

UNAIDS 2019

Eastern Europe and Central Asia

Regional report 2018

the 1990s, the number of publications on the topic has increased steadily, and the number of authors has increased from 1 to 100.

There are a number of reasons for the increase in research on the topic. First, the number of people who are interested in the topic has increased. This is due to the fact that the topic has become more relevant in the 1990s, as a result of the increasing number of people who are interested in the topic.

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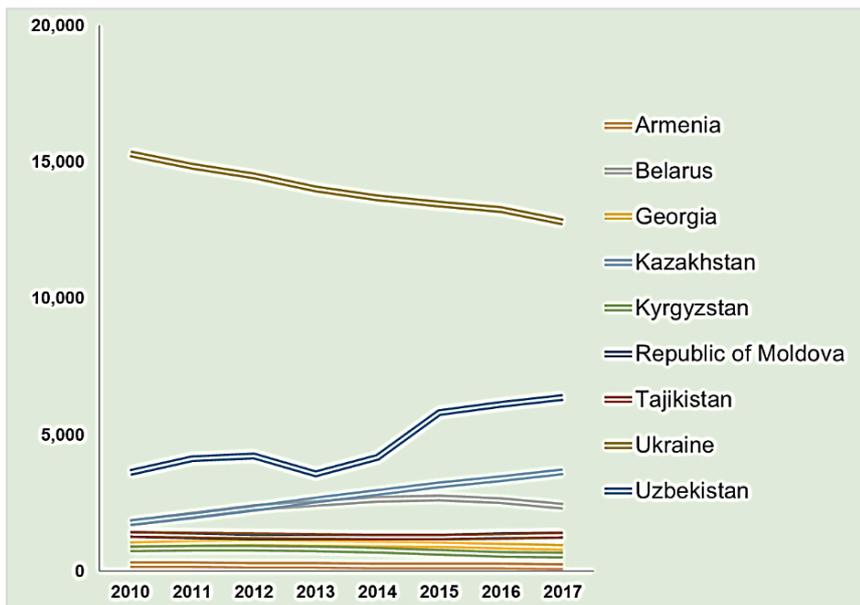
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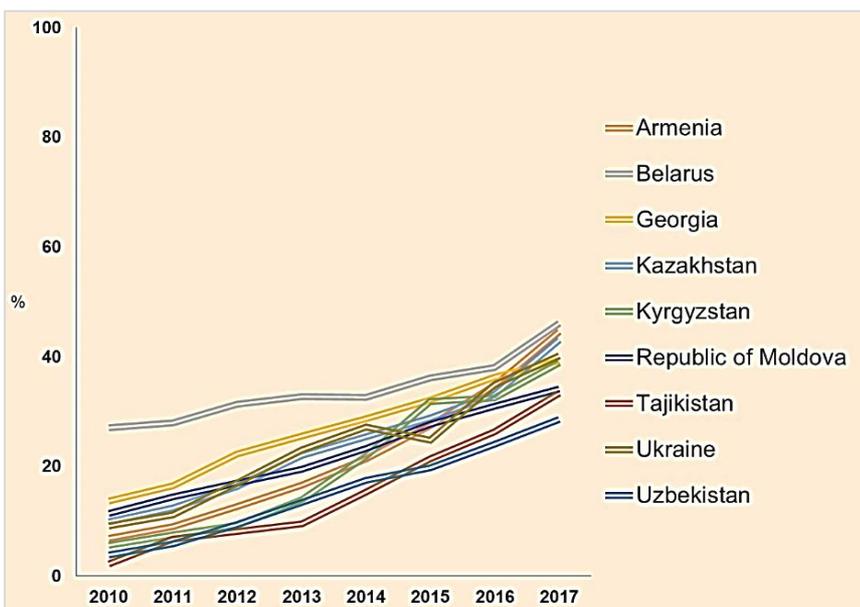
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Introduction



