

Всеукраїнська  
Мережа  
ЛЖВ



All-Ukrainian  
Network of  
PLWH

# The needs, challenges and strategies to support CSO in neighbouring countries

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HIV/AIDS Civil Society Forum, Luxembourg,  
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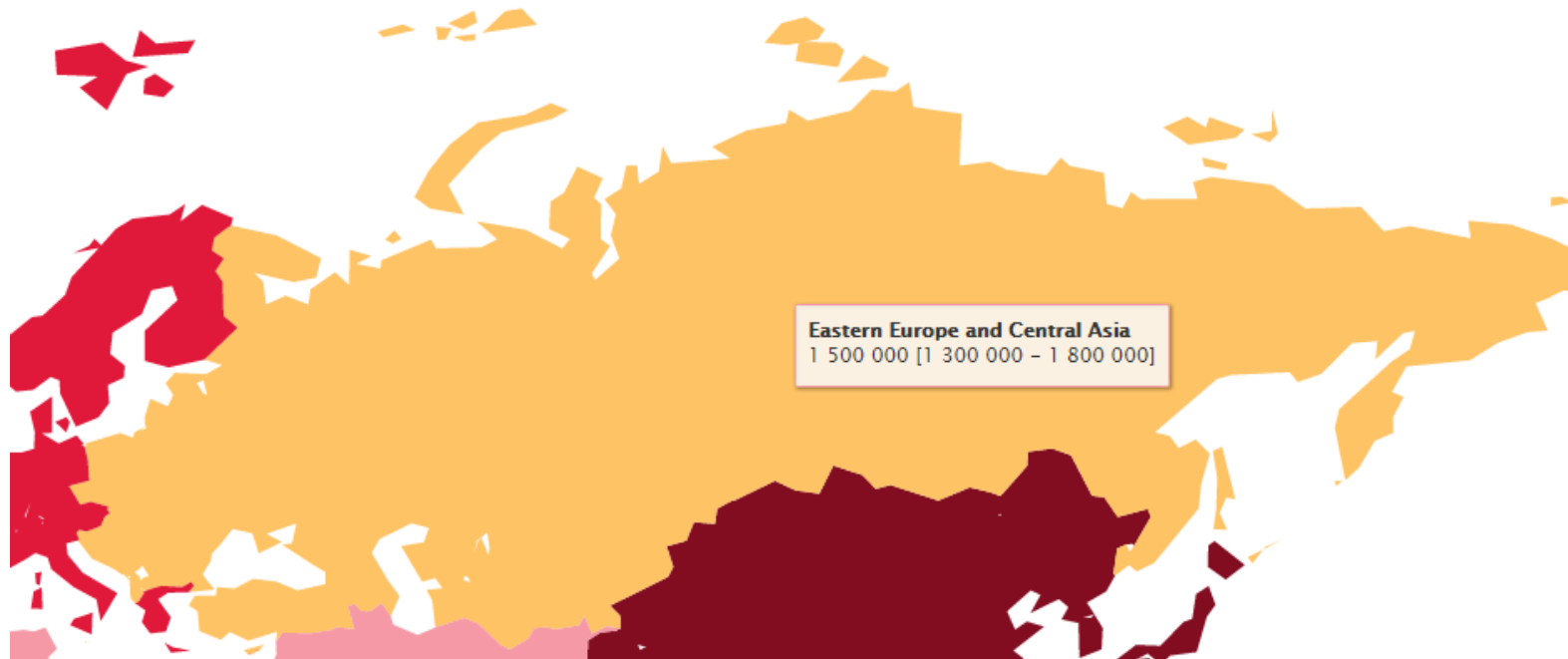
# Main characteristics of HIV epidemic in EECA

## Unique profile of epidemic:

- ✓ The fastest growth of HIV epidemic in the world – it is concentrated among key affected populations, mainly IDUs and their sexual partners.
- ✓ Low coverage by HIV and TB preventive measures, treatment and care.
- ✓ The highest MDR-TB morbidity in the world.

