered in partnership with Teenergizer, the #StaySafe online campaign reached 2.5 million young people, and the "Journey4Life" programme, which empowered over 1,000 young people, including many belonging to key populations, to access HIV prevention and testing in Kazakhstan, Kyrgyzstan and Ukraine. Information cards on physical and mental well-being were translated into eight languages and reached over one million students, parents and teachers across the region during COVID-19.

Contribution to the integrated SDG agenda (*UNDP, WHO, UNAIDS Secretariat*)

Twelve countries are developing UNSDCFs with a strong Joint Team engagement in Armenia, Belarus, Kazakhstan and Uzbekistan, and four countries are scheduled for UNSDCF processes in the next two years (Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine).

A white paper was launched outlining a UN Joint Value Proposition on climate change and health in the region to strengthen national adaptation and mitigation capacities, advancing more resilient, sustainable development outcomes, considering ongoing and future climate-related impacts, including those related to health. The proposition identifies the main gaps and barriers towards transforming the health sector in the region to be more climate-resilient and to transition to low carbon economies. Four countries (Georgia, the Republic of Moldova, Turkmenistan and Uzbekistan) have expressed interest in participating in a multicountry project proposal.

Challenges and bottlenecks

The HIV epidemic in the region continues to grow (new infections rose by 72% between 2010 and 2019). Testing and treatment are hindered by outdated testing technologies and approaches, poor coverage of community-based testing, and countries' limited capacities to purchase medicines at reduced prices by using intellectual property flexibilities.

Marginalization, discrimination and criminalization of key populations at high risk of HIV and HIV transmission has increased, and the trend towards criminalization of HIV transmission, exposure and nondisclosure continues. Conservatism continued to gain ground across the region. Strong opposition to LGBTI-focused activities and pushback from local authorities exists in a number of countries, which have legal provisions that discriminate and criminalize sex work and sex between men. Harm reduction and nonrepressive drug policies also face increasing restrictions in some countries. The judiciaries have limited ability to protect the rights of key populations and people living with HIV.

Countries have not achieved sufficient domestic funding increases to ensure sustainable HIV responses and UHC. Services delivered by civil society and community-led organizations are not sustainable and HIV services in prisons are lacking, with only two countries (Kazakhstan and the Republic of Moldova) having brought to scale a comprehensive HIV response in prison settings. Prevention programmes are dependent on donor financing and generally fail to achieve impactful coverage. Only four countries report above 25% of funding for prevention from all sources, and only four countries use domestic funding for key population services.

Key future actions

Joint actions will be mounted to close gaps in the testing and treatment cascade. This will include supporting policy and programmatic changes for a treat-all approach, with particular attention to linkage to care and rapid initiation of treatment for all people with a new or previous diagnosis. Testing and treatment scale-up for key populations must be prioritized. Enhanced support will be provided to institutionalize community-led services into national health-care and HIV prevention systems, ensuring that community-led services account for at least 30% of HIV service delivery. National capacities will be strengthened to use intellectual property flexibilities and international procurement mechanisms to purchase ARVs and to support community-led monitoring practices and monitoring of access to HIV treatment.

With a focus on inequalities, the regional Joint Team will leverage ambitious targets to achieve expansion of HIV prevention, including PrEP and harm reduction. Gender-responsive harm reduction programmes for people who use stimulant drugs or other new psychoactive substances must be introduced and scaled up.

Efforts will be made to develop and promote innovative digital solutions in local languages to provide young key populations with learner-centred HIV/sexuality education and referrals to services, including for HIV testing and treatment and for sexual and reproductive health. Media campaigns will also be rolled out to reduce gender-based violence in the region.

Support will be provided to country members of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination to implement action plans, including in health-care settings. Capacity building activities will be led to mobilize CSOs, national bodies and the legal community to protect the rights of key populations and people living with HIV, including through the monitoring of human rights violations and the implementation of key recommendations of HIV and TB Legal Environment Assessments. The 2013 UN Guidance on Decriminalization of HIV Transmission, Nondisclosure and Exposure will also be updated.

The promotion of environmental and social sustainable health procurement as part of cost-sharing agreements with Ministries of Health will be of special importance for the regional Joint Team, as will support for countries in developing mechanisms to transition to domestic funding and expand the use of social contracting systems.

The EU/UN Spotlight Initiative, implemented in central Asia, will contribute to addressing intersections of violence against women and HIV by providing grants to civil society, including women's networks of living with HIV.

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