Rate of new HIV infections in Eastern Europe and Central Asia



ART coverage in Eastern Europe and Central Asia

Progress towards the Fast-Track targets

Indicators prioritized by the Regional Joint Team	Status	Remarks
90% of people living with HIV know their status.	• ON TRACK	An estimated 73% of people living with HIV knew their status in 2017 (up from 69% in 2016).
81% of people diagnosed with HIV infection are receiving ART.	• NOT ON TRACK	An estimated 36% people living with HIV were receiving ART in 2017 (small increase since 2016).
74% of people receiving ART are virally suppressed.	• NOT ON TRACK	An estimated 26% of people living receiving ART were virally suppressed in 2017 (small increase since 2016).
Increased coverage of HIV comprehensive prevention programmes among key populations.	• ON TRACK	Coverage of prevention programmes for sex workers and people who inject drugs coverage is at least 60% but is lower for gay men and other men who have sex with men.
Ten countries in the region provide universal access to early and rapid HIV diagnosis, including self-testing.	• ON TRACK	Access to HIV self-testing has been scaled up in 3 countries and is available to a limited extent in 7 other countries.
Ten countries in the region adopt the WHO-recommended "Treat All" approach.	• REACHED	All countries have adopted "Treat All".
Three additional countries in the region achieve validation of eMTCT.	• ON TRACK	Two countries have achieved validation of eMTCT.
All forms of HIV-related stigma and discrimination, gender inequalities and gender-based violence are reduced in 10 countries in the region. HIV-related travel restrictions are lifted in 1 of the 2 countries that still had these restrictions.	• ON TRACK	All countries have moved towards the removal of HIV-related travel restrictions since 2015. Residual dose possession is still criminalized in majority of the countries.
A transition to domestic funding and sustainability plans is implemented in 6 countries in the region.	• ON TRACK	Domestic funding increased in 2017.

Joint Programme contributions

The Joint Programme in 2018 prioritized efforts to accelerate progress of the countries towards the 90–90–90 targets, including through chairing the sixth Eastern Europe and Central Asia AIDS Conference, which brought together more than 3100 participants from 63 countries.

The UNAIDS Secretariat, WHO and partners hosted a regional consultation on expanding access to quality-assured medicines and diagnostics. This led to a joint statement which affirmed the commitment of 11 countries to a "test-and-treat approach" and set targets for price reductions for medicines.

Through the use of international procurement platforms (including those managed by UNDP and UNICEF) and direct negotiations with local generics manufacturers, several countries in the region successfully achieved lower prices for key HIV commodities. UNDP strengthened the capacity of 45 national experts in seven countries to improve access to affordable medicines. WHO assisted eight countries with HIV drug surveillance.

In partnership with Ministries of Labour, the ILO provided support to HIV prevention workplace programmes in the Russian Federation and Ukraine, while UNFPA supported integration of the minimum initial service package for reproductive health in national preparedness and emergency response systems. Advocacy by the UNAIDS Secretariat supported the decisions of Minsk, Tblisi and Yekaterinburg to join the Paris Declaration on Fast-Track cities and incorporate PrEP in their Fast-Track agendas. HIV awareness social media campaigns supported by the Secretariat and UNESCO reached 3.7 million people across the region. The Joint Programme supported eight countries' efforts to advance to prepare for the eMTCT validation process.

UNESCO provided training on HIV and life skills education to 750 teachers in four countries, developed teacher guides for 1500 schools in Armenia, and supported youth-led web resources that reached over 2 million young people in their local languages. Support for the Teenergizer movement enabled the creation of new youth-friendly HIV testing and peer counselling services. UNFPA joined with the International Planned Parenthood Federation to develop a new regional tool on HIV and sexual and reproductive health and rights among young people.

The Joint Programme supported the drafting of a regional joint strategy and action plan to end the AIDS epidemic among gay men and other men who have sex with men and transgender people in the region. UNDP built the capacity of the Eurasian Coalition on Male Health to implement Global Fund grants in 5 countries and UNFPA developed the capacity of four regional networks of key populations. UNODC hosted a regional technical consultation on

programmes for people using stimulant drugs and strengthened capacities for community management of opioid overdose.

UNFPA supported health system efforts to respond effectively to gender-based violence, while UN Women, the Secretariat and UNFPA provided technical support and capacity building to civil society organizations and women living with HIV in the Republic of Moldova, Tajikistan and Ukraine. UNESCO provided gender-based violence-related capacity-building support to more than 3000 educators, psychologists, youth workers and parents across the region.