**Limited internal and external resources in EECA region.**

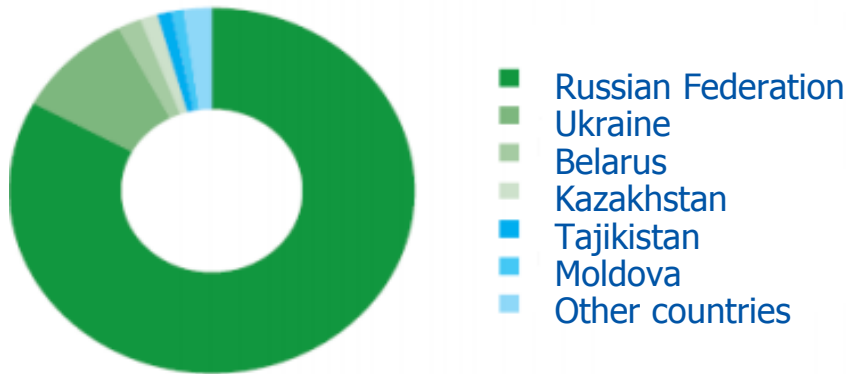
**Most of the EECA countries are middle-income countries.**



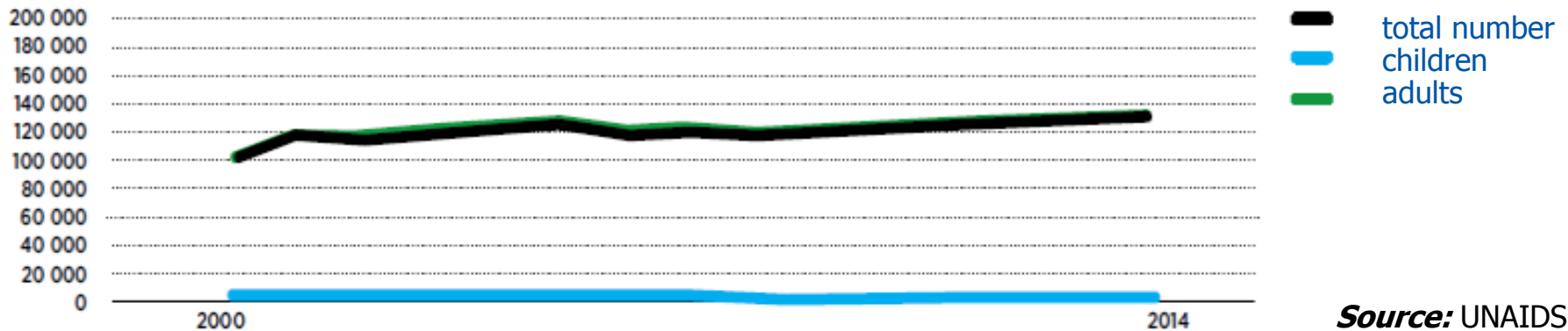
Region	People living with HIV 2014		New HIV infections 2014			AIDS-related deaths 2014 (total)
	total	children	total	adults	children	
Eastern Europe and Central Asia	1.5 million 1.3 million- 1.8 million	17 000 [14 000- 19 000]	140 000 [110 000- 160 000]	130 000 [110 000- 160 000]	1200 [<1000- 1600]	62 000 [34 000- 140 000]

