

UNAIDS 2024

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# Results in Eastern Europe and Central Asia

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**2022-2023 Regional report**



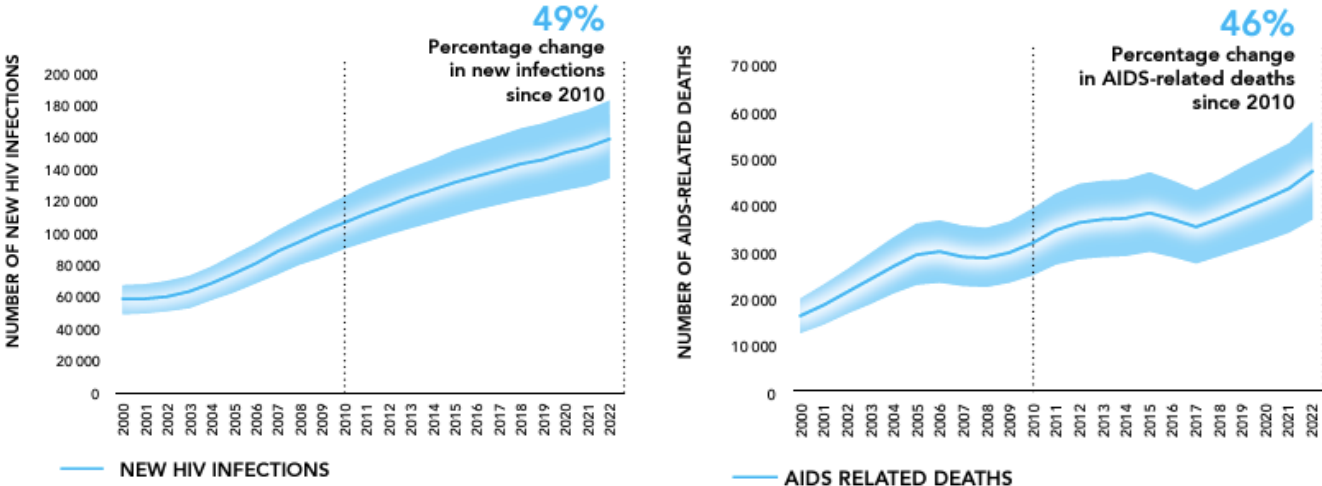
# Results in Eastern Europe and central Asia

**7 countries with Joint UN Plans** aligned to national priorities and the Global AIDS Strategy

Total expenditures and encumbrances<sup>1</sup> of the Joint Programme (Cosponsors and Secretariat) in 2022–2023: **US\$ 54.4 million**

## Progress towards saving lives

**Number of new HIV infections and AIDS-related deaths, eastern Europe and central Asia, 2000–2022**



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

## Selected UBRAF indicators progress in 2023

- **8** countries received support to scale up combination HIV prevention programmes.
- **6** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- **8** countries received support for the incorporation and expansion of community-led HIV responses.
- **7** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- **1** country received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.
- **6** countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- **2** countries implemented interventions/services for key populations in humanitarian settings.

<sup>1</sup> For more information on budget implementation breakdown, please see the executive summary of the 2022–2023 Performance Monitoring Report.

## Overview

*Despite significant disruptions in the region, including mass displacement of populations and regressive legislative initiatives, the Joint Programme in eastern Europe and central Asia made notable contributions in scaling up HIV, SRH, harm reduction and social support services for key populations in health-care institutions, community facilities and emergency settings.*

*Ukraine was able to repair health-care facilities, maintain and expand HIV services with strong focus on the needs of key populations, including through mobilizing key stakeholders, leveraging partnerships and resources, technical assistance and advocacy from the Joint Programme. The country maintained its HIV treatment and PrEP programmes despite the war and it committed to double PrEP service coverage by 2025.*

*In several countries in the region, the Joint Programme contributed to further increasing coverage of services among key populations, through the procurement of HIV-related medicines and commodities, training of health-care professionals, and testing campaigns. Implementation of innovative public information tools helped to reach millions of young people across the region with life-saving HIV, SRH, gender-based violence and mental health information and referral services. Evidence generated from comprehensive HIV programme reviews and assessments strengthened national HIV responses, including optimized treatment options in seven countries.*

## **UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.**

The Joint Programme made significant contributions towards strengthening HIV prevention, testing and treatment service in the eastern Europe and central Asia region. For example, assessments of national HIV testing strategies led to improved HIV testing approaches in seven countries and decreased time to diagnosis and confirmation in Armenia, Georgia and Kazakhstan following the decentralization of confirmatory testing and the use of rapid diagnostic tests (WHO, UNAIDS Secretariat).

