

Regional program of the East Europe and Central Asia Union of PLWH within the framework of the Global Fund New Funding Model



Background for the program development



Problem areas

- Access to the whole HIV-care continuum
- Sustainability and efficiency of funding
- Cooperation of the communities

Access to ART

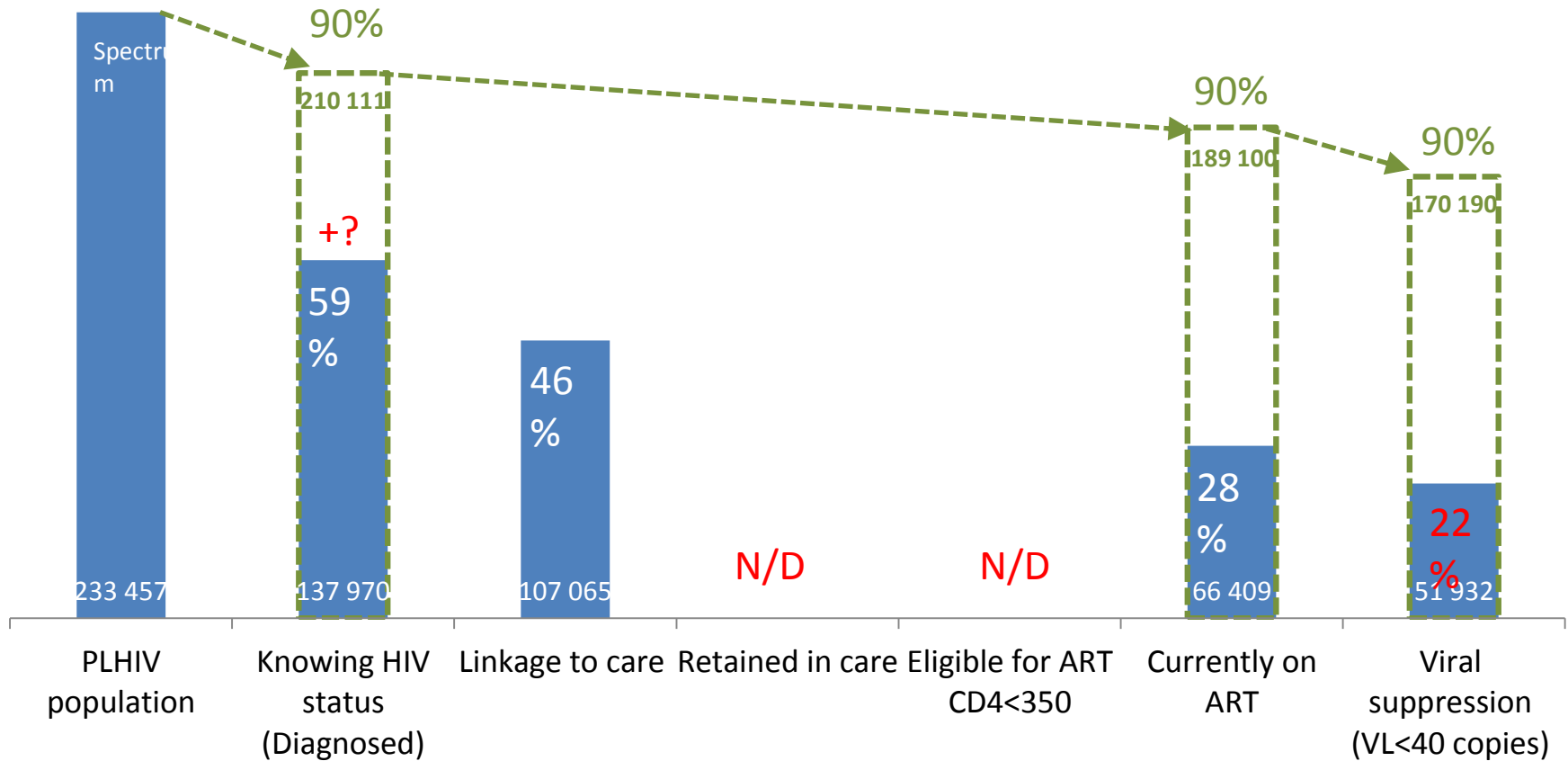
- 199 000 persons receive treatment in EECA (2012)
- A big progress for the last 10 years!
- But! Only 35% of those who need it, get treatment (2012), it's a progress comparing to 2010 (23 %)
- The treatment coverage is one of the lowest in the world

The reasons of the low level of key populations involvement into the treatment programs:

- Lack of access to low-threshold prevention programs
- A lot of testing programs are not designed for vulnerable groups
- Late present
- Gap (lack of linkages) between testing and treatment/care programs
- Low efficiency of adherence and retention programs

Treatment cascade

Cascade of services for PLHIV in Ukraine, as of 01.01.2015



Expected numbers according to UNAIDS "90-90-90" target

What happens to funding?

- Different stages: completely transit to fund ART, in transition (40%-60% state funding), planned to transit
- Prices of ARV that are procured from the state budget are comparable with prices in Western Europe, and sometimes even exceed them.
- ONLY ART - very low/zero level of funding for other services – there is no money for services

The Goal and Objectives of Regional Application

Goal: to enhance the effectiveness, accessibility, sustainability and scale up of HIV treatment programs in the Eastern Europe and Central Asia (EECA) region with special emphasis on key populations

Objective 1. Create enabling conditions at national and regional levels for facilitating access to HIV care and improving linkages between the main elements of the continuum of HIV care for key populations in at least six participating countries in the region by 2018.

