

UNAIDS 2022

Eastern Europe and Central Asia

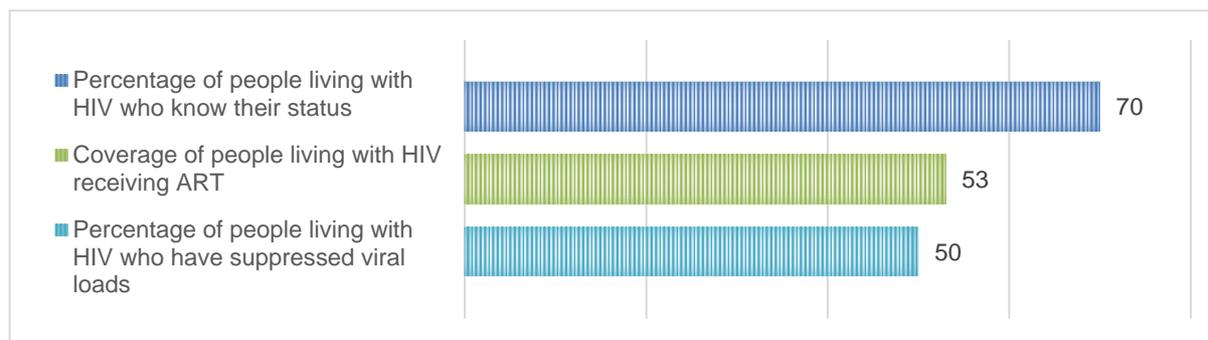
Regional report 2021

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HIV testing and treatment cascade in the eastern Europe and central Asia region (2020)

Regional and country-level data are available on [AIDSinfo](#).



Source: Global AIDS Monitoring 2020

2021 reporting on selected 2016-2021 UBRAF indicators

Number of countries in the eastern Europe and central Asia region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **8**

2016–2021 UBRAF Indicators	2021
1.1: Countries with selected HIV testing services in place	6
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Featured stories

- Strengthening the response of health systems to pandemics in the Commonwealth of Independent States ([link](#))
- A way to optimized HIV investments in the EECA region ([link](#))
- Towards 10–10–10 in eastern Europe and central Asia ([link](#))
- Mapping community responses to COVID-19 and HIV in eastern Europe and central Asia ([link](#))

Joint Programme contributions towards achievement of 2020–2021 regional priorities

The Joint Programme strengthened and scaled up treatment services for people living with HIV, including through the assessment of antiretroviral medicines and HIV commodity demand and supply, strengthening procurement mechanisms, and capacity building of supply chain experts. Financial and social support initiatives helped retain thousands of vulnerable people in HIV treatment and care. Digital platforms and online peer counselling supported countries in sensitizing millions of adolescent and young people on HIV and SRH and linking them to prevention, testing, and treatment services.

The regional Joint Team also focused on strengthening the capacity of harm reduction service providers and outreach workers, and on implementing web-based outreach tools to scale up harm reduction services for new psychoactive substances and stimulant drugs. Several legal, regulatory and policy recommendations were developed to help decriminalization of people living with HIV and key populations across the region.

HIV testing and treatment, prevention of mother-to-child transmission

Low ART coverage and limited capacity of countries to utilize Intellectual Property and Trade-Related Aspects of Intellectual Property Rights flexibilities to increase access to affordable medicines continue to challenge the HIV response in the region. The regional Joint Team, in collaboration with key stakeholders, conducted a multicountry assessment of procurement and supply of ARV medicines, and HIV-related commodities in Kazakhstan, Tajikistan and Uzbekistan to ensure uninterrupted HIV prevention, testing and treatment services.

The Joint Programme supported Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan to update their HIV treatment protocols. Three other countries—Azerbaijan, Belarus, and Kazakhstan—were assisted in obtaining voluntary licenses to procure the ARV dolutegravir at a lower price, while other countries increased the number of people receiving dolutegravir. As a result of heightened advocacy, 18 countries in the region joined the Paris Declaration on Fast-Track Cities initiative to accelerate progress towards the 90–90–90 targets, increasing the total number of participating cities in the region to 23.