**Source:** UNAIDS

# New cases of HIV infection in EECA, 2014



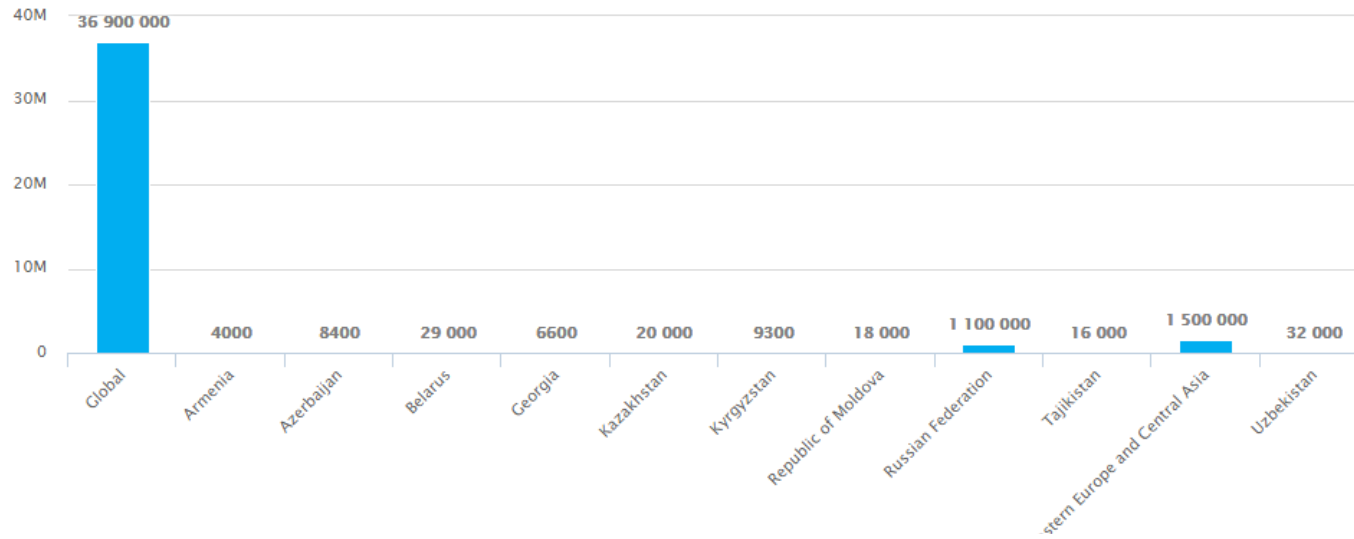
## New cases of HIV infection in EECA, 2000–2014



