

UNAIDS 2023

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# Results in Eastern Europe and Central Asia

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**2022 Regional report**

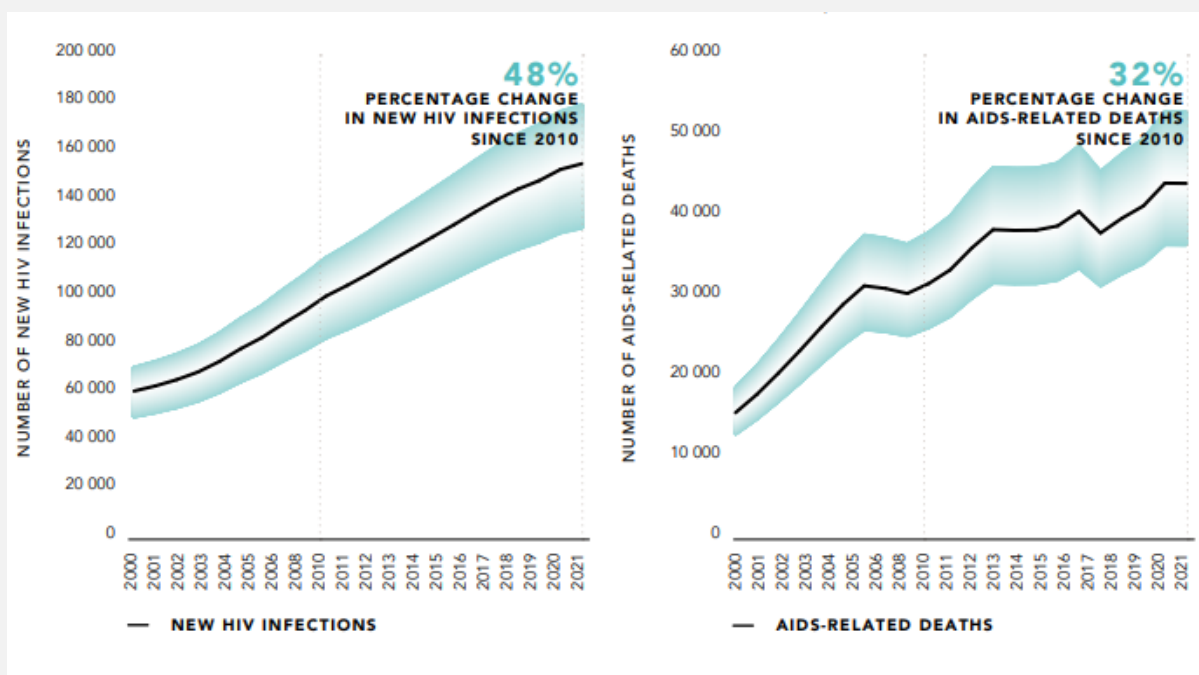


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# Results in eastern Europe and central Asia

## Progress towards bending the curves and saving lives<sup>1</sup>

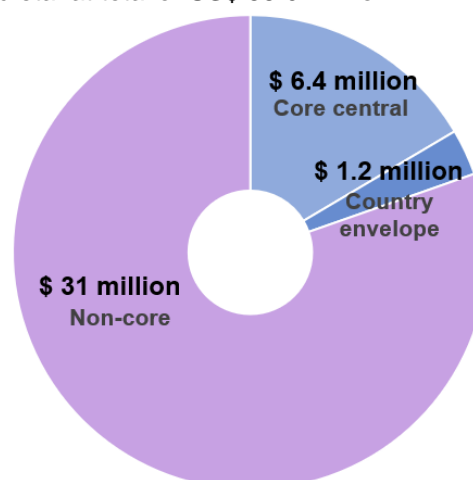


### Key results in the region thanks to support from the Joint Programme:

- 9,833 people used PrEP
- 51% [46-56] of all people living with HIV in the region are accessing antiretroviral therapy
- **7 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **5 countries** have stronger community-led HIV responses
- **7 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **3 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **3 countries** implemented measures advancing full and sustainable HIV financing

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

**Europe and central Asia: 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$) - Cosponsors and Secretariat total of US\$ 38.6 million**



<sup>1</sup> Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>.