Through a campaign implemented in partnership with the Joint Programme, more than 10 200 people received HIV testing during Uzbekistan's HIV testing week (UNICEF). In Ukraine, approximately 1500 workers in agriculture, education and maritime sectors accessed HIV testing services in their workplaces as part of the voluntary counselling and testing project led by Trade Unions in collaboration with the Joint Programme. Additionally, 500 lawyers, labour inspectors and professionals improved their capacity to provide legal assistance regarding HIV testing in the workplace using the VikiLegalAid online training platform (UNHCR, ILO).

The Joint Programme continued to advocate and provide strategic support for increased access to HIV and SRH services and information, particularly among adolescent and young people. A total of 1.4 million people across the region improved knowledge about HIV, other STIs, SRH and relationships through the landmark digital platform OK.RU/TEST (UNESCO, UNAIDS Secretariat). In addition, HIV information was integrated into "Bebbo", a mobile parenting application with one million users from 15 countries in the region (UNICEF). In Belarus and Uzbekistan, 170 000 adolescents and young people learned about HIV, SRH and mental health via the "Talk2OK" and "IOGT" digital platforms, which were developed and supported in partnership with national institutions, youth organizations and adolescents. Over

7500 children and adolescents living with HIV in seven countries also accessed HIV information and services through community-led organizations (UNICEF).

Capacity building for 18 500 HIV and SRH educators and updated curriculums will benefit 1.1 million pupils in nine countries (UNESCO, UNFPA, UNAIDS Secretariat), while over 1000 health-care workers from youth-friendly health clinics have improved their service delivery knowledge and skills and reached some 7800 adolescents in Belarus, Kazakhstan and Uzbekistan. In Uzbekistan, a new online SRH/HIV educational course reached 535 000 teachers and school personnel (UNICEF).

PrEP service coverage is on the rise in the region, with strategic support from the Joint Programme. Ukraine maintained and scaled-up access to PrEP services, with over 12 400 clients, and committed to double PrEP coverage by 2025. PrEP is now included in the youth-friendly health services package in Moldova (UNICEF) and national PrEP guidelines are being updated in Armenia, Georgia, Kazakhstan and Kyrgyzstan (WHO). In addition, 1.5 million young people, including members of key populations, in Kazakhstan improved their knowledge of PrEP services during a communication campaign supported by the Joint Programme (UNESCO, UNAIDS Secretariat).

Technical and financial support from the Joint Programme, Global Fund, PEPFAR and other partners for implementation of national HIV strategic plans contributed to a significant increase in HIV services including harm reduction and social support service coverage among key populations in several countries. A total of 188 drug treatment specialists, toxicologists and psychiatrists in Moldova and Central Asia countries sharpened their knowledge and hands-on experience for treating and mitigating the harm caused by stimulant drugs and new psychoactive substances. This led to over 3000 people who use new psychoactive substances benefitting from consultations on and testing for HIV, hepatitis C, STIs and tuberculosis.

In Moldova and Kazakhstan, crisis centres supported by the Joint Programme provided 250 women who use drugs and their children with medical and psychosocial support and legal advice. Over 1200 people, including people in or released from prisons, benefited from access to comprehensive HIV harm reduction, medical and legal services in four countries in the region (UNODC). In addition, 250 health-care professionals and representatives of community-based organizations received training on web outreach HIV services in seven countries, while 65 outreach specialists have increased their capacity to implement evidence-based HIV and Hepatitis C programmes for people who use stimulant drugs in Kazakhstan, Kyrgyzstan and Uzbekistan (UNODC, UNAIDS Secretariat).

Technical and financial support from the Joint Programme has led to further progress in several countries' pathway to EMTCT (UNICEF, UNFPA, WHO, UNAIDS Secretariat). Access to PMTCT and paediatric HIV services in primary healthcare is stronger in Kyrgyzstan following the approval of a new State Guaranteed Benefits package (UNICEF, WHO). Over 6350 health-care workers improved their capacity of delivering PMTCT services in Kyrgyzstan, Moldova and Tajikistan (UNICEF).

**UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.**

Networks of adolescents living with HIV in five countries are better equipped to advocate for their rights. For example, Teenergizer Union, a regional network of young people, conducted more than 20 000 online and offline peer-to-peer counselling on mental health, as well as on sexual and reproductive health and rights (SRHR). It also provided out-of-school sexuality education for 2000 young people who are at higher risk of HIV infection and it contributed to the development of a mental health strategy for 2023–2034 for young people and key populations in Kazakhstan, Kyrgyzstan and Ukraine (UNFPA, UNAIDS Secretariat).

A youth-led digital media initiative reached 4.7 million young people across the region in five languages, improving their knowledge of HIV, SRHR, gender equality, stigma and discrimination, and empowering them to assert their rights (UNESCO). In addition, some 2000 people were empowered to protect their SRH rights in Belarus, Kazakhstan and Kyrgyzstan through the “Journey 4 life skills-building” project (UNFPA, UNESCO, UNAIDS Secretariat).

Y+ Global, the global network of young people living with HIV, and the PACT, a coalition of youth-led and youth-serving organizations and networks, collaborated with the Reproductive Health Alliance to roll out a pilot of the “UPROOT Youth Scorecards 2.0” in Kyrgyzstan in 2022. The exercise assessed progress towards ending AIDS, particularly on issues affecting young people. It informed an advocacy roadmap to expand evidence-informed services for young people and galvanize active youth-engagement in the HIV response (UNAIDS Secretariat).

Adolescent girls and women organizations developed and implemented gender-transformative HIV interventions in seven countries, while 14 000 women and girls increased their knowledge of gender equality, human rights and gender-based violence prevention through capacity building interventions. In addition, 600 social workers of Unified Social Service in Armenia improved their understanding of HIV, stigma, gender-based violence and human rights of key populations through trainings and awareness raising events. A regional workshop with 10 journalists and influencers from five countries also led to improved coverage of gender and HIV in the media across the region (UNAIDS Secretariat).

### **United to decriminalize HIV in eastern Europe and central Asia**

The Joint Programme mobilized community leadership to address the resurgence of repressive HIV-related laws and policies and joint responses to crises and risks for the HIV response in the region. The creation of the Eastern Europe and Central Asia Task Force on the Global AIDS Strategy 10–10–10 Targets—which emerged from collaboration between five regional networks of people living with HIV and key populations, UNAIDS Secretariat and UNDP—was one of the outcomes of those efforts.

This unique structure brings together people living with HIV, sex workers, people who use drugs, individuals from the LGBTQI+ community, politicians, scientists and donors to protect the rights of vulnerable and key population in the context of shrinking civic space which affects the HIV response across the region. The Task Force is expected to greatly advance the decriminalization of HIV transmission and exposure and improve access to justice in the region, including through building the capacity of HIV community activists to drive the 10–10–10 agenda at country level.

The Joint Programme further empowered communities to address stigma and discrimination and assert the rights of vulnerable and key populations. Years of advocacy of civil society and the Joint Programme in Tajikistan successfully resulted in the country’s supreme court

approving a resolution that recognizes the non-transmissibility of HIV by individuals with suppressed viral loads (U=U) (UNDP, UN Women, UNAIDS Secretariat). Contributing to this achievement, the 5th Regional Judges Forum brought together over 100 stakeholders, including judges from eight countries, to discuss HIV decriminalization, drug policy reform and migration through the lens of HIV and human rights (UNDP). Also in Tajikistan, a platform for collaboration between the national network of women living with HIV and professional lawyers increased legal awareness among women living with HIV and improved reporting of violations of women's human rights, including cases of violence against women and discrimination in health-care settings (UN Women).

In Ukraine, workers increased their awareness of HIV-related stigma through over 2000 sessions organized jointly with the State Labour Service, and HIV non-discrimination measures were strengthened for 30 000 employees in the forestry sector (ILO). A total of 139 community leaders, including of people who use drugs, improved their capacity to advocate for equitable and quality health and harm reduction services in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan (UNODC). In addition, 10 community leaders from seven countries improved their advocacy and leadership skills for community mobilization and consequently led a regional social media campaign on community leadership, with 300 000 people reached (UNAIDS Secretariat).

