

**Needs Assessment among Member
Organizations of AIDS Action Europe
Working in Central/ Eastern Europe
and Central Asia**

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Introduction

AIDS Action Europe is a pan-European partnership of AIDS service organizations and has grown fast in the past three years. In 2007 180 organizations are a member and AIDS Action Europe has become a recognised player in the European AIDS Policy field. In order to keep in touch with the needs of its members and to adjust its policy to these needs, this needs assessment is done on behalf of AIDS Action Europe. This needs assessment stresses a necessary active role for AIDS Action Europe for its Eastern European members. The author, Simona Merkinaite did a great job in this assessment and described three possible levels to target its work at. The Steering Committee of AIDS Action Europe has discussed the different options and has come to the conclusion that the priority should be given to the second option: networking and building region wide partnerships. This is where AIDS Action Europe's added value lies best and where not many other initiatives can take up this role. In addition to this AIDS Action Europe will also support the capacity building of NGOs and community groups through the specific capacity building workshops. The participation in regional and global initiatives is also an option that will be met when necessary, but given the fact that the Eastern European region is already seen as a priority in the global initiatives, AIDS Action Europe has less added value there.

This needs assessment will be the fuel for the policy AIDS Action Europe is developing. And since it stresses the need for more action, AIDS Action Europe is now looking for additional funding to get the work really going. Next to that this also leads to developing a needs assessment for the rest of the European region.

On behalf of the AIDS Action Europe Steering Committee,

Ton Coenen

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1 Executive Summary

Central and Eastern Europe and Central Asia (CEE/CA) is quite diverse in terms of the rates and modes of transmission of HIV in different sub-regions, as well as, policies, services problems that PLWHA and most-at-risk populations face. At the same time, CEE/CA is facing the fastest growing epidemic in the world, making the region a top priority in HIV/AIDS prevention, care and treatment.

The goal of this needs assessment was to help AIDS Action Europe to develop the regional strategy on advocacy that would respond to the regional problems and developments as well as the needs of local, national and regional nongovernmental organizations (NGOs) and community groups for more effective involvement of affected communities in national and regional policies.

The needs assessment was done in two phases:

- Assessment of advocacy needs and capacity of regional NGOs through standard form disseminated to AIDS Action Europe members in the region;
- Assessment of regional priorities and possible role AIDS Action Europe could play in the region was done through individual interviews with experts and international organizations working in the region.

Despite political commitment to fight HIV/AIDS made in Declaration of Commitment on HIV/AIDS, Dublin Declaration “Breaking the Barriers – Partnership to Fight HIV/AIDS in Europe and Central Asia”, EU “Communication on combating HIV/AIDS within the European Union and in the neighboring countries”, the principles reflected in these documents - (1) access to HIV/AIDS prevention, treatment, care and support for all who need it (especially for most-at-risk populations); (2) respect for human rights and the right for qualified health care and; (3) involvement of PLWHA in policies planning and implementation –remain the “burning” issues for CEE/CA region. These issues were identified also as key problems, that need more attention and advocacy work on the regional level, with strong recommendation to AIDS Action Europe to build the work around at least one of those principles:

- Increasing the capacity of national NGOs in advocacy by provision of direct technical assistance (seminars and trainings on advocacy related issues and lobbying skills, development of standard support letters, and organization of translations, dissemination of information about funding possibilities);
- Networking to strengthen regional and sub-regional initiatives, regional communication and cooperation;
- Participation in regional (European Union) actions related to HIV/AIDS and drug policy and global (Universal Access) initiatives ensuring that countries come as close as possible to goals set, promoting the involvement of civil society and acting together with other international organizations working on the European Union or global levels.

Therefore it is recommended for AIDS Action Europe to adopt a position concerning the most burning issues in the region and what role AIDS Action Europe wants to play in the region on local and national, regional or global scale.

There are number of issues that need to be addressed or at least kept in mind by AIDS Action Europe, as they may affect the ability of NGOs and community groups to get involved in the advocacy process:

- Challenges NGOs and community groups face in their work. These challenges are mainly linked with weak mobilization of civil society and failure of post Soviet Union governments to accept civil society as public policy actor resulting in the lack of cooperation between civil society and the governments. This issue in part is also affected by the fact that HIV/AIDS and vulnerable groups' NGOs and community based organizations represent the rights and interests of people involved in behaviors that are criminalized and/or stigmatized including drug use, sex work, and sex among men. Stigma and discrimination of vulnerable populations also drive them underground and it is hard to find leaders and activists who could speak on behalf of PLWHA, drug users, sex workers, men who have sex with men.
- Needs assessment among AIDS Action Europe members showed that there are still many capacity gaps in NGOs, including internal management and strategic planning, sustaining funds, cooperation with other NGOs and building partnerships with government, media, health institutions that affect the ability of successful advocacy campaigns.