*While sustaining political commitment to end AIDS and helping expand HIV services in some countries of the eastern Europe and central Asia region, the Joint Programme's work and results in 2022 focused predominantly on maintaining HIV services for vulnerable populations affected by the war in Ukraine and mitigating the war's impact on them. Millions of refugees—including people living with HIV, prisoners and people who use drugs—from Ukraine benefited from HIV prevention, testing, treatment and support services in Ukraine and neighbouring countries. This was achieved through hundreds of partnerships with governments, civil society and nongovernmental institutions and with resources mobilized and coordinated by the Joint Programme. In the region overall, civil society organizations are better enabled and resourced, due to technical and financial support provided by the Joint Programme and its many partners, including the Global Fund and PEPFAR. This is enabling them to deliver quality, stigma-free, gender-sensitive and rights-based services for key populations, including people from the LGBTI+ community, especially those affected by forced migration, the interruption of services and gender-based violence.*



**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 critical contributions to strengthen and scale up HIV prevention, treatment, care and support services across the region, especially for vulnerable and key populations, including migrants and people who use drugs. Catalytic efforts by the Joint Programme and partners spanned development of stronger national programme strategies and clinical procedures, capacity building and the decentralization of services.

During the 72nd Session of the WHO Regional Committee and following advocacy and technical support by the Joint Programme, Member States adopted the Regional Action Plan for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030, thereby renewing their commitment to end the AIDS epidemic as a public health threat by 2030. The comprehensive HIV programme reviews completed in Kyrgyzstan, Ukraine and Uzbekistan led to further strengthening of national HIV responses (WHO). In Uzbekistan, the review guided the newly approved national HIV programme for 2023–2027, while findings from the reviews in Kyrgyzstan and Ukraine shaped the priorities of Global Fund funding proposals.

Countries in eastern Europe and central Asia are improving national HIV testing approaches thanks to reviews of HIV testing strategies and programmes; verification of HIV testing algorithms; and a subregional dialogue organized in Almaty, Kazakhstan, around progress on HIV testing. Armenia and Kazakhstan are conducting HIV testing algorithm studies while Belarus, Tajikistan, Ukraine and Uzbekistan revised their national HIV testing guidelines. With support from the Joint Programme, six countries are simplifying HIV testing algorithms to ensure decentralization of HIV testing services, as well as quicker and earlier diagnosis (WHO).

Technical support from the Joint Programme has led to further progress towards EMTCT in the region. Armenia and Belarus strengthened EMTCT services and maintained their EMTCT certification. Validation readiness was assessed in Kazakhstan and improved compliance with validation requirements was achieved in Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Uzbekistan (UNICEF, UNFPA, WHO, UNAIDS Secretariat).

Coverage of harm reduction services increased across eastern Europe and central Asia. Innovative digital support programmes improved adherence to opioid agonist therapy services in the Republic of Moldova and engaged people who use new psychoactive substances in Kyrgyzstan. Tajikistan opened its first opioid agonist therapy site in a pretrial facility in Dushanbe, and two opioid agonist therapy sites are now also available in prisons, ensuring continuity of care among people in prisons and closed settings (UNDP). Kazakhstan conducted parliamentary and public hearings on "the right for harm reduction", which mobilized more than 200 decision-makers and civil society organizations to support the sustainability of the opioid agonist therapy programme and its subsequent expansion across the country. In Belarus, Kazakhstan, Kyrgyzstan and Tajikistan, 60 representatives of civil society organizations trained 280 heads of police divisions, prison departments, local administration on the benefits of harm reduction programmes (UNODC).

Collaboration with the Health Advocacy Coalition, the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, the Eurasian Harm Reduction Association, the Sex Workers Rights Advocacy Network and the Global Network Of People Living with HIV (GNP+) led to the development of the "dostup.health" community-led monitoring tool. It is being used to identify barriers to health services, including ART and opioid agonist therapy, among Ukrainian refugees in host countries. In addition, HIV services for Ukrainian refugees were assessed in 32 host countries, generating evidence for advocacy and improving coordination between community and institutional health systems (UNAIDS Secretariat).

Through the Joint Programme's partnership with the AIDS Foundation East West, 250 representatives of community-based organisations and health-care professionals from seven countries were trained on web-based HIV service delivery. As a result, some 3,000 people who use new psychoactive substances accessed consultations and HIV, hepatitis C, STI and TB testing services (UNDP, UNAIDS Secretariat).

**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.**

In 2022, the Joint Programme's support advanced access to HIV prevention and SRH services among young people through community-led digital and in-person campaigns, out-of-school CSE, youth-led programme monitoring and capacity-building initiatives. Community-led organizations are better equipped to monitor services thanks to the Joint Programme's support. For instance, an assessment of related legal and structural barriers and an evaluation of the capacity and experience of 51 civil society organizations and communities in Kazakhstan, Kyrgyzstan and Tajikistan yielded evidence to further strengthen and scale up community-led responses (UNAIDS Secretariat).

