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**Regional Work Meeting**

**Strengthening Coordination and Advocacy of Regional Unions and Networks of Key Populations to Achieve „90-90-90“in Eastern Europe and Central Asia**

**May 22-23, 2015, the city of Yerevan, Armenia**.

**Report on the Results of the Regional Meeting**

***Original language - Russian***

List of abbreviations and acronyms

Alliance-Ukraine - International HIV/AIDS Alliance in Ukraine

ART - Antiretroviral therapy

EECA – Eastern Europe and Central Asia

HIV – Human immunodeficiency virus

WHO – World Health Organization

ECUO – East Europe and Central Asia Union of PLWH

GF - Global Fund to Fight AIDS, Tuberculosis and Malaria

EWAN - Eurasian Women’s AIDS Network

ECOM - Eurasian Coalition on Male Health

ENPUD - Eurasian Network of People who Use Drugs

EHRN - Eurasian Harm Reduction Network

PLHIV – People living with HIV

IDU – injecting drug users

DU – drug users

MSM – men who have sex with men

NFM – new funding model

NGO – non-governmental organisation

KPs - Key populations

UN - United Nations

UNDP –UN Development Program

AIDS - Acquired immunodeficiency syndrome

SW – sex workers

СD4 – T-lymphocyte cells having the CD4 receptor

TB - Tuberculosis

TA – Technical Assistance

UNICEF - UN Children's Fund

UNFPA - United Nations Population Fund

UNAIDS – Joint United Nations Programme on HIV/AIDS

ITPCru –International Coalition for Treatment Preparedness in Eastern Europe and Central Asia

SWAN – Sex Workers' Rights Advocacy Network

CONTENT

List of abbreviations and acronyms

Content

Background

Session 1 – Opening and introduction

«90-90-90» – ambitious targets of treatment aimed to ending AIDS epidemic (Naira Sargsyan, UNAIDS)

HIV treatment cascade (Natalia Leonchuk, ECUO)

Session 2 – What is our situation? Local efforts in the achieving “90-90-90” targets

Session 3 – Identifying obstacles to achieving “90-90-90” in EECA

Activities of the delegation of UNAIDS Programme Coordinating Board. The results of international meetings on discussing UNAIDS strategies (Aleksandra Volgina, ECUO)

Obstacles to achieving “90-90-90” targets in EECA (Natalia Leonchuk, ECUO)

Session 4 – Development of activities at the regional level for overcoming certain obstacles

Activities of the TB European Coalition (Nonna Turusbekova, TB European Coalition)

Challenges for adolescents and young people connected with providing continuous care due to the HIV infection in the EECA

Activities of the Eurasian Women’s AIDS Network (Elena Stryzhak, EWAN)

Achieving targets of «90% PLHIV, who know their status, receive treatment» and «90% PLHIV, who receive treatment, have an undetectable viral load»

Program stability

Community mobilization and human rights

Session 5 – Roadmap for joint actions and next steps

Regional Platform for Support, Coordination and Communication between Civil Society and Communities (Maria Malakhova, Regional Support Team for Eastern Europe and Central Asia)

Next steps

Annex 1: Final Agenda

Annex 2: List of Members

Background

Moving towards ending AIDS epidemic by 2030, the global community joins the efforts within the new challenge of HIV treatment in the period after 2015. According to the new targets, by 2020: (a) 90% of all PLHIV know their HIV-status; (b) 90% of all PLHIV sustainably receive antiretroviral therapy (ART); and (c) 90% of people receiving antiretroviral therapy will have achieved a reduction in viral load.

Ensuring equality in access to services is central to achieving "90-90-90". All key populations should receive timely access to testing and treatment; and all treatment services should be based on human rights. Given the significant and growing burden of HIV-infection among key populations, it will not be possible to achieve "90-90-90" without a significant increase of access to the treatment of HIV-infection in the mentioned groups.

Eastern Europe and Central Asia have become a refuge for the fastest-growing HIV epidemic in the world[[1]](#footnote-1). While the number of new cases of HIV-infection is declining in most countries in the world, the epidemic continues to grow in the region EECA[[2]](#footnote-2). Globally, the number of new HIV infections declined by 57%[[3]](#footnote-3),[[4]](#footnote-4) In the world, the number new HIV infections declined by 57% between 2005 and 2013, while in the region EECA it was an increase by 10%[[5]](#footnote-5),[[6]](#footnote-6)(Fig. 1). By the end of 2013, according to estimates, there were 1.6 million people living with HIV in EECA countries of[[7]](#footnote-7)∗, 91% of whom live in the Russian Federation, Ukraine and Uzbekistan[[8]](#footnote-8).

Fig. 1. Morbidity and mortality levels in EECA countries and in the world

The region has one of the world's lowest levels of ART coverage, which in turn contributes to higher mortality. While the number of deaths caused by AIDS declined globally by 35% between 2005 and 2013, in the EECA region, the number of reported deaths caused by AIDS increased by 58% between 2006 and 2012 (Fig. 1).