The Joint Programme provided technical assistance for validation of EMTCT maintenance reporting in Armenia, Belarus and Moldova, as well as for the preparation of a draft national EMTCT validation report in Moldova. Support was provided to Kazakhstan to submit its validation report to the Regional EMTCT Validation Committee, while Ukraine completed its readiness-to-apply assessment report.

A regional communication initiative was implemented to sensitize people and support organizations in integrating COVID-19 prevention measures in HIV service delivery. As a result, 27 Facebook Lives reached about 700 organizations across the region with each broadcast, while five broadcasts at ok.ru/test scored attracted over 11 million views. Instagram presentations of UNAIDS Good Will Ambassadors and amplifiers in five countries

reached 5000 people, and 28 news stories covered the efforts of the UN and community organizations to support people living with HIV during the pandemic.

Combination HIV prevention

While the COVID-19 pandemic slowed HIV programming, it also presented opportunities to implement cost-effective online awareness-raising and counselling tools, particularly for young people. A key lesson has been the need to build capacity and use modern technology, innovations and digital solutions in the delivery of HIV and health-related services. For instance, over three million young people, including young key populations, improved their knowledge of HIV and SRH through digital platforms. Artificial intelligence-powered chatbots provided sexuality education and promoted and offered linkages to HIV testing and treatment services. With technical support, the Ministry of Education in Armenia launched an improved pilot HIV and health education school programme to increase knowledge and promote healthy and safe behaviours among school learners. In Kyrgyzstan and Ukraine, some 1250 teachers were trained and various educational videos were developed to improve the HIV and SRH awareness of 40 000 learners.

The regional Joint Team mobilized the Eurasian Union for Adolescents and Youth Teenergizer in Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Ukraine, reaching over 12 000 adolescents (83% girls) with online peer-counselling—responding to requests on sexual and reproductive health and mental health issues. The Teenergizer #ShareWeCare online campaign reached 5.5 million adolescents and young people with key messages on HIV prevention, SRH, safe behaviours, mental health and coping techniques during the COVID-19 pandemic.

The Joint Programme supported the Eurasian Women's Network on AIDS to complete a regional assessment in 10 countries to identify the impact of COVID-19 pandemic on SRH, GBV and treatment services for vulnerable and women living with HIV, as well as to undertake community-led assessment of mental health among 720 women living with HIV in nine countries.

Based on the 2020 regional study on HIV and harm reduction needs and barriers, the regional Joint Team strengthened capacities of over 100 service providers and outreach workers on new psychoactive substances and stimulant drugs harm reduction services. It also rolled out a package of web-based outreach tools in Belarus, Ukraine and Uzbekistan. A total of 820 new psychoactive substance users were reached with HIV services, of whom 75 received HIV testing and counselling. The 16 people who were diagnosed with HIV received ART.

Support to the Eurasian Coalition on Male Health resulted in the roll-out of the MSM Implementation Toolkit in Kyrgyzstan and Tajikistan, and the use of the toolkit's monitoring and evaluation tool in Armenia, Belarus, Kyrgyzstan and Moldova to assess the efficiency of prevention services for gay men and other men who have sex with men. The Joint Programme supported the development of comprehensive package of HIV prevention services for transgender people in Armenia, Georgia, Kyrgyzstan and Ukraine; national adaptation by community-based organizations is underway.

As part of the Regional Cooperation Programme, mobile HIV prevention and health clinics in Armenia, Kyrgyzstan and Tajikistan were mobilized to provide COVID-19 related services, servicing 87 000 hard-to-reach people in 2020, including labour migrants. An interactive mapping of community responses providing HIV prevention, treatment, care and support services in the COVID-19 context in the region is available. It was developed by the Alliance for Public Health and the Central Asian Association of People Living with HIV and supported by the Joint Programme.