UNDP initiated three HIV/TB legal environment assessments and it completed and implemented an action plan for Ukraine. UNODC trained 1000 HIV service providers in six countries on normative guidance and gender mainstreaming in HIV services for women using drugs and also assisted in a legislative and programme review for people who use drugs in prisons and closed settings in Kyrgyzstan, Ukraine and Uzbekistan). Referral schemes involving police, health providers and civil society organizations were developed in 15 cities, and HIV training reached 1770 law enforcement personnel, 200 members of community organizations, 30 parliamentarians and representatives of health, education and social sectors.

Support was provided for the transition of integrated programmes for key populations. UNDP validated the NGO social contracting guidance note for countries and provided technical support to three Balkan countries to sustain rights-based and gender-sensitive HIV/TB/Hepatitis C services.

The Secretariat supported the Russian Ministry of Health in conducting HIV estimations in high-burden regions in the Russian Federation. The Secretariat organized a workshop on federal HIV estimates in Moscow in partnership with the Russian Ministry of Health and supported the submission of HIV estimates and a GAM report from the Russian Federation for 2017 to UNAIDS. The Secretariat continued implementation of the Russian Government-funded Regional Cooperation Programme in Armenia, Belarus, Kyrgyzstan and Tajikistan, and secured a 15% increase in funding to enhance the initiative for 2019–2021. A common position paper on ending TB, HIV and viral hepatitis was endorsed by 14 UN agencies. The Secretariat coordinated the Russian Government-funded Regional Cooperation Programme in Armenia, Belarus, Kyrgyzstan and Tajikistan, and obtained a 15% increase in funding for the initiative for 2019–2021.

The Joint Programme supported the development and rollout of a new regional Global Fund grant for sustainability of HIV services for key populations, as well as the development of Global Fund proposals and implementation of Global Fund grants in Eastern Europe and Central Asia. A United Nations Common Position on Ending HIV, TB, and viral hepatitis

through Intersectoral Collaboration in Europe and Central Asia was endorsed by 14 UN agencies, including UNAIDS and eight cosponsors

In eastern Europe and central Asia, the Joint UN Teams on AIDS supported the achievement of targets related to testing, treatment and eMTCT, key populations and sustainability.

Challenges and bottlenecks

A range of challenges have been identified, including:

- Donor funding to eastern European and central Asian countries is decreasing at a time when new HIV infections are increasing (up 29% between 2010 and 2017);
- Inadequate domestic funding to achieve the 90–90–90 targets. In 2017, an estimated 73% of people living with HIV in the region knew their HIV status, 50% of them were receiving HIV treatment, and 72% of those on ART achieved viral suppression;
- Political and financial support for prevention programmes for key populations is declining across the region;
- There is limited capacity to fully utilize flexibilities in intellectual property laws which can be used to reduce the prices of ARVs. This is contributing to sub-optimal ART coverage;
- Continued reliance on outdated HIV laboratory systems for HIV diagnosis is contributing to sub-optimal HIV testing and high rates of late diagnosis;
- The scale-up of PrEP is slow and is limited mainly to pilot programmes in 5 Fast-Track cities;
- Legal and policy barriers continue to block access to non-discriminatory, quality services for key populations;
- There is continued reliance on criminal justice approaches to drug-related offenses;
- Political will and societal support for HIV and sexual and reproductive health education is lacking; and
- Programmatic approaches are needed to address HIV risks among non-opiate users.

Key future actions

The regional Joint UN Team on AIDS will broker expertise and follow up on key recommendations and findings published in the Global Commission on HIV and the Law Supplement 2018.

Capacity will be increased to make greater use of intellectual property flexibilities and to sustainable health procurement strategies to increase access to affordable medicines.

Countries will be supported to effectively transition to increase domestic funding for HIV, TB and Hepatitis C programmes.

The Joint Programme will intensify efforts to mobilize civil society organizations to advance and monitor the rights of key populations, and will also mobilize and enhance capacities of relevant constituencies to eliminate HIV-related stigma and discrimination in health-care and educational settings and to prevent and address gender-based violence.

Support will be provided to align national policies and practices with WHO guidelines and UNAIDS strategic frameworks, to strengthen capacity to address the HIV-related health and education needs of adolescents and young people, and to enable full and effective implementation of Global Fund grants.