The epidemic in EECA countries is largely concentrated among key populations, including injecting drug users (IDU), men who have sex with men (MSM), and sex workers [[9]](#footnote-9) (SW), who are faced with the risk of criminalization, stigmatization, violence, and the lack of access to the client-centred continuous care for HIV-infection. About 20% of IDU and 10.9%[[10]](#footnote-10) of sex workers in the region live with HIV-infection. The prevalence of HCV-infection among men who have sex with men is more than 5% in Azerbaijan [[11]](#footnote-11), Belarus[[12]](#footnote-12), Georgia[[13]](#footnote-13), Moldova[[14]](#footnote-14) and Ukraine[[15]](#footnote-15).

As detailed above, an increase in the transmission of HIV-infection, as well as increased mortality caused by HIV persist in the EECA countries. Throughout the region, there is no connection between the programs of prevention, testing, treatment, care and support. The number of cases of falling out of the continuum of services for key populations is higher than the number of representatives of the general population as a whole; and the ART coverage and the ART retention is lower. Thus, there are serious problems in the continuum of services that affect the access of key populations to HIV-infection connected services. At the same time there is a dangerous tendency of weakening of the continuum of services in the region due to the fact that public funding is directed to the purchase of medicines and some medical services (provided by government agencies), and is not directed to the prevention and the social support for key populations (they are most often implemented by non-governmental organizations and community organizations).

In addition to numerous structural and systemic obstacles in the HIV-infection related continuum of services, regional HIV-programs face serious problems of stability, due to the initiated transition from external international funding to the state funding in many medium-income countries. One of key concerns is that this will lead to a sharp declining in the number and a lower quality of basic services for key populations, as well as to a declining in support for advocacy work, as these measures have not traditionally been a priority for national governments[[16]](#footnote-16).

Taking into account all of the above, it becomes evident the need for strengthening the regional cooperation and the advocacy work for achieving the ambitious "90-90-90" in the treatment, contributing to ending the HIV/AIDS epidemic. For this purpose, the ECUO supported by the Regional Office of the UN Population Fund and the Regional Support Team of the Joint United Nations Programme on HIV/AIDS in EECA countries initiated a working meeting of representatives of regional organizations of the EECA civil society and UN agencies.

This paper presents the results of the regional working meeting "Strengthening coordination and advocacy of regional unions and networks of key populations to achieve „90-90-90“in Eastern Europe and Central Asia” held on May 22-23, 2015 in the city of Yerevan, Armenia.

The purpose of the meeting was to strengthen regional cooperation and advocacy for achieving the ambitious «90-90-90» target of the year in the region of Eastern Europe and Central Asia (EECA).

**Targets:**

* Strengthen collaboration between key regional civil society organizations and international organizations in the EECA region in the field of advocacy;
* Develop the joint regional advocacy agenda for its promotion at national, regional and international levels;
* Develop the Roadmap for joint actions for the next 5 years.

The East Europe and Central Asian Union of PLWH (ECUO), Eurasian Harm Reduction Network (EHRN), the Sex Workers’ Rights Advocacy Network (SWAN), Eurasian Coalition on Male Health (ECOM), Eurasian Women’s Network on AIDS (EWNA), Eurasian Network of People Who Use Drugs (ENPUD), International Treatment Preparedness Coalition of East Europe and Central Asia (ITPC.ru), the Regional HIV Legal Network, Regional Technical Support Hub for Eastern Europe and Central Asia (EECA) of the International HIV/AIDS Alliance in Ukraine, TB Europe Coalition took part in the regional meeting. Also the representatives of UN Secretary-General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, UNFPA and UNAIDS attended the meeting.

Session 1 – Opening and introduction

The meeting was opened by Vladimir Zhovtyak, the President of ECUO, thanked the members for their support of the initiative to improve the access to treatment, including the representatives of key groups. Raminta Stuykite, the senior advisor to the Special Envoy of UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia read out a message from Michel Kazatchkine, as an introduction, in which the contribution of community and the importance of the NGO and community role in the planning and the implementation of treatment, prevention and care programs were pointed out. Naira Sargsyan, the Regional Advisor for treatment, social mobilization and cooperation of the Regional Support Team of UNAIDS in EECA highlighted in the opening remarks the importance of personal contacts with representatives of regional networks of communities, the opportunity to discuss regional problems in access to HIV services and the measures needed to achieve the "90-90-90", she also called for an active cooperation with UNAIDS. Andrew Poshtaruk, the Programme Specialist of the UNFPA in Ukraine, also stressed the importance of this event, because it will not be possible to achieve the "90-90-90" without the involvement of communities. A. Poshtaruk drew attention to the fact that coordination and cooperation between the communities are the strong points of the EECA region, he also reiterated the readiness of the UNFPA and other UN agencies to support such initiatives in the future.

Natalia Leonchuk, the Senior Advisor of the ECUO, presented the purposes of the meeting, and told that it was the fourth meeting of representatives of the regional networks of communities. The idea of holding meetings with representatives of the regional networks of communities of PLHV, DU, SW, and MSM emerged for the first time during the implementation of the ECUO regional approach to expanding and ensuring sustainable access to antiretroviral treatment for all PLHV who needed it. The first meeting initiated by ECUO was held in May 2013, the second - in June 2014, the third - in the framework of regional dialogue towards a joint regional proposal of the ECUO and the EHRN under the new funding model GF. At previous meetings, the representatives of regional networks were acquainted with the activities of the partners and agreed on the need for closer cooperation on issues uniting all communities in the EECA region, namely – the advocacy of increased access to ARV treatment and continuum of services in connection with the HIV-infection. This meeting is a continuation of previously initiated activities.