2 Background: HIV/AIDS in the Region

In Central and Eastern Europe and Central Asia (CEE/CA), the region of almost 400 million, there are more than 3 million injecting drug users (IDUs) (UN Reference Group on HIV Prevention among IDUs 2004) and about 800 thousand sex workers (CEEHRN 2005), though these numbers might not be accurate due to lack of research-based estimates. However, most-at-risk populations, including IDUs, sex workers, men who have sex with men (MSM), people living with HIV/AIDS (PLWHA), minority groups and migrants remain highly marginalized and stigmatized groups of the society.

The region of Eastern Europe and Central Asia experiences the fastest growing HIV epidemic in the world. The total number of people living with HIV in the region keeps rising, with total number of 1.7 million [1.2-2.6 million] people, with Russia and Ukraine accounting for approximately 90% of all people living with HIV in this region. More than two thirds of HIV cases in Eastern Europe and Central Asia is attributed to injecting drug use (63% of all cases, for which the mode of transmission was available), while the proportion of new HIV cases due to unprotected sex keeps rising (37% of all cases, for which the mode of transmission was available) showing signs of crossing over from high-risk groups to the general population (UNAIDS/WHO, 2006a).

HIV prevalence in Central Asian states of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan currently is relatively low, with the biggest epidemic concentrating in Uzbekistan, which straddles major drug-trafficking routes.

In the Baltic, the epidemic also is driven mainly by injecting drug use (accounting for average 80% of infection), while Estonia in 2005 was the second-highest in all of Europe after Ukraine.

Central Europe (excluding the Baltic States) and Balkans remain a low-prevalence region with small HIV epidemic in comparison with Eastern Europe (except Poland). The epidemic patterns vary considerably. Unprotected heterosexual intercourse is the main mode of infection in most countries, including Albania, Bosnia and Herzegovina, Bulgaria, Romania and Turkey, while unsafe sex between men predominates in Croatia, Czech Republic, Hungary and Slovenia. Using non-sterile injecting drug equipment is the main risk factor for HIV infection in Poland, while it is relatively low in Balkans when compared to Eastern Europe and Central Asia – World Health Organization reports that from 4% (Bulgaria) to 13 – 15% (in Bosnia & Herzegovina and Croatia) of HIV infections occur among IDUs (UNAIDS/WHO Epidemiological Fact Sheets, 2006 update, 2006b).

Young people are at the highest risk of HIV in the region now. According to the United Nations Office on Drugs and Crime (UNODC), in the region, 60% of IDUs are under the age of 26, while services addressing the issues of young and underage drug users, PLWHA remain to be developed and scaled-up.

The ongoing risk behavior among IDUs, fuels not only HIV epidemic, but also put them at high risk of other blood borne infections, like hepatitis B and C. Available data show that hepatitis C among IDUs, reach up to 60 - 90% in some countries of the region, while co-infection with HIV rages from an average of 40% and reaches 50 – 90% in some urban areas (WHO, 2006), especially affecting countries with drug injecting driven HIV epidemics.

3 Goal, Objectives and Methodology

The main goal of the needs assessment was to provide AIDS Action Europe an understanding of main issues in the region that need advocacy work and guidelines on possible AIDS Action Europe role in the process.

Key objectives:

- To identify most “burning” issues of the region that need advocacy;
- To identify capacity gaps of regional NGOs and community groups and key challenges they face in their work;
- To assess what kind of support AIDS Action Europe members would need;
- To identify the niche for AIDS Action Europe work in advocacy and possible strategic partnerships.

Methodology

Needs assessment was conducted in two phases:

1. Assessment of advocacy needs of the AIDS Action Europe regional members by a short questionnaire focusing on NGOs needs in advocacy and relative capacity building;
2. Identifying priorities in advocacy in CEE/CA and possible strategies for AIDS Action Europe through the set of phone interviews with experts and international organizations working in the region.