Human rights, stigma and discrimination

Most countries in the region criminalize HIV transmission and nearly all criminalize HIV exposure. In response, the Joint Programme produced legal, regulatory and policy recommendations for an enabling environment to promote decriminalization of people living with HIV and key populations, for instance in Belarus and Moldova. Support was provided to the Ukraine National School of Justices to develop an HIV-specific curriculum to ensure continuous learning of judges. Information on HIV and the law, including the negative impacts of criminalization, was shared with 120 judges from nine countries.

Ministries of Interior in Belarus, Kazakhstan, Moldova and Ukraine were supported to develop human rights- and health-based approaches in addressing drug use. In partnership with law enforcement agencies, the Joint Programme developed instructions for the national police on work safety and security, and the role of law enforcement in the national HIV response. Educational/advocacy videos were developed to reflect the police referral best practices in the framework of interactions and partnerships between law enforcement authorities and civil society organizations. As a result, Ukraine developed its progressive National Drug Strategy 2021–2030 and Belarus completed an assessment study of drug policy, laying the foundation for legal reforms.

The Joint Programme supported Georgia, Kyrgyzstan, Moldova, Tajikistan and Ukraine for the sustainability of services for key populations project, which is aimed at monitoring rights violations and providing legal aid to key populations. In Georgia, a behavioural study on barriers of young key populations to HIV testing services led to the adoption of a national consensus protocol for stigma-free services in teleconsultancy. Furthermore, the State Migration Service in Ukraine was supported to introduce new procedures to determine refugee status and process applications, particularly from people living with HIV and people from the LGBTI community. Employees of the State Migration Service also adopted nondiscriminatory practices in their work with asylum seekers.

Media campaigns in Belarus, Kazakhstan, Kyrgyzstan and the Russian Federation reached over two million people with messages on the reduction of HIV- and gender-related stigma and discrimination. A partnership with the Federation of Independent Trade Unions of Russia reached 45 000 viewers in 85 territories through a Profsouz TV programme entitled "HIV/AIDS and the world of work". Some 400 000 viewers were reached through national and territorial social networks in various economic sectors to improve awareness of HIV in the workplace.

In Tajikistan, the regional Joint Team supported the mapping of social and legal pathways for vulnerable women and women living with HIV who have experienced violence. This resulted in the development of a mobile phone app that enables users to select and access GBV, psychosocial and HIV services according to location and provider.

Investment, efficiency and sustainability

Prevention programmes in eastern Europe and central Asia continue to depend on donor financing and struggle to achieve the coverage needed for impact. Only four countries allocate above 25% of HIV funding for prevention from all sources, while four countries use social contracting to provide HIV and tuberculosis (TB) services to key populations. Only two countries in the region provide comprehensive HIV services in prison settings. A social return on investment assessment of nongovernmental organization (NGO) social contracting methodology was piloted in Belarus, Bosnia and Herzegovina, and North Macedonia. This led to the development of a [policy brief and methodology document](#) to support advocacy efforts for expansion of and increased investments in sustainable social contracting.. The brief also resulted in the development of a global guidance Social Return on Investment of social contracting in the context of key and vulnerable populations.

The Joint Programme contributed to the Country Coordinating Mechanisms of 13 countries in the region to mobilize resources from the Global Fund for the 2020–2022 grant period, including the Global Fund COVID-19 Response Mechanism (C19RM). In 2021, Kyrgyzstan, Tajikistan, Turkmenistan and the Russian Federation received technical support for mobilizing up to US\$ 16 million from C19RM to support their national COVID-19 responses. During the COVID-19 crisis, the Joint Programme also reprogrammed 12% of the "country envelopes" in the region to support community mobilization, procure personal protective equipment for HIV prevention programmes and clinics, expand multimonth dispensing and home delivery of ARVs, achieve continuity of opioid agonist therapy programmes, and provide capacity building for the use of innovative applications, including digital consultations for vulnerable and key populations.