N. Leonchuk articulated for the representatives of the UN agencies one of the agreements from previous meetings of communities, namely, the need for special meetings for representatives of communities before holding regional and international consultations on HIV/AIDS issues for the development of common positions for their further submission in the course of activities.

N. Leonchuk also expressed the hope that through the combined efforts of regional community organizations it would be able to strengthen the cooperation between the communities at national levels as well.

Participants of the meeting discussed the purposes of the meeting and shared their expectations regarding the specifics in their statements, the definition of next realistic steps and the practical methods of cooperation between the regional community organizations.

 «90-90-90» – ambitious targets of treatment aimed to ending AIDS epidemic (Naira Sargsyan, UNAIDS)

Naira Sargsyan began her presentation with a description of the global HIV/AIDS situation, according to the UNAIDS, she noticed that the number of new cases of HIV-infection and deaths caused by AIDS had been significantly reduced. N. Sargsyan settled in detail upon the role of treatment in reducing the rate of the epidemic in the world, listing the following main arguments supported by appropriate evidence base:

* Countries with high ART coverage have much higher rates of HIV transmission in comparison with the countries with low coverage;
* ART significantly affects the life expectancy in PLHV, bringing it closer to the life expectancy of people not infected with HIV;
* Early treatment of HIV prevents the development of diseases associated with HIV.

As for today, countries have to make a decision regarding the preservation of current approaches addressing the epidemic, or the urgent scaling-up of treatment of HIV-infection for every person living with HIV. To define new targets for the treatment, it has been developed a concept of "90-90-90", the concept will direct the response to the epidemic after 2015, and includes the following components:

1. By 2020, 90% of people living with HIV will be aware of their HIV-status;
2. By 2020, 90% of patients diagnosed with HIV-infection will receive anti-retroviral therapy;
3. By 2020, undetectable viral load will be achieved in 90% of all patients receiving antiretroviral therapy.

N. Sargsyan emphasized the insufficient coverage of testing among such key groups as MSM, IDU, SW, as well as low treatment coverage in the region (21%).

Achieving the desired targets is based on three main components: 1) demand for services; 2) investments; 3) efficient provision of services. To create demand for testing and treatment due to HIV, it is necessary to improve the approach to HIV testing in high-risk groups; to ensure links between services on HIV testing and treatment/care; to take steps to overcome the deterrent effect of stigma and discrimination. Investing involves not only an increase in financial investment, but also the rational allocation of resources and the required level of support for innovation. Provision of services should include the needs of customers, decentralized models, and clear division of responsibilities between all actors.

N. Sargsyan stressed the critical importance of the next period of five years - until 2020, and also settled on the conclusion that ending AIDS epidemic is quite a possible task, in fact, it is possible to end the epidemic by 2030, subject to the acceleration of measures in countries, cities and communities most affected by HIV. To speed up the necessary national measures, large-scale mobilization and prioritization of targets, as well as accelerated anti-HIV measures are necessary.

During the discussion, the members highlighted the importance of the precise wordings and data in the UN documents, as they were tools for advocacy. The members highlighted the need to define indicators in the framework of "90-90-90" for each region, in order to monitor their implementation at the regional level. N. Sargsyan pointed out that it was necessary to adopt "90-90-90" by the countries for defining national and regional targets.

HIV treatment cascade (Natalia Leonchuk, ECUO)

Natalia Leonchuk described the HIV treatment cascade that has four stages: 1) testing for HIV; 2) Inclusion in assistance, bringing the patient to the health system; 3) initiation of ART; 4) reduction in viral load. 15-30% of patients are out of care system at different stages of HIV treatment cascade (hereinafter - treatment cascade), the largest gap has been observed between the first and the second stages. Representatives of key populations have a higher percentage of being out of the cascade than those who do not belong to these populations. N. Leonchuk stressed that it is necessary to work hard at every stage of the cascade for achieving "90-90-90".

During the discussion, the members expressed the need in a uniform methodology for calculating the stage of treatment cascade. It was pointed out that a treatment cascade is primarily a tool showing problem areas, so it must not necessarily be based on the most accurate data. Members stressed that one of the main causes of non-achievement of "second 90" was the lack of universal access to treatment, since the presence of the treatment is the best motivation for testing. Emphasis was placed on the need of concerted efforts of communities at all stages of the cascade as opposed to individual initiatives on the prevention, testing and treatment. Given the situation in the region, achieving "90-90-90" by 2020 is unlikely in the EECA region, but setting such high targets will enable communities to strengthen advocacy activities to ensure access to treatment. Members agreed that it would be necessary to define after the meeting the quantitative targets within the "90-90-90" approach for the region and, possibly, for each key population group.

