

Eastern Europe and central Asia regional report

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021



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Achievements

In 2017, the Joint Programme was instrumental in helping national counterparts obtain additional resources, optimize available and ensure uninterrupted provision of HIV commodities and services. resources

The UNAIDS Secretariat and Cosponsors provided technical support to Country Coordinating Mechanisms (CCMs) in Kyrgyzstan, Kazakhstan, Ukraine and Tajikistan to help design successful funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). With WHO, UNDP and UNODC, the Secretariat also advised the Global Fund on terms of reference for a call for regional proposals to sustain HIV prevention services for key populations. These focused on using local mechanisms for funding nongovernment organizations (NGOs). The Secretariat, UNDP and UNFPA provided technical support for plans to transition to domestic funding in Armenia, Georgia, Republic of Moldova and Kyrgyzstan.

The World Bank, jointly with UNAIDS and UNDP, worked with Armenia, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the former Yugoslav Republic of Macedonia, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan on papers for a regional summary of HIV allocative efficiency studies from 2014–2016 and the follow-up by countries. For example, Armenia, Belarus and Georgia used the analysis to inform their Global Fund concept notes, while Bulgaria and the former Yugoslav Republic of Macedonia prepared processes to transition to domestic funding processes. Lessons were transferred into other areas, with tuberculosis (TB) allocative efficiency analyses in Belarus and Republic of Moldova identifying major potential for enhancing efficiency.

In Ukraine, UNDP support resulted in a cost-sharing agreement with the Ministry of Healthcare to continue emergency procurement of medicines. Savings increased the number of people accessing treatment. UNDP also supported the development of a concept note for an NGO social contracting mechanism in Montenegro, and by-laws for operating an NGO social contracting law in Kyrgyzstan.

UNICEF organized two workshops to increase knowledge and capacity on HIV procurement among government staff and NGOs from nine countries. The workshops were used to introduce international platforms to help with procurement and supply chain management for antiretroviral medicines (ARVs) and diagnostics for children and pregnant women.

WHO worked with the Global Fund to ensure ARVs were used according to WHO recommendations under Global Fund grants. It sought agreement from central Asian countries on a basic package of HIV services for migrants at a sub-regional meeting supported by the Secretariat, UNODC and the International Organization for Migration.

HIV prevention among young people

On top of its work for key populations, the Joint Programme reaches out to young people with a comprehensive prevention message. UNESCO worked to advance formal and non-formal HIV and health sexuality education, specifically in Armenia, Belarus, Kyrgyzstan and Russia. In Kyrgyzstan, teachers were trained in HIV/health education in most schools in six regions and delivered lessons to more than 20 000 students. Eleven edutainment videos on HIV/SRH – recommended by education ministries in Armenia, Belarus and Kyrgyzstan – had 8.5 million YouTube views (<https://www.youtube.com/user/nowchpok>).

The regional teenslive.info web portal for adolescents on health and relationships, brought together by UNAIDS and UNESCO and already available in Russian, Ukrainian and Romanian, was made available in Armenia (teenslive.am) and Kyrgyzstan (teens.kg). These were accessed daily by more than 500 young people. Some 1.5 million parents were sensitized on the importance of HIV/sexuality education.

With the support of the Secretariat, UNFPA and UNESCO, young people's sexual and reproductive health, and their role in ending AIDS, was placed high on the agenda of the World Festival of Youth and Students 2017 in Sochi, which was attended by 25 000 young people from 188 countries. UNFPA increased the capacity of local Y-Peer networks to address sexual and reproductive health and rights (SRHR), HIV prevention, gender equality and the response to gender-based violence (GBV) in Belarus, Kazakhstan and Republic of Moldova. In Georgia and Ukraine, UNFPA supported promoting y-peer methodology to equip young people with the knowledge and skills to help them to make informed decisions about their reproductive health (RH) and relative risks (RR), including information on HIV and STIs.

UNHCR provided refugees and other people of concern with counselling and materials (in six languages) on sexual and gender-based violence, domestic violence, trafficking, HIV and existing protection mechanisms and services. In Georgia, it supported a local NGO to provide health counselling through mobile visits in rural areas, including information about contraception, family planning and HIV prevention.