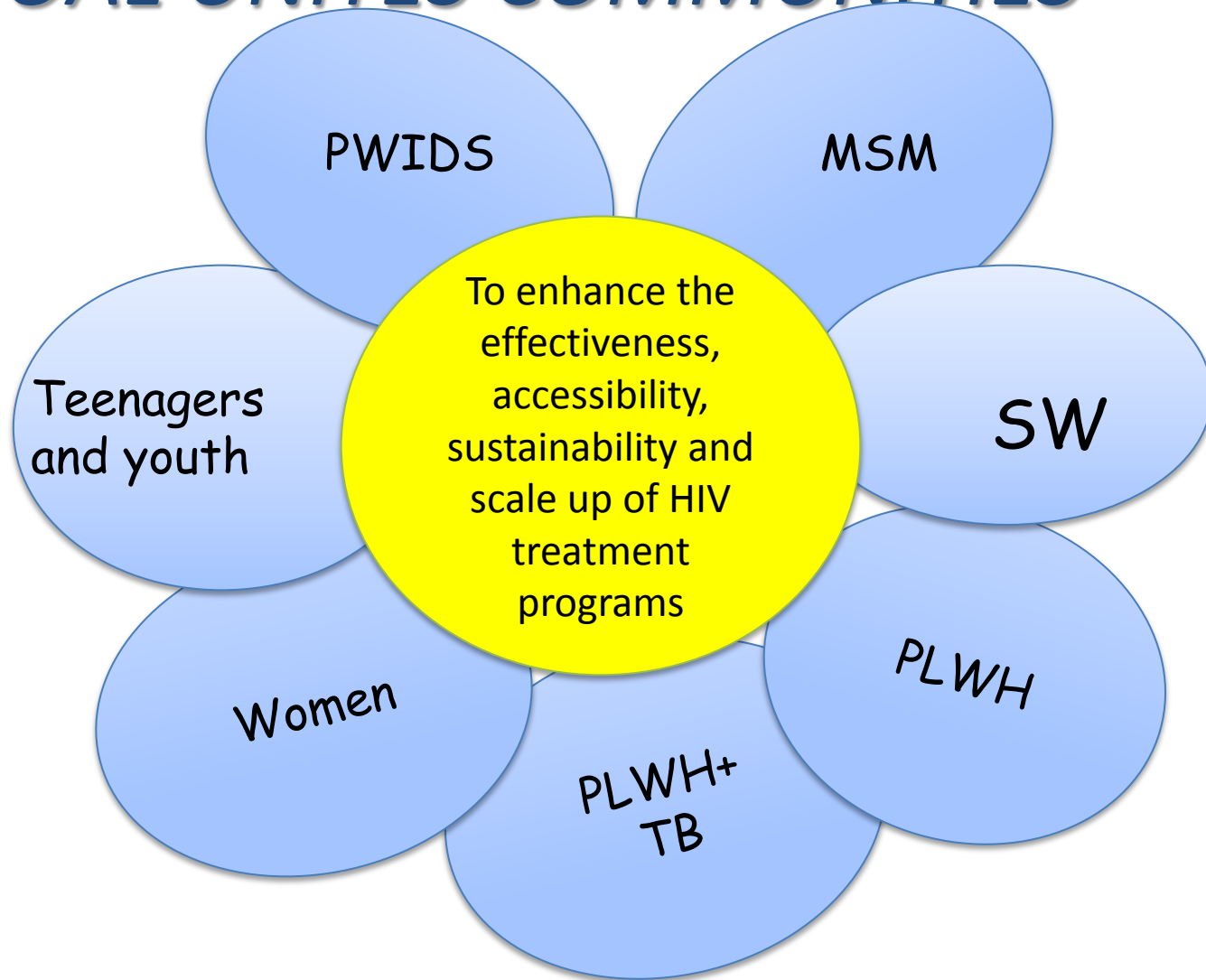
to strengthen the capacity of PLHIV and key population communities, using “learning by doing” as a means of increasing community participation in monitoring, planning, and advocating for an improved continuum of HIV care.

Objective 2. Advocate for transition to the strategic and sustainable state funding of the continuum of HIV care, based on evidence and on the needs of key populations, in at least six participating countries in the region by 2018.


Linkage of goals with existing strategies, guidelines and principles

- Investment approach of Global Fund to fight HIV and TB in EECA region
- Consolidated WHO guidelines on the prevention, diagnosis, treatment and care for key populations
- UNAIDS program "Treatment 2015", UNAIDS Regional Strategy
- Recommendations of 33th meeting of UNAIDS Programme Coordinating Committee
- European Action Plan for HIV/AIDS for 2012-2015
- The principle of greater involvement of people living with HIV (GIPA)
- Plan of global advocacy to 2015, developed by GNP + with broad community involvement

GOAL UNITES COMMUNITIES



The regional value of the project

- An opportunity to identify the existing barriers in access to treatment for different vulnerable groups on the regional level
 - Stimulates different KPs to unite on the national level to achieve the one goal
 - An opportunity to find, share and introduce the best practices of continuum of services through the regional platform
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Expected results

- Increase of quality and completeness of the HIV continuum of care
- Involvement of KPs' involvement into improvement of care for PLWH
- Increase of domestic funding for HIV care continuum
- Regional informational platform will compare the situation and improvements over the region

Thank you for attention!