Session 2 – What is our situation? Local efforts in achieving “90-90-90”

Representatives of regional organizations presented their activities in the field of expanding HIV testing at the regional level, including testing on the base of community organizations.

**ECUO**

* Preparation of applications to government agencies on the measures of expanding HIV testing, including testing on the base of community organizations, as a result of the regional consultation "Expanding access to HIV testing and counselling as a priority in the framework of achieving "90-90-90"” preceding this meeting;
* Advocacy of rendering all services of the treatment cascade for all key populations (IDU, MSM, SW, PLHV, including adolescents);
* Information campaigns of promoting testing and timely treatment;
* Preparation of applications to GF on providing funding for programs for HIV vulnerable adolescents.

**ENPUD**

* Assessment of access to services for IDUs;
* Advocacy of involvement of the IDU community into programs ensuring 9 interventions of harm reduction
* Advocacy of substitution treatment programs as a prerequisite for access to HIV services for IDUs.

**EHRN**

* Developing of the capacity of NGOs for participation in advocacy work through the provision of technical assistance;
* Assistance in providing access to testing through harm reduction programs.

**EWAN**

* Conducting research of assessing the access to services of prevention of vertical HIV transmission in 15 countries in the region, including to services of testing.

**ITPCru**

* Conducting regional meetings with manufacturers of rapid tests, for informing communities on the situation in the market of rapid tests, increasing the interest in cooperation, discussing the tests prices.

**ECOM**

* Advocacy of ensuring the financial sustainability of services in connection with the HCV-infection in MSM;
* Assessing the situation of the MSM access to services in relation to HIV-infection, including testing;
* Collecting and promoting the best practices of community-based testing among MSM.

**Alliance-Ukraine**

* Implementation of cost-effective approaches to community-based testing and their popularization in the region;
* Promotion of involvement of communities in the planning and the implementing of testing component within the framework of writing applications to the GF.

**SWAN**

* Developing of the capacity of SW society for advocacy in the countries;
* SW involvement at all stages of service rendering.

Besides, members stressed upon the need for the promotion of regular testing within key populations, as achieving "90-90-90" in the EECA region meant achieving these goals primarily among representatives of key populations. It was also proposed to set up a coordination platform for cooperation and joint actions between all communities.

Session 3 – Identifying obstacles to achieving “90-90-90” in EECA

Activities of the delegation of UNAIDS Programme Coordinating Board. The results of international meetings on discussing UNAIDS strategies (Aleksandra Volgina, ECUO)

In her speech, Aleksandra Volgina presented her activities as a delegate of the UNAIDS Programme Coordinating Board through describing the results of the Regional Consultations in Minsk, the Global Consultations in Bangkok, the 35th thematic meeting of the UNAIDS Programme Coordinating Board, as well as the process of preparing for the next meetings. The Regional Consultations in Minsk determined such following main challenges for the EECA region as problems of migrants, worsening of political and economic situation in the region, high cost of HIV-infection treatment, inadequate testing coverage, criminalization of vulnerable groups. At the Global Consultations in Bangkok, members expressed doubts about the realistic "90-90-90" in the light of growing mortality, worsening of the situation of vulnerable groups, sharp reduction in NGO and communities financing, provided that not only in the EECA region. Such issues as access to medicines and prices reduction were also actively discussed, as well as the issues of expanding testing programs, ensuring linking of prevention and treatment programs, and adequate funding of advocacy work and community organizations.

Members proposed a comprehensive assistance in the preparation of the next meeting of the Coordinating Board, in particular, preparation of applications to Michel Sidibé, Executive Director of UNAIDS, on providing sustainable funding of HIV/AIDS Programms for IDUs and IDUs’ decriminalization as the most important issues for our region.

Obstacles to achieving “90-90-90” targets in EECA (Natalia Leonchuk, ECUO)

Natalia Leonchuk presented a list of obstacles to achieving “90-90-90” targets, based on data collected in the framework of the development of regional application of the ECUO together with the EHRN under the new funding model GF. While worldwide rates of HIV-infection and the number of deaths caused by AIDS decline, in the EECA region they continue to grow. The epidemic continues to be concentrated in key populations (IDU, MSM, SW); 20% of IDUs and 10,9% of SWs in the region are living with HIV, the spread of HIV among MSM is 5% higher in the five countries of the region. In men, HIV infection occurs at almost twice the rate in women, and the level of heterosexual HIV transmission among women continues to rise, which is often associated with sexual contacts with IDUs. Access to substitution therapy (ST) is low, as less than 5% IDUs have access to ST programs; key populations are often excluded from assistance and do not receive prevention and treatment services.

The list of obstacles presented by N. Leonchuk was supplemented by members. The following is the final list of obstacles on the basis of presentations and discussion.

**Obstacles to achieving the target "90% of PLHV know their status"**

* Lack of testing on the basis of community organizations, including rapid testing and regular testing approach for KAP;
* Age limits for testing teenagers without their parents or *in loco parentis*;
* Lack of regulatory framework for rapid testing and use of portable equipment for testing on CD4 and viral load.