With the Joint Programme's support, Teenergizer Union, a regional network of young people, strengthened community-based youth engagement, scaled up peer online learning and counselling services, and promoted healthy lifestyles and awareness of HIV prevention and services, including through out-of-school CSE (UNFPA, UNAIDS Secretariat). Teenergizer also led an online youth-friendly campaign on HIV prevention and SRH, which reached 582 534 young people across the region. A total of 11 783 young people (including from key populations) in eastern Europe and central Asia accessed HIV, SRH, mental health and referral services through peer-counselling and online counselling sessions. Peer-led out-of-school CSE was also provided to 1,652 young people at high risk of HIV infection in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine (UNFPA).

Tartynba Festival, the first digital sexuality education festival in central Asia, gave voice to the concerns of young people, especially adolescent girls, and enabled 250 young people to launch an online HIV and sexuality education campaign that is tailored for young key populations (UNFPA, UNESCO, UNAIDS Secretariat). Additionally, one million people were sensitized on HIV and SRH, through the landmark regional HIV awareness-raising platform "OK.RU\TEST" (UNESCO, UNAIDS Secretariat). Under the "Journey 4 Life" knowledge and skills-building project, more than 2,000 young people in Belarus, Kazakhstan and Kyrgyzstan were empowered to protect their sexual and reproductive health and rights (UNFPA, UNESCO, UNAIDS Secretariat). After trainings, a total of 8,500 teachers are now better equipped to deliver CSE, including HIV, to some 200 000 students across the region (UNESCO).

A youth-led digital media initiative reached over four million young people in five languages, improving their knowledge of HIV, SRHR, gender equality, stigma and discrimination, and empowering them to assert their rights (UNESCO).

In 2022, the Regional Judges Forum advocated for the removal of HIV criminalization laws in Kyrgyzstan and Tajikistan and for the removal of legislation prohibiting couples living with HIV from adopting children or accessing in vitro fertilization services in Belarus and the Republic of Moldova (UNDP). Under the Global Fund-supported REAct system, 569 cases of human rights violation against people living with HIV were documented, with technical support from the Joint Programme enabling the resolution of some of the cases.

Trade unions in the Kyiv region in Ukraine were supported in uniting 100 000 workers from over 10 sectors to adopt a policy against violence and harassment that is aligned with the ILO Convention on Violence and Harassment. It includes the promotion of HIV testing and the prohibition of HIV-related stigma and discrimination. A policy implementation action plan was developed, and 100 union members were trained on violence and harassment (ILO).

With the Joint Programme's support, gender-transformative HIV programmes led by adolescent girls and women organizations reached 12 848 people in nine countries. The collection of gender-disaggregated data was supported in Armenia and Uzbekistan, and a needs assessment among women living with HIV was completed in Kazakhstan (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.**

The Joint Programme supported the optimization of available HIV resources for impact, including for community responses, as well as the expansion of access to HIV and other essential health-care services in emergency settings, including harm reduction and social protection programmes.

The Optima Allocative Efficiency study, which was conducted in 13 countries, informed priority-setting for the mobilization and allocation of domestic funding; Global Fund grant proposals and transition plans; and advocacy efforts aimed at achieving more sustainable national HIV responses (UNAIDS Secretariat in partnership with the Burnet University and the Global Fund).

A study conducted in Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine assessed the benefit of the roll-out of social-return-on-investment methodology when applied in the context of HIV and financed through social contracting (UNDP). Preliminary results showed a US\$ 6.5 return for each US\$ 1 invested in Kazakhstan and a US\$ 5 return in Kyrgyzstan for HIV testing and referral to treatment and social support services provided by social-contracted nongovernmental organizations.

The new Health Enhancement and Lifesaving project is helping Ukraine repair primary health care infrastructure, as well as restore and expand essential health services, with a strong focus on addressing women's vulnerabilities. Under this project, 500 health-care workers were trained on management of rape and other gender-based violence cases. In addition, emergency financing for health systems ensured the continuity of essential health-care services, including HIV and social protection services for vulnerable populations across the region. For example, over 214 000 vulnerable households received cash transfers in Tajikistan (World Bank).

In Kazakhstan and the Republic of Moldova, 250 women who use drugs, and their children, accessed food, hygiene kits, clothing, psychosocial and legal services, and job opportunities, all of which empowered them to support themselves and their families. A total of 912 former prisoners who had been evacuated from Ukraine accessed community-led comprehensive HIV harm reduction, psychosocial and shelter services (UNODC).



