

Needs, challenges and strategies to support CSO in EECA countries



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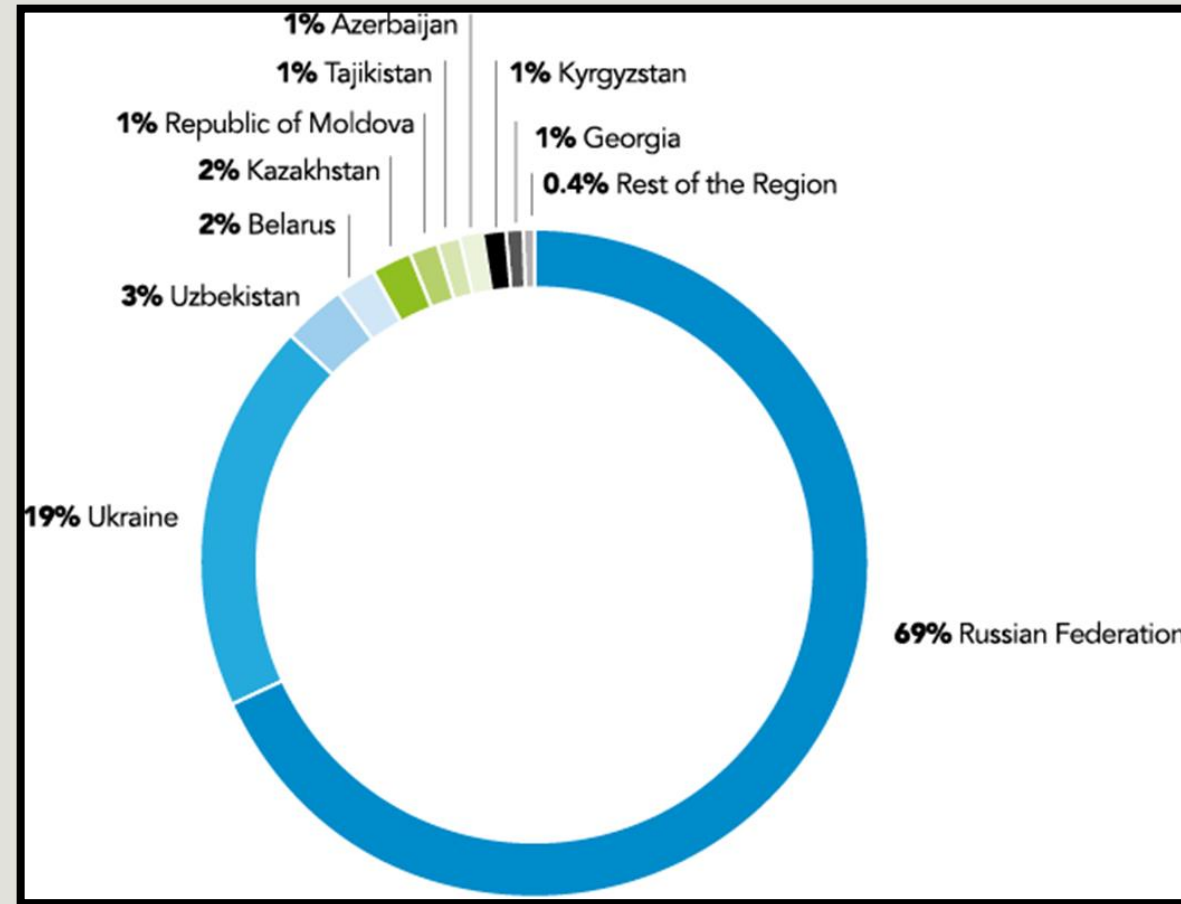
29 countries

Eastern Europe and Central Asia

UNAIDS. 2014 GLOBAL STATISTICS



- In 2014, there were 1.5 million [1.3 million–1.8 million] people living with HIV



- Treatment coverage is 18% [16%-21%] of all adults aged 15 and over living with HIV

Key situation outlines

International HIV/AIDS Alliance in Ukraine

IN EECA, 2012:

- ❑ **Around 353,000 new TB cases and 35,000 TB-related deaths in 2012**
- ❑ **24% of all MDR TB cases worldwide (76,500 cases)**
- ❑ **Steady growth of HIV/TB co-infection (13,000 cases in 2012 and 62.3% accessed ARVT)**
- ❑ **5% of all HCV cases worldwide (9.1 mln people)**
- ❑ **IDU – driven HIV epidemic**

HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage

Bradley M Mathers, Louisa Degenhardt, Hammad Ali, Lucas Wiessing, Matthew Hickman, Richard P Mattick, Bronwyn Myers, Atul Ambekar, Steffanie A Strathdee, for the 2009 Reference Group to the UN on HIV and Injecting Drug Use

www.thelancet.com Published online March 1, 2010 DOI:10.1016/S0140-6736(10)60232-2

	Number of countries	Percentage of IDUs accessing NSPs per year (range); number of countries contributing data (proportion of ERIP)	Needles-syringes distributed per IDU per year (range); number of countries contributing data (proportion of ERIP)	Countries implementing OST (proportion of ERIP)	Number of OST recipients per 100 IDUs (range); number of countries contributing data (proportion of ERIP)	Ratio of IDUs receiving ART:100 IDUs living with HIV (range); number of countries contributing data (proportion of HIV-positive ERIP*)
Eastern Europe	18	10% (7–15); 16 countries (91% ERIP)	9 (7–14); 17 countries (91% ERIP)	16 (48%)	1 (<1 to 1); 18 countries (100% ERIP)	1 (<1 to 44); 15 countries (95% HIV-positive ERIP)
Central Asia	5	36% (28–50); four countries (90% ERIP)	92 (71–125); four countries (90% ERIP)	2 (51%)	<1 (<1 to <1); five countries (100% ERIP)	2 (1–3); four countries (92% HIV-positive ERIP)

ERIP=estimated IDU population.

OST=opioid substitution treatment. ART=antiretroviral treatment.

Challenge 1

Data

There is more or less reliable data on access to HIV services among PWID, MSM and SW.

Among EECA countries:

- **almost all of them provide data on access to HIV services among PWID (90%);**
- **41% on access among among SW;**
- **45% on access among MSM;**
- **34% comprehensively on access among all key populations.**

BUT

Serious limitations exist for the data on:

- **Access of key populations to TB and HBV/HCV;**
- **HIV situation among transgender people and migrants;**
- **HIV prevalence among potential sex partners of PWID (“bridge populations);**
- **health concerns (also in the context of HIV) among prisoners.**

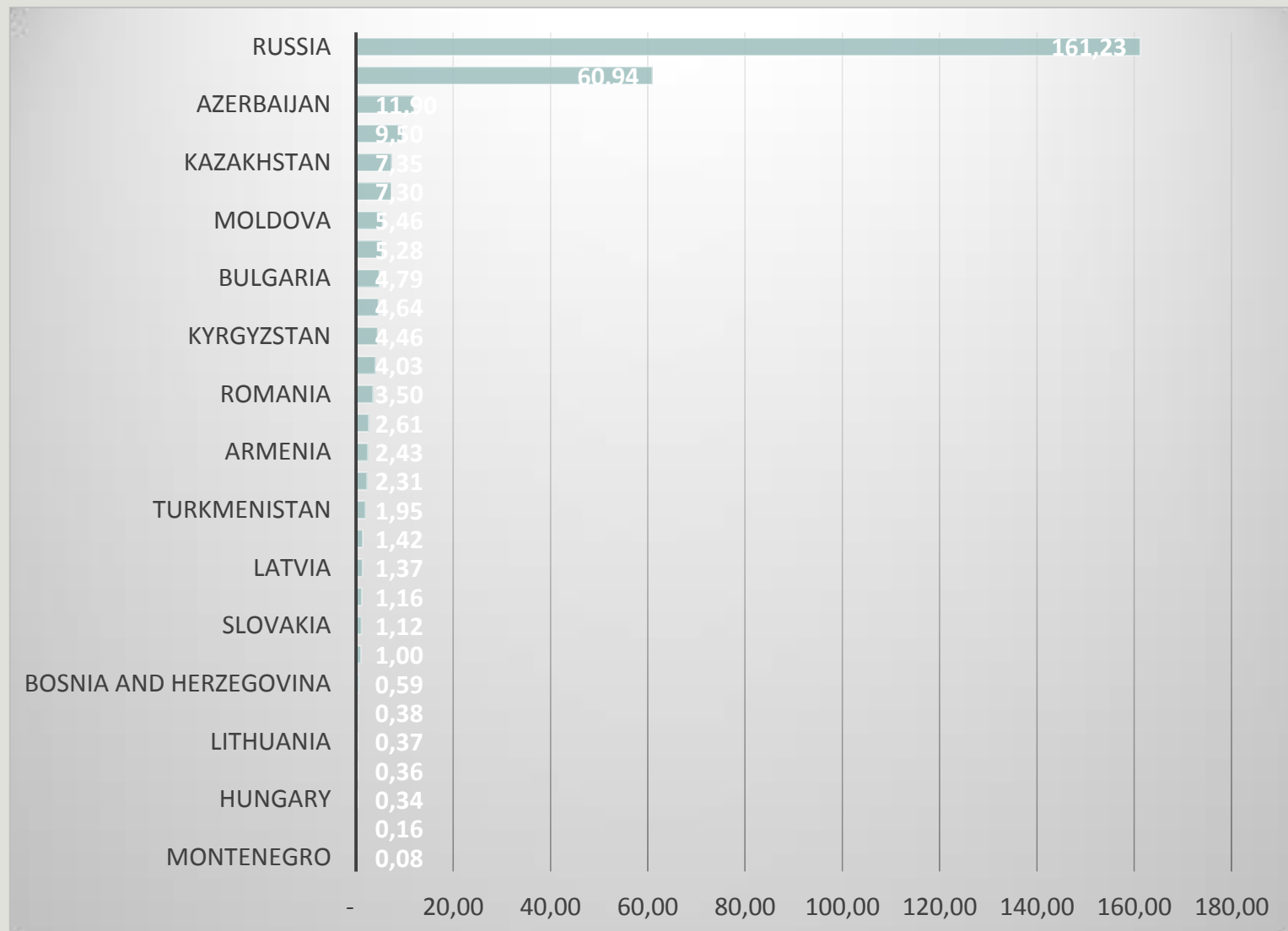
OFFICIAL DATA DOES NOT ALWAYS CORRESPOND TO THE INDEPENDENT SOURCES LIKE NGO, UN