**Obstacles to achieving targets «90% PLHIV, who know their status, receive treatment» and «90% PLHIV, who receive treatment, have an undetectable viral load»**

* High cost of medicines for the treatment of HIV, TB and hepatitis, including intellectual property issues;
* Transition of many middle-income country from GF to public funding;
* Programs for the treatment of HIV and TB are not focused on patients, patient treatment for TB patients does not exist;
* Inefficient system of TB diagnosis;
* Restrictions in receiving ART without access to substitution therapy for IDUs;
* Extremely limited access to treatment of viral hepatitis;
* Lack of effective KAP referral mechanisms in the health care system for receiving ART;
* Lack of effective customer retention programs within ART programs, especially for KAP.

Besides direct obstacles to achieving "90-90-90", additional obstacles having a critical impact in the context of achieving the target were highlighted. See below a list of additional obstacles, it is structured in three areas: 1) stability of programs, 2) social mobilization of communities, and 3) human rights.

***Stability of programs for the prevention, testing, treatment, care and support for PLHV with special emphasis on KAP.***

* Insufficient general funding, GF withdrawal from many countries in the region;
* Lack of desire and readiness of the state to fund services for PLHV and KAP through community organizations;
* Lack of financing mechanisms of NGOs from the state budget;
* Lack of funding programs for adolescents and young people from vulnerable groups;
* Lack of possibility to cover with existing means necessary activities for the prevention and treatment due to limited funding;
* Inefficient management of existing programs, both from the government and by NGOs;
* Irrational use of existing resources.

***Social mobilization of communities***

* Insufficient advocacy capacity of communities;
* Fragmentation of communities, focus on specific problems;
* Lack of data on migrants, prisoners, transgenders.

***Human rights***

* Discriminatory legislation;
* Violence from law enforcement agencies.

Session 4 – Development of activities at the regional level for overcoming certain obstacles

Before working in small groups, the members heard presentations on regional initiatives in expanding access to HIV and TB.

Activities of the TB European Coalition (Nonna Turusbekova, TB European Coalition)

The main target of the European Coalition as for TB is to ensure a strong social response to the epidemic through 1) the involvement and the activation of affected communities and civil society organizations; 2) strengthening the political will and the increase of financial resources for TB control. The Coalition acts since 2009 and unites more than 200 members from 24 countries in the region.

The Coalition also uses the approach of «90-90-90» that includes:

1. Identifying at least 90% of people with TB who need treatment, and assurance of the care they need;
2. Within the framework of the previous target - identifying at least 90% of representatives of key groups;
3. Success of treatment at the rate of at least 90% of available services by providing treatment, support of commitment and social assistance.

Challenges for adolescents and young people connected with providing continuous care due to the HIV infection in the EECA

Yana Panfilova pointed out that adolescents and young people constitute one of groups remaining outside HIV/AIDS programs, which means almost complete lack of services for adolescents and young people affected by HIV/AIDS epidemic. Ya. Panfilova described main achievements of the initiative group of adolescents and young people living with HIV, in Ukraine and supported by UNICEF and ECUO, namely: assessment of availability of services for adolescents in Ukraine; Youth platform Teenergizer! (www.teenergizer.org) and closed group in the social networking website VKONTAKTE for HIV-positive adolescents named "There is a story similar to yours"; online and offline consulting under the principle "peer to peer". To ensure human rights protection and access to the continuum of care in connection with HIV for adolescents and young adults, Ya. Panfilova invited regional organizations assisting the meeting to support the appeal to the GF regarding allocation of separate funding of these activities within the framework of the Regional Programme in 2015-2018.

Activities of the Eurasian Women’s AIDS Network (Elena Stryzhak, EWAN)

Elena Stryzhak presented the activities of the Eurasian Women's AIDS Network, whose mission is to improve the quality of life of women affected by HIV epidemic in EECA countries. E. Stryzhak described the main activities of the organization as for today, including participation in the meetings of the Commission on the Status of Women; participation in the preparation of the UNAIDS report on the situation of violence against women in the context of HIV; participation in the regional consultations on the revision of WHO's priorities in the guidelines on addressing the needs in the field of social and reproductive health of women living with HIV; participation in the committee "Civil Society" at the 4th regional conference on HIV/AIDS; organization of the European dialogue platform in the Global Village at the International AIDS Conference 2014

EWAN has been officially registered on May 5, 2015 in Georgia. The purpose of the organization set out until 2020 is to improve access to human rights-based public health services for women affected by HIV in the EECA region, including equal access to gender-oriented services of sexual and reproductive health, and countering violence.

Members continued their work in three small groups on the following topics: 1) achieving of the target of "90% PLHV who know their status, receive treatment" and "90% PLHV who receive treatment, have an undetectable viral load"; 2) programs’ stability; 3) community mobilization and human rights.

In accordance with the obstacles determined during the previous session, members in small groups identified a list of possible activities for joint advocacy work at the regional level during the next three years (until 2018). See below the results of the three groups, according to the topics of discussions.