HIV prevention among key populations

The Joint Programme remained instrumental in building capacity of civil society groups representing key populations at risk for HIV. With UNDP support, the Regional HIV Legal Network increased its members to 36 in 10 countries, with two additional members from Tajikistan and two from Ukraine. Network members successfully supported 71 strategic litigation cases in 2017. UNDP also conducted a Being LGBTI subregional dialogue, bringing together more than 120 development partners, national human rights institutions, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and government and civil society members from 10 countries and territories in eastern Europe and central Asia (EECA).

In 2017, UNFPA continued to build capacities of regional and local networks of key populations, including the Sex Workers' Rights Advocacy Network, Eurasian Coalition on Male Health and the Eurasian Women's Network on AIDS, through rolling out programming tools for HIV and sexually transmitted infection (STI) prevention. These included the sex worker implementation tool (SWIT), an implementation tool for men who have sex with men (MSMIT), the transgender implementation tool TRANSIT, and IDUIT, for people who inject drugs.

UNFPA, UNDP, UN Women and the Secretariat built the capacity of the Eurasian Women's Network on AIDS to help achieve the SDGs at local level. Members in Kazakhstan, Ukraine and Tajikistan established working groups that prepared shadow reports on women living with HIV achieving the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) treaty. A survey of 4,000 women living with HIV was conducted in Ukraine, with UN Women's support, by the national network to assess how CEDAW implementation addresses the rights of women living with HIV. This work resulted in the CEDAW Concluding Comments to Ukraine calling for accelerated HIV prevention among women and girls and improved access to GBV services for women to prevent HIV. One network member also joined a national working group to develop SDG indicators in Kazakhstan.

In Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan and Ukraine, UNODC strengthened partnerships between law enforcement and community-based organizations (CBOs), and developed police referral pilot schemes to drug-related HIV services as alternatives to punishment for people who use drugs in Belarus and Ukraine, expanding the scheme in Kazakhstan, Tajikistan and the Republic of Moldova.

The Secretariat provided technical support to the treatment preparedness coalition ITPC.ru to strengthen patient organizations' capacity to monitor national antiretroviral procurement and distribution processes in Armenia, Belarus, Kazakhstan, Kyrgyzstan and Republic of Moldova.

Guiding national partners

The Joint Programme remained an essential provider of capacity building and normative guidance for national partners in 2017. The ILO, for example, organized seven training seminars for 238 participants, including ILO tripartite constituents (the ILO is the only UN agency with government, employer and worker representatives), and health experts and representatives from 23 large enterprises in 11 Russia territories. Sessions were co-moderated by professional trainers living with HIV. The ILO also supported VCT@WORK events during Russian health and safety week, to encourage voluntary counselling and testing at work, and continued introducing its VCT@WORK at two branches of Russian Railways, each with 60 000–70 000 workers. Nine territorial AIDS Centres reported reaching

185 000 workers with information and 98 000 with counselling and testing, with 292 referred for treatment and care.

UNODC provided guidance on developing the protocol for opioid substitution therapy (OST) in prison and assisted in introducing it in one prison in Tajikistan.

WHO, UNICEF and the Secretariat supported Belarus and Armenia in validating the status of elimination of mother-to-child transmission (eMTCT) in 2017. WHO reviewed HIV treatment and testing policies in Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan, supporting Ukraine to radically optimize antiretroviral therapy (ART) and train HIV specialists. Training of trainers was carried out to ensure key clinicians provide expertise at regional and national levels, further optimizing ART for increased coverage across the region.

WHO provided early assessment and technical assistance to 15 non-EU/European Economic Area (EEA) countries on implementing the action plan for the health sector response to HIV through national strategies, hosting an HIV programme managers meeting for non-EU/EEA and EECA countries in September 2017 supported by the Secretariat, UNODC and UNFPA. In 60% of non-EU/EEA countries, the national HIV strategy defines an essential comprehensive package of HIV services, integrated into the national health benefits package.

UNICEF produced an adolescents and HIV manual, available in Russian, Ukrainian and Tajik languages, for care workers providing psychosocial services for adolescents living with HIV. In addition, UNICEF supported several capacity-building activities, including six webinars offered through the regional knowledge hub for HIV, and training courses, in Dushanbe, Tajikistan, for Central Asia, and Irkutsk and Saint Petersburg. It also continued to support capacity building of HIV paediatric and adolescent care providers through horizontal cooperation seminars that brought cutting-edge knowledge on HIV care and treatment to the region. Technical seminars were organized in Shymkent and Khabarovsk.