Other resources and relevant documents were reviewed with the goal to provide as accurate picture of the region as possible.

Geographical scope

The needs assessment covered all 29 countries of 6 sub-regions:

| Balkans | Baltic | Caucasus | Central Asia | Central Europe | European CIS* |
|--|--------------------------------|----------------------------------|--|---|---|
| Albania Bosnia & Herzegovina Bulgaria Macedonia Montenegro Serbia | Estonia Latvia Lithuania | Armenia Azerbaijan Georgia | Kazakhstan Kyrgyzstan Tajikistan Turkmenistan Uzbekistan | Croatia The Czech Republic Hungary Poland Romania Serbia Slovakia Slovenia | Belarus Moldova Russia Ukraine |

*CIS - Commonwealth of Independents States

4 Key Findings

The questionnaire was sent out to all 83 member organizations in 21 countries of the region (currently there are no AIDS Action member organizations in 8 countries of the region: Armenia, the Czech Republic, Macedonia, Montenegro, Moldova, Serbia, Slovakia, and Turkmenistan). In total 36 filled questionnaires were collected with resulting response rate of 43%.

Key experts for interviews were identified jointly by AIDS Action Europe and the Consultant. The main indicator selecting the people to be interviewed was their knowledge of the main development in the region and that all sub-regions were covered. 12 people from 8 international organizations working in the region, including AIDS Foundation East-West, Central and Eastern European Harm Reduction Network, European AIDS Treatment Group, European & Central Asian Union of PLWH Organizations, International Harm Reduction Development Program/Open Society Institute, International Treatment Preparedness Coalition (Russia), UNAIDS, SEE Collaborative were interviewed by phone and follow-up made by email (List of people interviewed presented in Annex 1).

The report summarizes the results of needs assessment among AIDS Action Europe members and interviews with experts, taking into account the main developments in the region:

- Key epidemiological trends;
- 22 countries in the region implement programs on HIV/AIDS with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund);
- 11 countries recently joined the European Union (EU);
- Universal Access initiative;

The report does not provide an accurate and in-depth situation overview in each country, rather outlining key issues, needing advocacy more or less through out the whole region, while actual problems vary from country to country. Based on the assessment of issues and advocacy needs, the report further provides guidelines on possible role of AIDS Action Europe in advocacy and strategic partnerships AIDS Action Europe should aim for in each case.

5 Most Burning Issues

CEE/CA region is quite diverse in terms of the rates and modes of transmission of HIV in different sub-regions, as well as, policies, services and in the range of problems that PLWHA and most-at-risk populations face. However main issues identified below are relevant for the whole region:

ARV treatment for people living with HIV/AIDS

The presence of The Global Fund in the region, WHO “3 by 5” initiative, Universal Access and a number of region driven initiatives helped to increase substantially availability of antiretroviral treatment. The progress varies from country to country, but overall the progress is still limited. As of mid-2006 only 13% of the estimated total number of people needing treatment in Eastern Europe and Central Asia received it (WHO/UNAIDS, 2006), with better access in Central Europe and Balkans. However IDUs, sex workers, migrants and prisoners remain especially poorly served by efforts to expand ARV therapy through out the region.

This progress also is slowed by lack of treatment preparedness (among healthcare professionals and among patients) and capacities to deliver treatment, especially to drug users and in prisons and absence of integrated treatment and care system as well as lack of capacities to address other health problems. For example, HIV, hepatitis and tuberculosis, which increasingly become the reason of health complications and premature deaths in PLWHA, are managed by separate health care professional, that seldom interact with each other. Moreover, HIV clinicians often have little experience or expertise in treating tuberculosis hepatitis, drug addiction and vice versa, which can result in treatment complications and drug interactions.

Another constrain related to treatment is ARV treatment cost. The new EU member states also face ARV drugs pricing issue, since after joining the EU the countries are obliged to purchase ARV drugs for the same price as “old” EU member states. In other countries, including Russia drug prices recently were reduced, but still remain prohibitory expensive.

Funding and sustainability of services

The Global Fund grants provided a possibility to establish and expand access to prevention services and ARV treatment in 22 of 29 countries of the region. However, these funds are time-bound (2-4 years in average) and for the moment in most countries there is no clear strategy or system and commitment from governments to overtake the funding of services and ARV treatment programs.