Challenge 2 Financial gaps

Source: International
HIV/AIDS Alliance in Ukraine.

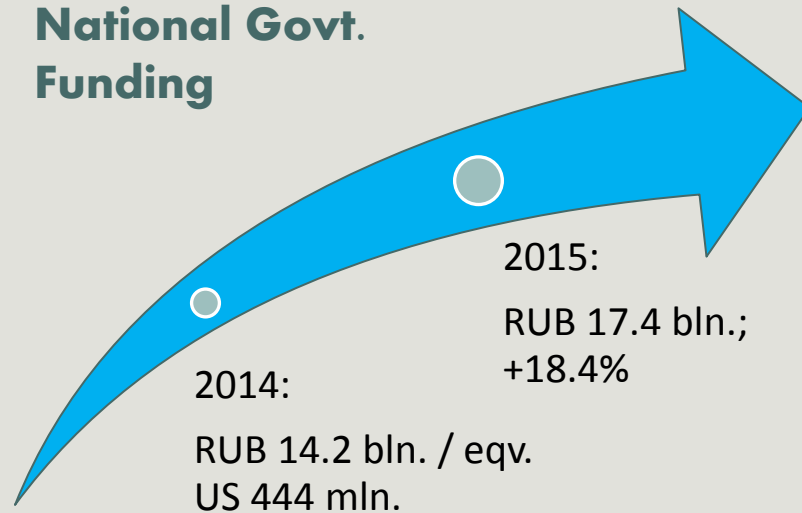
Regional strategy for working
with key populations and
prospects of support of the
integrated services for key
populations in the EECA
region. 2015

ESTIMATED UNDERFUNDING
of the essential HIV services for PWID, SW and MSM in the region:
USD 308 mln, including USD 289 mln in non-EC countries



Funding trends for HIV Response in Russia

National Govt. Funding



The Global Fund HIV Funding (average annual allocations, NGO Rule)



AND...