Achieving targets of «90% PLHIV, who know their status, receive treatment» and «90% PLHIV, who receive treatment, have an undetectable viral load»

Group members identified the following fields of activity for achieving "second and third 90s", in accordance with the previously determined obstacles:

**Obstacle:** Programs for HIV and TB treatment are not focused on patients, the lack of out-patient treatment for TB patients

Programs for the treatment of HIV and TB are not focused on patients; patient treatment for TB patients does not exist

**Branches of activities:**

* Adapting treatment protocols for PLHV/TB/IDU, monitoring of their implementation and compliance by civil society and patients organizations;
* Documentation of cases of refusal of treatment and initiation of proceedings (at the national level);
* Development of a tool for monitoring the implementation of protocols;
* Inclusion of rapid TB testing into programs of harm reduction services: study of the possibility of such inclusion, mapping of places having such opportunity; emphasizing the quality of counselling and testing.

**Obstacle:** Interruption of treatment cascade at early stages (before the inclusion into testing programs, falling out at the stage between testing and treatment)

**Branches of activities:**

* Revision of testing and registration algorithms; introduction of innovative methods taking into account the need for routine testing aimed at accelerating, simplifying and reducing the cost of testing procedures;
* Advocacy of the creation of integrated care centres for certain key groups;
* Integration of rapid testing in the health care system was pointed out by members as a controversial issue; they agreed on the need of providing, first of all, a rapid testing on the basis of community organizations;
* Study of causes of the lack of re-testing and suggestions on this issue.

**Obstacle** Lack of effective customer retention within ART programs

**Branches of activities:**

* Patients’ School (development/adaptation translation of training modules);
* SMS services (software development, monitoring of implementation);
* Carrying out a regional study to identify best PLHV retention practices in ARV treatment programs;
* Development of information materials for replacement therapy units;
* Regional review of legislation regarding the drug circulation period, and the permitted mount of the drug for export and import operations.

**Obstacle:** High drug prices, including the restrictions in the field of intellectual property (IP).

**Branches of activities:**

* Creation of a regional database of ARVs’ purchase prices in the framework of public procurement and procurement by efforts of GF, UN agencies and procurement agencies;
* Training of regional organizations in characteristics of legislation regulating issues of provision with drugs;
* Patent analysis for drugs, preparation of the package of documents of the unified patent objections for all countries;
* Training of organizations dealing with IP issues, providing mini-grants, technical assistance in patent opposition;
* Providing technical assistance to community organizations in the development of plans for the introduction of compulsory licensing, and drawing up plans for advocacy.

Stability of programs

Group members determined the stability of programs as follows:

* Availability of financing;
* Presence of demand for services;
* Involvement of the community in the provision of services;
* Providing a continuum of services that includes all the components.

The group identified the following advocacy activities aimed at financial resources mobilization as a priority in the context of the stability of HIV/AIDS programs:

* Reporting the problem of the stability of programs to the state;
* Initiation of high-level meetings with ministers of finance, health and social policy. We need support of UN agencies for this event;
* Conducting of the campaign of fund-raising during the XXII International Conference on HIV/AIDS in Amsterdam in 2018;
* Conducting of public campaigns of preserving the GF support in the EECA region, including negotiations with the authorities on the preparation and transfer of appeals to the GF on continuing the financial support. We need support of UN agencies for this event;
* Assessment of needs and gaps in financing of the continuum of services in connection with the HIV-infection subject to the participation of key communities, as well as assessment of availability, prioritization and quality of service; the use of evaluation results for advocacy and for training the best possible necessary budget for the assurance of high-quality services;
* Provision of technical assistance to national institutions for the building of dialogue with national governments on issues of allocation of public funding;
* Collection and dissemination of the best practices of increase and rational use of funding;
* Development of volunteer programs, expansion of areas of cooperation;
* Advocacy social order for NGOs, and support of national organizations in this process.

Community mobilization and human rights

Group members divided the developed activities into such components: 1) opportunities offered by GF; 2) interaction between human rights and regional networks of communities/NGOs; 3) cooperation between regional networks.

**Opportunities offered by GF:**

* Mandatory component of human rights in new applications delivering indicators and budget;
* Priority of human rights in the GF strategy (supported by USAIDS);
* Raising awareness on existing mechanisms for strengthening community systems and providing monitoring of violation of rights among the communities:
	+ Possibility of obtaining technical assistance;
	+ Mechanism for reporting on violations with the use of funding by the GF;
	+ GF Reference Group on Human Rights;
* New applications containing regional human rights component, including monitoring of violation of rights.

**Interaction between human rights and regional networks of communities/NGOs:**

* Component of the rights protection is included in the planned training sessions with the help of lawyers or other networks having such experience (e.g. trainings of the European Coalition for TB);
* Monitoring of legislative initiatives (such as the ban of homosexual propaganda);
* Analysis of successful experiences in the change of legislation in favour of human rights;
* Developing of the capacity of lawyers on key groups issues;
* Hotline and response team for monitoring and care for offenses (OPON);
* Raising awareness in the use of the UN and the Council on Human Rights mechanisms (special rapporteurs, committees, etc.), and possible cooperation with these organizations;
* Bringing the cases of criminals to lawyers;
* Joint application on Human Rights and HIV for legal assistance and training (competitions of the European Union and the United States Agency for International Development).