Central part of Europe and Baltic, namely the new EU member states face a major challenge in sustaining services for most-at-risk populations and access to treatment and care for PLWHA, since most international donors withdrew their support from the region. At the same time, most of NGOs and community groups lack capacity to apply for and participate in EU funded programs.

Balkans is not a priority region for most donors due to current low-prevalence of HIV, while in most countries government does not provide funding for services targeting most-at-risk populations.

Although substantial international support (from Global Fund, World Bank, USAID, Transatlantic Partners against AIDS, and others) now goes to Russia, Ukraine and Central Asia, specifically governments and large international NGOs, significant questions remain about whether there is any mechanism to ensure that local NGOs with the ability to reach IDUs have access to the funds and freedom necessary to ensure the sustainability of services.

Access to prevention services for most-at-risk populations

Access to harm reduction services is especially problematic in Eastern Europe and Central Asia, where access to harm reduction services is among lowest in the world (UNAIDS, 2006a), and remains a priority for advocates in the region. Russia, Tajikistan, Kazakhstan, Armenia still do not implement substitution treatment programs, while in Ukraine (treatment only with buprenorphine) and some other countries of the region substitution treatment is extremely limited. Better access to services for drug users is seen in Central Europe.

In many countries, rates of HIV and hepatitis C infection in prison populations are many times higher than those found in the general population, primarily due to injecting drug use and unprotected sex. Various sources have reported high rates of HIV infection among prisoners in Belarus, Estonia, Kazakhstan, Latvia, Lithuania, Moldova, the Russia and Ukraine (Stöver, 2006). HIV related risk behaviors for the transmission of HIV in prisons are also well documented, however, harm reduction services are especially problematic in prisons throughout the entire region - only limited number of countries has substitution treatment in prisons and even less have needle/syringe programs, while accessibility of such services in practice can be even more limited.

Human rights, stigma and discrimination

Stigma of drug users, sex workers, migrants, prisoners, PLWHA, MSM is an especially serious obstacle to the success of HIV prevention programs. Intensive policing, imprisonment and harassment by law enforcement agencies, mandatory and forced testing drive many drug users, sex workers, MSM and PLWHA underground, away from prevention and social support services. This also limits the capacity of those most affected to participate in design and implementation of national and international policies and programs making implementation of the Greater Involvement of People Living with HIV/AIDS (GIPA) principle challenging in the region.

6 NGOs and Community Based Groups: Capacity Gaps

Overall the challenges that NGOs face subsequently result in capacity gaps of NGOs and community based groups, therefore NGOs capacity building has to go in line with advocacy work addressing these challenges. The nature of the HIV epidemic, mainly concentrating in most vulnerable populations, such as drug users, sex workers, ethnic minorities or prisoners which are stigmatized, discriminated also serve as an impediment for NGOs effort to bring services to most-at-risk populations. Main challenges NGOs and community groups face:

- Anti- NGO related legislation. In 2006 the Government of Russian Federation passed a “Russian NGO law” expanding Government control over NGOs and considerably restricting the right to association and the right to privacy of NGOs. Governmental control also over NGOs also is an issue in Belarus, Ukraine, Central Asia and Caucasus;
- Lack of dialogue with governments, which in most post Soviet Union fail to accept NGOs as a public policy actor as well as capacities to influence and alter the work of international agencies like UN and EU agencies. Another side of this problem is lack of independence of NGOs from the government. Some NGOs are largely dependent on the governmental opinion and whether they support governmental policies, especially evident in countries where international funds flow through the government structures, rather than directly to NGOs and community groups. For example in Kazakhstan, Tajikistan and Uzbekistan needle exchange programs receiving funding from the Global Fund are attributed to local AIDS centers or government run organizations, while other community based organizations are unwilling or unable to get to government affiliated programs.
- Insuring sustainable funding, especially in the new EU, where after joining the EU, NGOs now can mostly rely only on governmental funding;
- Criminalization of certain behaviors. In countries where certain behaviors such as drug use, sex work, MSM is criminalized and is punished it is impossible for community groups to establish themselves and to receive funding for their services. In the region there are rather few sex workers groups, and the work of drug users’ groups is funded by very few international donors, such as IHRD program of Open Society Institute;
- Lack of strategic planning. NGOs tend to plan activities relying on funding possibilities and donor preferences, which leads to “existential problem” limiting their capacity to expand the services they provide and ensure sustainable internal development, including development and maintenance of capacities in advocacy and lobbying;
- Staff turn over and burn out.