## Response to the humanitarian crisis in Ukraine and neighbouring countries

The war in Ukraine, home to the second-largest HIV epidemic in the region, forced nearly one-third of Ukrainians to flee their homes and has greatly affected the HIV response. The Joint Programme focused on maintaining access to HIV, health-care and lifesaving services for people living with HIV, vulnerable and key populations in close collaboration with governments, local authorities, communities, civil society organizations and other partners including PEPFAR and the Global Fund.

Key results include:

- Joint calls for international support for civil society organisations played a critical role in maintaining essential HIV support services in Ukraine and in countries hosting refugees, together with media coverage on the risks and impact of the war on the HIV epidemic and response, as well as broader humanitarian needs, including interviews with people living with HIV.
- Civil society organizations providing HIV services maintained 23 temporary shelters with 700 beds in Ukraine, as well as humanitarian and HIV prevention services for people living with HIV and people from the LGBTI+ communities and key populations in 11 cities in Ukraine. Emergency programmes led by the Joint Programme supported 14 community-based and 15 government-based HIV service providers in Ukraine, as well as 8 civil society service providers in Poland and the Republic of Moldova (UNDP). Five civil society organizations reached more than 5,000 Ukrainian refugees with HIV prevention, SRH, gender-based violence, and mental health services, while 200 people living with HIV were able to access state-funded ART (UNAIDS Secretariat). One million HIV testing kits and 200 000 viral load testing kits were procured, using the Global Fund emergency grant (UNICEF).
- ART and drug-resistant TB medicines were donated to Poland, which hosts the largest number of refugees from Ukraine and which has passed legislation to provide HIV treatment to this population based on Ukraine's treatment protocols (WHO). Refugees, including people living with HIV, were linked to HIV and other health-care services through the Blue Dot Safe Space, internet portals, hotlines and children and family support hubs (UNHCR, UNICEF).
- HIV prevention and testing services and information reached users of new psychoactive substances thanks to web-based initiatives piloted in Dnipro, Kyiv and Odesa cities. A total of 745 people accessed services including in-person counselling, HIV testing and treatment, opioid agonist therapy and mental health services. Findings from this pilot demonstrated the value of digital interventions as part of harm and drug demand reduction strategies (UNODC).
- Over 838 000 Ukrainian people, including people living with or affected by HIV and TB and key populations, received food packages and vouchers with support from networks of people living with HIV (WFP).
- Rapid assessment of the war's impact on women's civil society organizations underscored their vulnerability and a lack of focus on women living with HIV, people from the LGBTI+ community, and women from ethnic minorities (Roma), and informed advocacy and further support (UN Women). Coordination of shelters, crisis rooms, day-care centres and service delivery points made it possible to scale up medical, psychosocial and legal support, as well as the delivery of essential commodities for survivors of gender-based violence. In the Kyiv and Lviv regions, three mobile SRH teams were deployed, while 178 000 people received gender-based violence prevention and response services through 27 civil society partnering organizations (UNFPA). Additionally, gender-based violence referral pathways were introduced in the Republic of Moldova and other countries hosting Ukrainian refugees (UNHCR). In Ukraine, about 7.5 million people received SRH emergency kits, including HIV post-exposure prophylaxis (UNFPA).
- Access to health and social support service for vulnerable groups, including people living with or affected by HIV, improved thanks to US\$ 12 billion channelled under the Public Expenditures for Administrative Capacity Endurance in Ukraine (PEACE) (World Bank).

## Lessons learned

The war in Ukraine required a major shift in the Joint Programme's focus and special flexibilities for a rapid emergency response. Close monitoring of the war's impact, the forging of a coalition of local, national and international stakeholders, and the mobilization of additional resources were all key in protecting HIV services for the populations most affected or at risk in Ukraine and neighbouring countries. Strong partnerships with communities have been vital in maintaining and adapting critical HIV prevention, treatment and social support services.

Large scale movements of people posed a significant challenge in collecting timely and accurate data on the needs of displaced persons across Ukraine and abroad. They are also affecting the planning, implementation and effectiveness of humanitarian assistance: eight million people have left Ukraine, leading to a massive inflow into neighbouring countries.

The humanitarian context and the post-COVID-19 economic slow-down have exacerbated risks for the HIV response in eastern Europe and central Asia, creating an increased need for urgent and major efforts to respond to people's HIV and other health needs. Domestic funding for the HIV response in the region is at risk, and countries that still depend on international resources will struggle to ensure the sustainability of their national HIV programmes.

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