**Cooperation between regional networks:**

* Exchange of main issues of advocacy agenda at the national level and working plans for advocacy;
* Joint training in advocacy/negotiations/work with politicians;
* Promotion and facilitation of cooperation at the national level between community organizations and NGOs in the field of HIV/AIDS with the aim of exchanging information, and holding coordination meetings; the use of new regional platform for assisting facilitation of cooperation at the national level;
* Lobbying for the inclusion of ethical standards for human rights into grant agreements between donors and grantees:
	+ Development of ethical standards;
	+ Monitoring of unethical behaviour among organizations -grantees.

Session 5 – Roadmap for joint actions and next steps

After the presentation of groups the members conducted mapping of activities of regional organizations according to the target audiences, diseases and directions:

**ECUO**

Target group: PLHV, PLHV/KAP including:

* Advocacy of sustainable access to the continuum of services according to HIV-infection for PLHV, including representatives of key populations;
* Providing TA for PLHV organizations on issues of drug provision and involvement of PLHV-community into processes of the development of national policies and procedures for HIV/AIDS;
* Catalyst of necessary changes in community and public health systems.

**EHRN**

Target group: IDU

* Advocacy of financial sustainability of harm reduction programs;
* Assistance in the formation of non-repressive legal environment for the realization of the rights of IDUs;
* Technical assistance in advocacy for national organizations;
* Implementation of the project with the support of the GF in six countries of the region. The project includes the above-mentioned activities, as well as the assessment of gaps in harm reduction financing, two high-level meetings and the IDU forum.

**Alliance-Ukraine**

Target group: NGOs, KAPs

* Promotion of increasing coverage with KAP services through the development and the introduction of new low-cost technologies and interventions, which also take into account the needs of prisoners, migrants, and adolescents;
* Promotion of expanding of hepatitis treatment;
* Collection of strategic information and data of quality assurance, establishment of regional monitoring centre;
* Advocacy of implementation of outpatient TB treatment, introduction of the family approach in TB treatment;
* Development of services for KAPs living in conflict zones;
* Revision of policies and protocols;
* Provision of technical support, piloting and adaptation of interventions.

Regional Platform for Support, Coordination and Communication between Civil Society and Communities (Maria Malakhova, Regional Support Team for Eastern Europe and Central Asia)

Maria Malakhova presented the regional platform with the main task of coordinating the provision of technical support in the region. The platform implemented by a consortium consisting of the Regional support centre in Eastern Europe and Central Asia, Alliance-Ukraine, EHRN and ECUO, in partnership with ENPUD, ECOM, SWAN and the European Coalition to Stop TB will create the demand for technical support and for capacity development of representatives of civil society and communities in the EECA region. As a part of the task of coordinating the provision of technical support it is planned to develop unique resource-based Web technologies. It will help to form the needs of technical support and to connect customers and providers of technical support.

Development of the capacity of civil society requires creating a common database of experts from vulnerable communities with their subsequent active involvement and further development of request for cultural technical support from internal experts in this area – representatives of key vulnerable communities, who received certain training.

Thus, the platform will serve as a resource for the association and the establishment of a regular effective link between all the key players working in the field of the war on AIDS, TB and malaria in the EECA countries.

**ITPCru**

Target group: NGOs

* Work on intellectual property;
* Work with pharmaceutical companies;
* Monitoring of ARVs registration of and pricing;
* Monitoring of replacement of brands with generics in the Russian Federation.

**EWAN**

Target group: HIV-affected women

* Advocacy of access to services of sexual and reproductive health, and the health in general;
* Countering violence;

**ENPUD**

Target group: DUs

* Protecting the rights of IDUs, including the right to health;
* Reform of punitive drug policies.

**ECOM**

Target group: MSM, transgenders

* Advocacy of access to services due to HIV-infection;
* Promotion of anti-discrimination legislation.

**SWAN**

Target group: Sex workers (SW)

* Advocacy and protecting the rights of SW;
* Countering violence;
* Documentation of rights violations.

**Regional network of legal assistance for HIV/AIDS affected people**

Target group: PLHV, KAPs

* Legal assistance for people affected by HIV/AIDS epidemic.

**The European Coalition on TB**

Target group: TB affected populations

* Capacity building of groups and organizations affected by TB;
* Advocacy of access to diagnosis and treatment.

**The initiative group of adolescents**

Target group: adolescents and youth affected by HIV/AIDS epidemic

* Online platform for professionals working with young people;
* Online platform for teens Teenergizer!;
* Advocacy of adolescents' access to services due to the HIV-infection.

Next Steps

Given that "90-90-90" does not sufficiently reflect the importance and the value of preventive measures, especially for members of key populations, and the fact that specific steps for achieving "90-90-90" in the EECA region are not reflected in the "90-90-90" initiative, participants of the meeting discussed the possibility of combining their efforts around advocacy of sustainable continuum of care in the case of HIV-infection for all those in need in the EECA region.