With local partners, the Joint Programme published [Tackling the world's fastest-growing HIV epidemic: more efficient HIV responses in eastern Europe and central Asia](#). The report highlighted efficiency interventions in 11 countries, along with the importance of reaching key populations and migrants with targeted support and ways to improve coverage and outcomes.

The Joint Programme provided technical for the integration of HIV services in Armenia, Kazakhstan, Kyrgyzstan, Moldova and Serbia. Investment efficiency and care cascade analyses of TB programmes were conducted in Armenia, Belarus and Kyrgyzstan. Impact evaluations of earlier HIV and TB allocative efficiency analyses were completed in Belarus, Kyrgyzstan and Ukraine to improve the return on investment.

Contribution to the integrated SDG agenda

Health systems strengthening projects improved equitable access to services for vulnerable populations, including people living with and affected by HIV, thereby contributing to SDG 3. The projects included the creation of a new e-prescription service operating across Belarus, improved access to and quality of services in Moldova, and a social health insurance project

in Kazakhstan that saw a 37% increase in government expenditure on primary health care, including on SRH and HIV testing and treatment services among populations at high-risk.

In 2020–2021, the World Bank allocated US\$ 1.5 billion to strengthen emergency responses and maintain essential health services in 12 countries, including critical services for people living with or affected by HIV. The grant supported cash transfers to 56 000 vulnerable households in Tajikistan, social benefits to over 50 000 people in Bosnia and Herzegovina, and social assistance programmes in Georgia for over one third of the population with the lowest income. The funds also financed a social benefits programme in Moldova, which reached 54 000 people, and support to 989 000 people from low-income households in Uzbekistan.

The regional Joint Team conducted a regional assessment on strengthening integrity, transparency and accountability of the health sector during and after the COVID-19 pandemic. The assessment presented a snapshot of key interventions and approaches that are needed to address health sector governance issues around increased medicine and commodity procurement—a contribution to SDG 16.

HIV investment cases that were used to inform Global Fund grants and national AIDS plans were also applied in non-HIV areas, thus building partnerships for better health and contributing to SDGs 3 and 17. This included assistance to Armenia and Serbia to develop investment cases on tobacco control, which resulted in a new strategy in Armenia, a mental health investment case in Uzbekistan, and a joint value proposition on climate and health to improve national adaptation and mitigation capacities in Georgia, Moldova, Turkmenistan and Uzbekistan.

KYRGYZSTAN – Assessing and addressing stigma and discrimination against people living with HIV and key populations

In Kyrgyzstan, the Joint Programme prioritized support for addressing the human rights and gender dimensions of the country's epidemic and response. Stigma and discrimination towards persons from key populations are a consistent challenge in the country. However, discrimination against some key populations, including people from the LGBTI community and sex workers has surged, including instances of persecutions, unlawful detention and violence, with severe consequence for the mental health and safety of key populations.

The Stigma Index 2.0 (including an expanded assessment of TB-related stigma) was completed with active involvement of key populations. Initial results revealed elevated HIV-related stigma and self-stigma among people living with HIV and people from key population groups, which undermines their ability to talk openly about their HIV status, sexuality and related needs when seeking employment or accessing health and social protection services.

The Joint Programme introduced the "positive deviance model" as an innovative approach to reduce stigma and self-stigma among key populations. Through trainings and small grants, it aims to ensure that HIV programmes are gender sensitive and build capacity and leadership among girls, women, people living with HIV and men from key population groups. It also aims to eliminate self-stigma and HIV-related stigma and discrimination; support civil society organizations to build meaningful partnership with government agencies; and strengthen coordination for HIV prevention and community development programmes. Seven groups representing key populations and people living with HIV started implementing nation-wide "positive deviance" projects, while 100 people living with HIV and people from key populations were trained as "positive deviants" to disseminate information about HIV among peers. In addition, 665 people living with HIV and people from key population groups participated in information sessions on prevention and management of HIV and (self) stigma.

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