With UNESCO support, more than 1000 educators and psychologists across the region were trained to improve the response to school-related gender-based violence. In Russia, preventing GBV and discrimination against learners and teachers living with HIV was integrated into the teacher in-service training curricula in six regions. In Republic of Moldova, the 1500 country schools were trained and supplied with a guide on addressing GVB and discrimination.

UNFPA supported policy advocacy and capacity building efforts to strengthen health-system responses to domestic and GBV and to further integrate mechanisms of multisectoral response and referral at regional and national levels.

Regional standard operating procedures on multidisciplinary responses to GBV were adapted to national contexts; in Ukraine, for example, health and psychosocial support services were offered to 20 000 women and girls through a strengthened multisectoral response.

Challenges

At both country and regional levels in 2017, the Secretariat and Cosponsors enabled essential HIV services and commodities to be provided to people affected by the continuing armed conflict in eastern Ukraine.

UNICEF ensured life-saving HIV treatment and diagnostics were delivered for more than 11 000 people living with HIV in non-government control areas. Since 2015, and despite multiple obstacles, UNICEF has delivered 56 tons of ART and commodities, with a total volume of 230 cubic metres, for a value of more than US\$ 4.7 million.

UNFPA strengthened the HIV/STI prevention component of emergency sexual and reproductive health (SRH) services for the most vulnerable women and adolescent girls. It also provided emergency RH kits, including for post-rape treatment, and more than 7 million male condoms to prevent STIs and HIV transmission. Approximately 70 000 people benefited from the targeted SRH/HIV/STI services, with some 100 000 receiving condoms.

In Ukraine, UNDP support resulted in a crisis response point model. This standardized intervention model involved providing rights-sensitive social support to women and girls living with and/or at risk of HIV as well as those affected by violence. The model was applied in the government-controlled areas of Donetsk and Lugansk oblasts, where 56 women received legal and social assistance over three months. In most cases, the rights violations were related to violence and sexual harassment.

During 2016–2017, UNHCR, with its partner, provided humanitarian services in Donetsk to more than 1000 people living with HIV affected by the emergency, including individual in-kind assistance, psychological support, preparations for winter and safe shelter for survivors of sexual and gender-based violence. In 2016, UNHCR helped improve mobile health units to provide TB screening services and primary health examination to emergency-affected and internally displaced people. More than 30 000 people living in the grey zone benefited from the project.

Key future actions

In 2018, the Joint Programme in EECA will mobilize domestic and donor resources to expand comprehensive HIV prevention services for key populations. It will also mobilize local leadership to expand available harm reduction services, particularly to reach women and the younger cohorts of drug-using populations and reinforce evidence-based advocacy for OST and needle and syringe programmes, including in prison settings.

Pre-exposure prophylaxis (or PrEP) and condom and lubricant programmes for men who have sex with men and sex workers will be promoted. It will advocate for treat all and support the revision of national HIV testing and treatment policies and the scale up of innovative testing and counselling programmes that reach out to key populations, young people and workers, including through youth-led and youth-serving ICT-solutions.

Countries will receive support to optimize ART regimens, and to ensure equitable access to prevention of mother-to-child transmission (PMTCT) by implementing approaches that reach the most marginalized and excluded and integrating PMTCT into maternal and child health services and primary health care

The Joint Programme will build the capacity of key populations and people living with HIV networks to advocate for the repeal of restrictive and punitive laws and policies. It will support regulatory frameworks, policies and strategies for monitoring rights violations and ensuring access to justice and redress mechanisms, and the implementation of the CEDAW recommendations on gender equality and HIV.

A favourable legal framework for strengthening the role of civil society organizations (CSOs) and enabling governments to finance HIV prevention and care services provided by NGOs will be pursued. As will implementing the transition to domestic funding and sustainability plans in six countries. The Joint Programme will provide guidance on domestic financing options, using TRIPS flexibilities, international procurement and local production of ARVs. It will support additional allocative and implementation efficiency studies in six countries and organize a Big Data and Optimization Analytics course for the region.

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