Capacity gaps can be divided into two groups: internal problems of NGOs and overall lack of advocacy skills, experience and relative information.

Main internal gaps:

- Management, development, strategic planning and capacities to react and adapt to changing environment (for example NGOs in the new EU member states);
- Fundraising as well as monitoring and reporting;
- Involvement of most-at-risk populations and those affected by the epidemic;
- Involvement of activists and professionals with specific knowledge (social workers, psychiatrists, lawyers, managers, financial specialists, etc.).

Advocacy related gaps:

- Limited knowledge of national public policies, human rights according to national legal basis and limited capacities to represent the interests of PLWHA, drug users, sex workers and MSM;
- Lack of communication skills and capacity to start building constructive dialogue with governmental institutions as well as between NGOs. This gap also leads to duplication of activities, lack of joint and more visible advocacy efforts;
- Lack of capacities to document problems and make needs assessment and evaluate what capacity building is really needed and relevant;
- In Eastern Europe and Central Asia – limited English language skills, which also limit their ability to participate in region-wide initiatives. This gap also serves as a constrain for greater involvement of international actors in the region and of NGOs at international forums and events.

This also was confirmed by AIDS Action Europe members’ identified capacity gaps:

- Fundraising (identified as priority by 72% of respondents);
- Lobbying and advocacy of interests (identified as priority by 58% of all respondents);
- Monitoring and evaluation of activities (identified as priority by 56% of all respondents);
- Organizational management (identified as priority by 49% of all respondents).

There were no significant differences among sub-regions, apart from Balkans, where more capacity building needs were identified as priorities. If in all other regions fundraising, monitoring and evaluation, and to lower extent networking were the dominant needs, Balkans also indicated the need in capacity building on work and collaboration with international organizations and in public relations. This can be one of indicators that Balkans faces a problem of attracting more international funding and attention to the sub-region, while in all other sub-regions collaboration with international organizations was rated among the lowest priorities areas.

Attribution of priorities by sub-regions:

| Region | Capacity gaps |
|---------------------|--|
| Balkans | - Lobbying and advocacy of interests; - Public relations and work with media; - Organization management; - Collaboration and work with international organizations. |
| Baltic | - Networking of organizations for common goals; - Monitoring and evaluation of activity efficiency; - Fundraising. |
| Caucasus | - Fundraising. |
| Central Asia | - Lobbying and advocacy of interests; - Networking of organizations for common goals; - Monitoring and evaluation of activity efficiency; - Fundraising. |

| | |
|-----------------------|--|
| Central Europe | - Networking of organizations for common goals; - Fundraising. |
| European CIS* | - Lobbying and advocacy of interests; - Monitoring and evaluation of activity efficiency; - Fundraising. |

The least prioritized fields were:

- Work with other local NGOs;
- Collaboration with international organizations;
- Skills to provide services for PLWHA;

7 AIDS Action Europe members: Needs for Support

Needs assessment results showed clear need in capacity building related to organizational development and capacity of NGOs to plan, monitor, evaluate and fundraise. On the other hand when asked what capacities are the most relevant to effectiveness of their work, all sub-regions also indicated public relations and work with media, collaboration with governmental institutions, other NGOs and civil society actors as capacities essential for the work of their organization.

Priority issues that need advocacy:

- Human rights of PLWHA and most-at-risk groups (identified as priority by 78% of all respondents);
- HIV prevention in prisons (including harm reduction measures, testing and counseling availability) (identified as priority by 75% of all respondents);
- Responsibility and commitment of national governments, issues of drug users, hepatitis C related treatment, care and support (identified as priority by 72% of all respondents);
- Implementation of GIPA principle (identified as priority by 72% of all respondents);

All those issues identified as priorities in all sub-regions (identified as priority by 50% to 100% of respondents from all six sub-regions). Further it is quite difficult to draw conclusions on priorities in the sub-regions, due to low response rate and the fact that most NGOs work on the local level and deliver specific services, which may have affected their prioritizing of issues, while background information of AIDS Action Europe members was not collected. More detailed assessment should be made with the goal to evaluate advocacy priorities and capacity needs in different countries of the region.