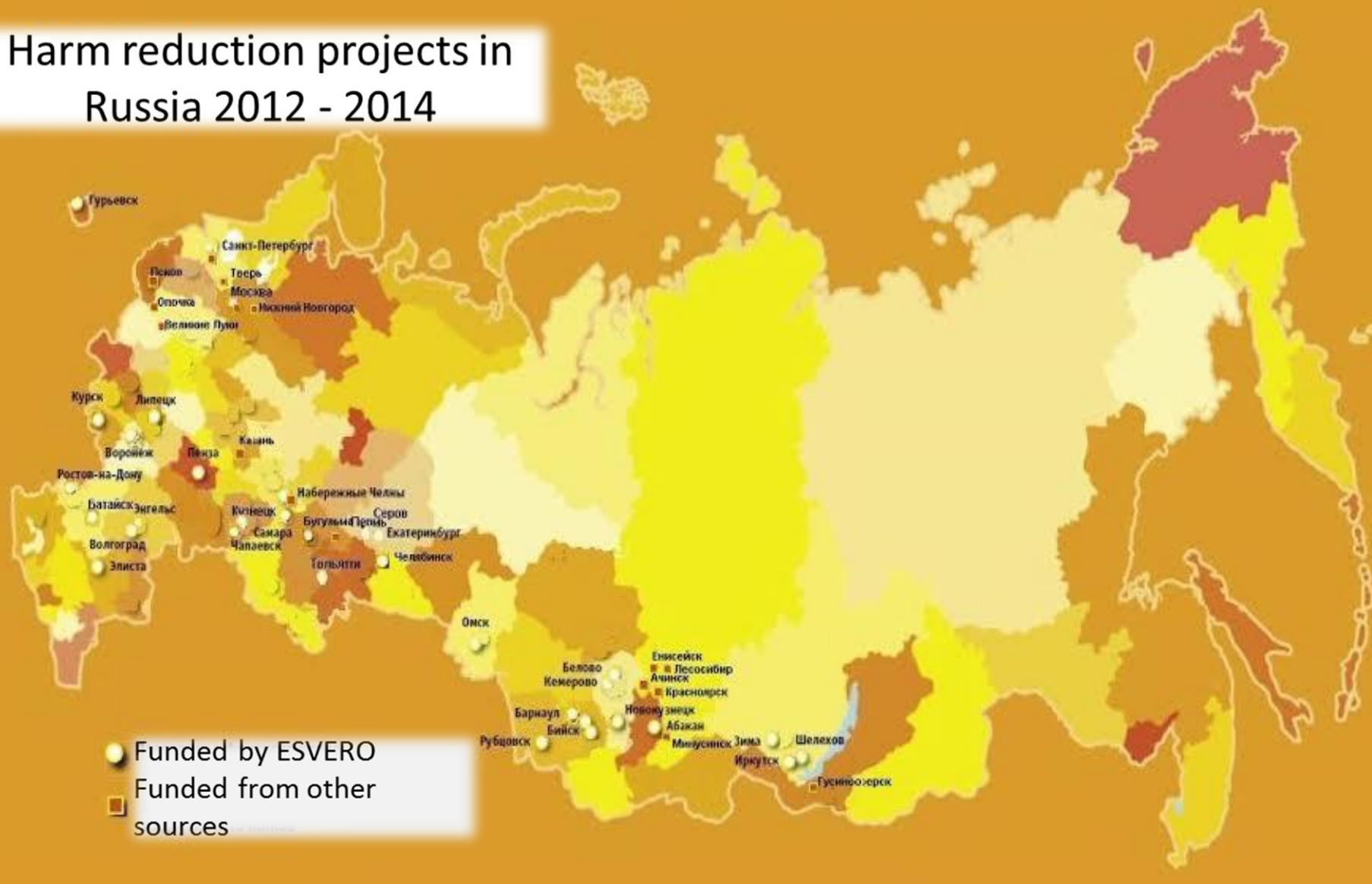
Harm reduction projects in Russia 2006 - 2011



Funded by ESVERO (former All-Russia Harm-reduction Network)

Funded from other sources

Harm reduction projects in Russia 2012 - 2014



Harm reduction projects in Russia in 2015



Challenge 3 Sustainability and Transition

- ✓ **Increased domestic allocations do not guarantee sustainability of HIV services (especially for key populations);**
- ✓ **HIV NGOs still have limited access to in-country funding sources, both at central and local levels;**
- ✓ **Transition is often regarded as sustainability, but such a concept does not work in practice (even relatively successful transitions have significant losses in services);**
- ✓ **There is extreme lack of political will for S&T at the country level, and low appetite of global and regional players to stimulate it;**
- ✓ **There is still lack of evidence for harm reduction and other essential services for key populations, especially demonstrating these services as INVESTMENTS, rather than COSTs;**
- ✓ **The Global Fund, as the most meaningful donor/investor, does not monitor the situation in dynamics of access to services for key populations in exiting and transitioning countries;**
- ✓ **Finally, Human Rights programmes in the context of HIV, are still regarded as separate activities, while their integration into service delivery is proved to be instrumental.**