The Joint Programme supported regional communities to build consensus on community-led monitoring and develop a paper on [the position of regional network on community-led monitoring](#) which aims to advance the institutionalization of such monitoring in the region. Analysis of legal and structural barriers for community-led monitoring and capacity gaps of 51 civil society organizations informed pilots in Kazakhstan, Kyrgyzstan and Tajikistan. During capacity-building training, 20 civil society organizations in central Asia improved their capacity to implement community-led monitoring. The Joint Programme also facilitated coalitions of civil society organizations, governments and international partners for the institutionalization, multisectoral coordination and monitoring of community-led monitoring in Kazakhstan and Tajikistan. Up to US\$ 700 000 was allocated for community-led monitoring in three central Asian countries, thanks to successful advocacy and steps taken towards institutionalizing such monitoring. The interventions were also included in Global Fund Grant Cycle 7 funding requests of six countries in the region (UNAIDS Secretariat).

### **UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.**

Through the collective efforts of the Joint Programme, national and international partners and donors engaged in the humanitarian response, WHO coordinated the overall response of health partners to ensure the access of refugees and internally displaced persons to health services, maintaining all essential HIV services in Ukraine in 2022 and 2023.

The Joint Programme continued to assess needs, provide information management and guidance, mobilize resources and coordinate HIV and other essential health-care services, including community-led responses in emergency settings in the region, predominantly for people affected by the war in Ukraine and Ukrainian refugees in Moldova and Poland. Support provided to 13 community-led organizations at the outset of the war ensured that 21 500 people living with HIV and people from key populations had access to essential services,

including food, hygiene and counselling. More than 5000 Ukrainian refugees in Moldova received HIV, SRH, gender-based violence and mental health services through five civil society organizations, while over 590 pregnant women and women living with HIV from displaced populations accessed community-led HIV, SRH, treatment adherence, mental health and social skills services. In addition, 15 health-care facilities were supported to ensure continuity of HIV services; 19 mobile clinics were deployed to provide HIV services in hard-to-reach areas; and eight shelters and five safe spaces were established in nine cities near the frontline—thanks to sustained support from the Joint Programme (UNICEF, WHO, UNAIDS Secretariat). Several new digital tools were also used for mapping and integrating HIV services in Ukraine’s primary health-care portal (UNDP).

The procurement of 209 000 packs of dolutegravir-based HIV medicines was facilitated in Ukraine (WHO) soon after the war began, ensuring continuity of treatment services in partnership with the Government and “100% Life”, a network of people living with HIV, and other critical partners such as the Global Fund and PEPFAR. Thanks to the Global Fund Emergency Grant, HIV testing kits for one million people and viral load monitoring kits for 200 000 people living with HIV were purchased, which strengthened treatment services in primary health care. In addition, the distribution of 204 generators ensured uninterrupted services in HIV and tuberculosis facilities during power outages, while 19 mobile clinics extended HIV services in hard-to-reach areas (UNICEF).

Following intensive advocacy by the Joint Programme, the Government of Poland, which hosts the largest number of Ukrainian refugees, approved legislation in December 2022 allowing for the distribution of medicines and health commodities intended for humanitarian aid in the territory of Ukraine by the Governmental Agency for Strategic Reserves (WHO). The World Bank’s Ukraine PEACE Programme raised US\$ 12 million to guarantee health-care and social support services, including HIV treatment for vulnerable populations. Almost 336 000 people, including people living with HIV and LGBTQI+ persons, accessed nutrition services from the All-Ukraine Network of People Living with HIV through financial, in-kind and technical support from the Joint Programme (WFP, World Bank).

[A rapid gender analysis in Ukraine](#) underlined the war’s grave impact on women. The Ukrainian Women’s Forums on HIV received support to engage women in decision-making on humanitarian responses resulting in expanded healthcare and social services for women. More than 11 000 women affected by the war accessed expanded healthcare and social services for women, and 600 women living with HIV and 200 children received humanitarian support from safe spaces (UN Women). Referral pathways to gender-based violence have also improved in Moldova and other countries hosting Ukrainian refugees following six capacity building workshops on gender-based violence prevention, risk mitigation and response. Service providers are now able to recognize survivors of violence and provide them with appropriate support and referrals to specialists (UNHCR).

Comprehensive HIV programme reviews led to better focused and tailored HIV responses, including optimized treatment options in seven countries (WHO). The Joint Programme also helped to leverage US\$ 236 million from the Global Fund for HIV and tuberculosis (TB) responses in seven countries through national dialogues, programme prioritization and technical expertise. Notably, this included sustained technical support helped secure a total of US\$ 165 million from the Global Fund for Ukraine’s HIV and TB response for 2024–2026 and reduced the gap in state funding for HIV prevention. In addition, evidence from gender assessments shaped priorities in Global Fund grants in Armenia, Kazakhstan and Uzbekistan (UNAIDS Secretariat).



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