When asked about most useful tools for advocacy, none of sub-regions identified international contacts that could help NGOs to build and develop their work as useful support. The responses from AIDS Action Europe members show that there still is a need in:

1. Capacity building (trainings on advocacy related issues, rights and representation of PLWHA, trainings on negotiation skills, work with media, lobbying and public relations)
2. Information support (fact sheets with scientific and epidemiological background information, advocacy guide adapted to regional specifics, manual on human rights, provision and organization of translations) and networking between different advocacy initiatives in different countries;
3. Special actions (standard letters supporting national or local actions and reacting to political developments, organization of region wide advocacy and informational campaigns).

Low response rate indicate that AIDS Action Europe also should increase its visibility among members and identify services and benefits AIDS Action Europe can provide to the members. Most of respondents indicated that they never benefited from AIDS Action Europe work. On the other hand mapping of AIDS Action Europe members' activities should help AIDS Action Europe to plan members' involvement in the regional activities. At the same time low response rate may have been affected by lack of electronic communication skills in some countries and that a part of these organizations still are local, service based organizations. These implications should also be considered while planning advocacy tools and actions in countries.

8 Recommendations

As needs assessment showed that there is a variety of issues to be addressed in advocacy work as well as capacities to be built among NGOs and community groups, empowering PLWHA and ensuring their productive involvement in response to HIV/AIDS at all - national, regional and global - levels.

While conducting the needs assessment, various suggestions followed on possible role of AIDS Action Europe in the region: from support in capacity building on national and sub-regional levels and facilitation of communication between different national and regional initiatives working on the same issues to work with international organizations working on international and EU level advocating for:

- Access to and scale-up of prevention services for most-at-risk populations, especially substitution treatment for drug users and harm reduction in prisons; services for sex workers, MSM, youth and street children, additional services for HIV and co-infections prevention;
- Accessible diagnostics, accessible and efficient treatment for everyone who need it;
- The rights of PLWHA and most-at-risk populations – drug users, sex workers, prisoners, MSM, young people;
- Greater involvement of affected communities in national and international processes;

Therefore, before developing the strategy on advocacy in the region, AIDS Action Europe should identify the level it wants to target and present itself. Taking into account the results of this need assessment, AIDS Action Europe work can be built around three levels:

(1) Capacity building of NGOs and community groups on national level: increasing the capacities of local NGOs and community groups in advocacy on national level, promoting the rights and improving health care for PLWHA, drug users, sex workers, MSM and prisoners, and holding national governments accountable as well as promoting greater involvement of civil society, NGOs and PLWHA in regional and international initiatives.

Strategic partners: National and sub-regional organizations at the same time coordination with already involved international organizations – Central and Eastern European Harm Reduction Network, European AIDS Treatment Group, International Harm Reduction Development Program, International HIV/AIDS Alliance, Harm Reduction Knowledge Hub for Europe.

Key issues to be addressed within this approach:

- Identify key constraints in advocacy of HIV/AIDS related issues in countries, existent capacities to address those issues and develop the system for involvement of AIDS Action Europe regional members in this process;
- Strengthen the capacities of national NGOs and initiatives (informational support and dissemination, technical advice and support, trainings on advocacy related issues) while responding to their needs in capacity building;
- Approach the human rights issue of most vulnerable populations (IDUs, sex workers, MSM) in the contexts where those behaviors are criminalized, limiting the ability of local NGOs to represent their interests;
- Insure the transfer of information between Russian and English speaking parts of the region.

(2) Networking and building region-wide partnerships (topic or sub-region driven initiatives). The main role of AIDS Action Europe would be to establish links with regional and sub-regional initiatives and organizations and create a basis for joint work, linking different regional and sub-regional initiatives.

Partners: sub-regional and regional initiatives and national networks - Russian Harm Reduction Network, Ukrainian Harm Reduction Association, All-Ukrainian Network of PLWH, East European & Central Asian Union of PLWH Organizations, SEE Collaborative.

Key issues to be addressed within this approach:

- Map the priorities and overlap of work between existing networks and regional initiatives and link their work to one another;
- Facilitate the transfer of best practice examples from Western to Eastern Europe on human rights, civil society and NGOs involvement in national and local policies related to HIV/AIDS;
- Facilitate ongoing communication and experience sharing between national and regional initiatives and make them work together;
- Insure the transfer of information between Russian and English speaking parts of the region.