The Joint Programme will broker technical expertise to enable the integration of human rights and gender-sensitive approaches in national drug control policies and to counter punitive policies and approaches that deter service uptake among key populations. Alternatives to incarceration will be promoted, and technical guidelines will be developed to address HIV prevention among people who use amphetamines or other stimulant drugs.

In eastern Europe and central Asia, country envelope resources were invested primarily for activities related to testing and treatment (32.4%), key populations (28.3%), human rights (14.7%) and eMTCT (11.2%).

Expenditure information

Table 1
Expenditure and encumbrances in Eastern Europe and Central Asia in 2018, by organization (US\$)

Organization	Core (globally allocated) (US\$)	Core (country envelope) (US\$)	Non-core (US\$)	Grand total (US\$)
UNICEF	329 585	314 295	4 312 337	4 956 216
UNDP	356 582	15 190	326 844	698 616
UNDP GF	-	-	12 695 584	12 695 584
UNFPA	471 287	213 500	1 991 823	2 676 609
UNODC	477 944	235 860	638 573	1 352 377
UN WOMEN	90 317	-	547 665	637 983
ILO	191 098	-	329 464	520 562
UNESCO	411 713	39 674	124 961	576 348
WHO	538 342	96 082	1 140 233	1 774 657
World Bank	591 370	-	257 063	848 433
Secretariat	4 183 294	-	4 431 282	8 614 576
GRAND TOTAL	7 641 532	914 600	26 795 828	35 351 960

Table 2
Expenditure and encumbrances in Eastern Europe and Central Asia in 2018, by country (US\$)

Country	Core (globally allocated) (US\$)	Core (country envelope) (US\$)	Non-core (US\$)	Grand total (US\$)
Albania	-	-	62 470	62 470
Armenia	109 256	-	56 914	166 170
Azerbaijan	-	-	15 356	15 356
Belarus	356 605	130 789	274 820	762 214
Bosnia and Herzegovina	-	-	24 008	24 008
Georgia	51 537	-	88 548	140 084
Kazakhstan	835 131	124 634	441 953	1 401 719
Kosovo – Pristina	-	-	77 262	77 262
Kyrgyzstan	245 469	139 028	6 891 450	7 275 947
Macedonia	-	-	19 051	19 051
Moldova, Republic of	246 829	108 279	374 733	729 842
Serbia	-	-	15 668	15 668
Tajikistan	353 297	129 919	6 295 087	6 778 302
Turkey	-	-	958 912	958 912
Turkmenistan	-	-	32 003	32 003
Ukraine	1 295 807	131 951	4 042 761	5 470 519
Uzbekistan	113 821	150 000	153 504	417 326
EECA regional	4 033 781	-	6 971 327	11 005 108
GRAND TOTAL	7 641 532	914 600	26 795 828	35 351 960

Table 3
Core and non-core expenditure and encumbrances in Eastern Europe and Central Asia in 2018, by Strategy Result Area (US\$)

Strategy Result Area	Core* (US\$)	Non-core (US\$)	Total (US\$)
SRA 1 – HIV testing and treatment	632 462	10 989 042	11 621 504
SRA 2 – eMTCT	768	277 436	278 204
SRA 3 – HIV prevention and young people	438 289	793 858	1 232 147
SRA 4 – HIV prevention and key populations	1 068 626	2 775 039	3 843 665
SRA 5 – Gender inequalities and gender-based violence	183 189	1 000 118	1 183 307
SRA 6 – Stigma, discrimination and human rights	295 619	503 455	799 074
SRA 7 – Investment and efficiency	592 812	810 311	1 403 124
SRA 8 – HIV and health services integration	246 474	5 215 285	5 461 758
TOTAL	3 458 238	22 364 544	25 822 783

* This does not include expenditures against country envelope funds.

Table 4
Core and non-core expenditure and encumbrances in Eastern Europe and Central Asia in 2018, by Secretariat function (US\$)

Secretariat function	Core (US\$)	Non-core (US\$)	Total (US\$)
S1 – Leadership advocacy and communication	990 551	58 112	1 048 663
S2 – Partnerships mobilization and innovation	1 466 246	3 010 898	4 477 143
S3 – Strategic information	668 875	927 943	1 596 818
S4 – Coordination convening and country implementation support	737 092	362 890	1 099 982
S5 – Governance and mutual accountability	320 531	71 440	391 970
TOTAL	4 183 294	4 431 282	8 614 576

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