In addition to the results of the discussion in small groups, participants drew a list of measures aimed at strengthening regional cooperation for achieving the above targets:

1. Development of a joint proposal for the European Regional Office of WHO and UNAIDS Regional Support Team in the EECA region with a request to identify key indicators of achieving "90-90-90" for the EECA region, including a breakdown for each key population;
2. Monitoring of the achievement indicators of "90-90-90" for the EECA region;
3. Development and dissemination of an annual joint position paper (position paper) on the situation of KAPs and PLHV access to a continuum of services in connection with HIV-infection in the region;
4. Development and implementation of the regional advocacy plan, including regional initiatives on access to treatment; (note from the ECUO: joint regional proposal of the ECUO and the EHRN within the GF NFM includes the development of regional advocacy plan);
5. Creating a coordination platform for cooperation and joint actions by all communities, or the use of existing regional platforms as the sites for coordination between communities (a platform of the Alliance-Ukraine or the ECUO);
6. Determining a person responsible for coordination and cooperation between communities within the organization.
7. Conducting joint activities of regional networks of communities in working order on-line and in the format of joint meetings;
8. Development of joint positions before regional and international events and key dates, including international agency initiatives of UN, WHO and GF;
9. Introduction of independent prevention initiatives (please specify for future implementation);
10. Use of the forthcoming Partnership Forum (with a preliminary meeting of communities) as an opportunity for co-operation and presentation of joint advocacy targets. Note: The preliminary meeting has already taken place at the initiative of the EHRN.

ECUO shall prepare a report following the meeting on the event and a draft of the Roadmap for joint action plan for improving access to services in connection with the HIV-infection (Roadmap) over the next 3 years, the plan shall be agreed by representatives of all regional networks and shall be a framework document for further cooperation.

Summing up the results of the meeting, the participants pointed out the importance of the focus on HIV/AIDS treatment and expanding HIV-treatment in the joint work of the regional networks of communities. The tasks not associated with the expansion of the HIV treatment, can be implemented by the networks within the framework of other initiatives on advocacy and human rights. Progress in stopping the HIV/AIDS epidemic of in the EECA region requires urgent action, so the focus on access to a continuum of services in connection with the HIV-infection is mandatory for overcoming the HIV/AIDS epidemic in the EECA region!

Annex 1: Final Agenda

**Regional Working Meeting “Strengthening Coordination and Advocacy of Regional Unions and Networks of Key Populations to Achieve „90-90-90“in Eastern Europe and Central Asia”**

**May 22-23, 2015, the city of Yerevan, Armenia**.

Source language: Russian

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| **Day 1: Friday, May 22** |
| **Time**  | **Session** |
| **Session 1 – Opening and introduction** |
| **14.00–14.30** | **Session 1 – Opening and introduction**Opening remarks of representatives of ECUO, UNFPA, UNAIDS and of the Office of the Special Envoy of UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia.Objectives and expected results of the regional working meeting.Introduction of representatives and expected results.  |
| **14.30–15.30** | **Session 2 – What is our situation? Local efforts in achieving “90-90-90”** «90-90-90» – ambitious targets of treatment aimed to ending AIDS epidemic, Naira Sargsyan, UNAIDSHIV treatment cascade, Natalia Leonchuk, ECUO |
| **15.30–15.45** | **Coffee-break** |
| **15.45–18.00** | **Session 2 – What is our situation? Local efforts in achieving “90-90-90” (continued)** |
| **Day 2: Saturday, May 23** |
| **9.30–11.15** | **Session 3 – Identifying obstacles to achieving “90-90-90” in EECA**Identifying obstacles to achieving “90-90-90” in EECA Activities of the delegation of UNAIDS Programme Coordinating Board. The results of international meetings on discussing UNAIDS strategies, Aleksandra Volgina, ECUOObstacles to achieving “90-90-90” in EECA, Natalia Leonchuk, ECUO |
| **11.15–11.30** | **Coffee-break** |
| **11.45–13.00** | **Session 4 – Development of activities at the regional level for overcoming certain obstacles. Work in small groups** |
| **13.00–14.00** | **Lunch** |
| **14.00–15.30** | **Session 4 – Development of activities at the regional level for overcoming certain obstacles. (Continued)** Activities of the TB European Coalition, Nonna Turusbekova, TB European CoalitionChallenges for adolescents and young people connected with providing continuous care due to the HIV infection in the EECA, Yana Panfilova, ECUOActivities of the Eurasian Women’s AIDS Network, Elena Stryzhak, Eurasian Women’s AIDS Network**Presentation of groups’ work** |
| **15.30–16.30** | **Session 5 – Roadmap for joint actions and next steps** Regional Platform for Support, Coordination and Communication between Civil Society and Communities, Maria Malakhova, Regional Support Team for Eastern Europe and Central Asia |
| **16.30–17.00** | **Drawing conclusions of the meeting. Closing of the meeting** |

Annex 2: List of Members

**Regional Working Meeting “Strengthening Coordination and Advocacy of Regional Unions and Networks of Key Populations to Achieve „90-90-90“in Eastern Europe and Central Asia”**

**May 22-23, 2015, the city of Yerevan, Armenia**.

Source language: English

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3. AIDS Epidemic Update, 2005 UNAIDS. P. 79 [↑](#footnote-ref-3)
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