(3) Participation in regional and global initiatives. Despite existing global declarations of commitment (The Declaration of Commitment on HIV/AIDS, Universal Access initiative) and regional (Dublin Declaration of Commitment, Commission’s Working Paper “Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighborhood”) declarations of commitment, setting goals to achieve comprehensive HIV/AIDS responses including adequate prevention, treatment, care and support for all who need it, removing obstacles to scale-up and access and insure substantial input by civil society and PLWHA, the assessment showed that those still are the most “burning” issues throughout the region;

Partners: UN and EU agencies, the Global Fund. This also requires the greater mobilization and capacity to act from national and regional networks and organizations working on international level (All-Ukrainian Network of PLWH, East European & Central Asian Union of PLWH Organizations, International Treatment Preparedness Coalition (Russia), European AIDS Treatment Group as well as civil society representatives in Civil Society Forum, EU Think Tank on HIV/AIDS, Developing countries NGO’s Delegation at the Global Fund); and participation in organization of various events, including Eastern European and Central Asian AIDS Conference.

Key issues to be addressed within this approach:

- AIDS Action Europe position [paper] regarding most “burning issues” in the region and AIDS Action Europe priorities and values must be developed, publicized, presented on international and regional events;
- Increase AIDS Action Europe visibility and promote the project “Community-based Advocacy and Networking to Scale-up HIV Prevention in an Era of Expanded Treatment” more widely among key partners identified;
- Establishing focal points in the region – the organizations involved in regional and international initiatives, who could represent the values and goals of AIDS Action Europe at international and regional meetings as well as serve as focal points to report on progress of Universal Access campaign, Global Fund grants implementation and Country

Coordinating Mechanisms functioning, Dublin Declaration of Commitment implementation so AIDS Action Europe could keep a hand “on the pulse” of the development in countries. Thought the work on those three levels is interrelated – the goal of involvement of NGOs and PLWHA in policy planning and implementation on national and regional level is interrelated with the capacity of AIDS Action Europe to represent further the interests and key issues of national and regional NGOs on international and European levels, therefore the work most probably has to be divided between those three levels.

9 Annex 1: List of Experts Interviewed

| UN agencies | Person interviewed and position |
|--|---|
| UNAIDS | Roman Gailevich |
| International organizations/regional organizations | Contact person |
| AFEW | Julie Dixon, Regional Director Russia, Elena Voskresenskay Region Director Ukraine Nicolas Cantau, Regional Director for Central Asia Republics |
| CEEHRN | Raminta Stuikyte, Director Catalina Iliuta, Program and Development Director |
| East Europe and Central Asia UNION of People Living with HIV | Natasha Leonchuk, Executive Director |
| European AIDS Treatment Group | Smiljka Malesevic |
| International Treatment Preparedness Coalition (Russia) | Gregory Vergus |
| OSI/IHRD | Daniel Wolfe, Deputy Director, IHRD Elizabeth Eagen, Program Officer – Advocacy |
| SEE Collaborative | Nora Stojanovik |

10 References and Other Sources

Central and Eastern European Harm Reduction Network (CEEHRN) (2005) Sex Work, HIV/AIDS and Human Rights in Central and Eastern Europe and Central Asia. Online at: www.ceehrn.org.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) (2006) Eastern Europe and Central Asia Overview. Online at: http://www.theglobalfund.org/en/about/publications/easterneurope_centralasia_overview/.

Stöver, H, & Lines, R. (2006). Silence still = death: 25 years of HIV/AIDS in prisons. In S. Matic, J. V. Lazarus, & M. C. Donoghoe (Eds.), HIV/AIDS in Europe: Moving from death sentence to chronic disease management (pp. 67–85). Copenhagen: World Health Organization Regional Office for Europe.

UNAIDS/WHO “AIDS Epidemic Update: December 2006” (2006a). Online at: http://www.unaids.org/en/HIV_data/epi2006/default.asp.

UNAIDS/WHO Epidemiological Fact Sheets, 2006 update (2006b). Online at: <http://www.who.int/hiv/pub/epidemiology/pubfacts/en/>.

UN Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries (2004) Global Overview of Injecting Drug Use and HIV Infection among Injecting Drug Users. Available at <http://www.idurefgroup.org/home.php>

World Health Organization (WHO) (2006). Technical briefing document: Trends in sexually transmitted infections and HIV in the European Region, 1980–2005. World Health Organization Regional Office for Europe, Copenhagen.