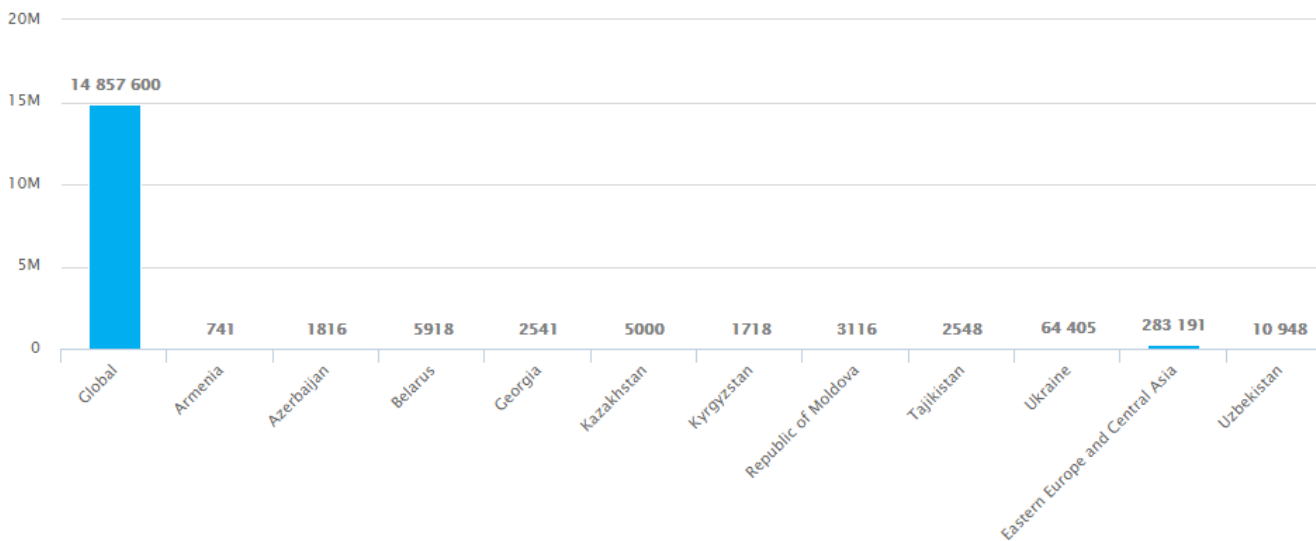
Source: UNAIDS



# ART in EECA, 2014



PLWH



People receiving ART

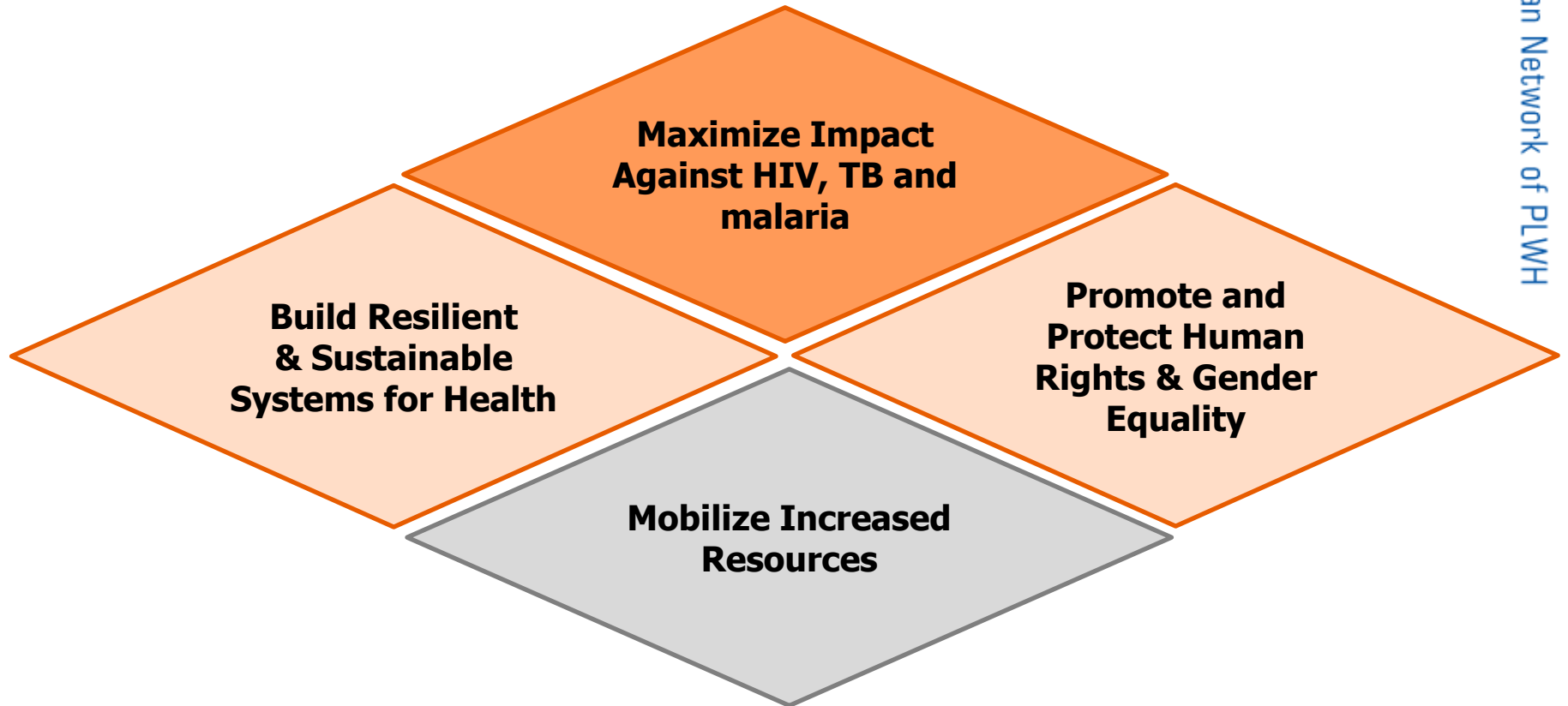


# 35<sup>th</sup> GF Board meeting (Abidjan, Ivory Coast)

- The Board meeting agenda will be focused on three key topics:
  - ✓ Strategy narrative;
  - ✓ Allocation methodology 2017-2019;
  - ✓ Governance (Board composition).
- Also, as recommended by Strategy, Investment and Impact Committee, the Board will adopt 3 policies:
  - Policy on Challenging Operating Environments;
  - Policy on Sustainability, Transition and Co-Financing;
  - Policy on Eligibility.

# GF Strategy 2017-2022

## “Investing to End Epidemics”



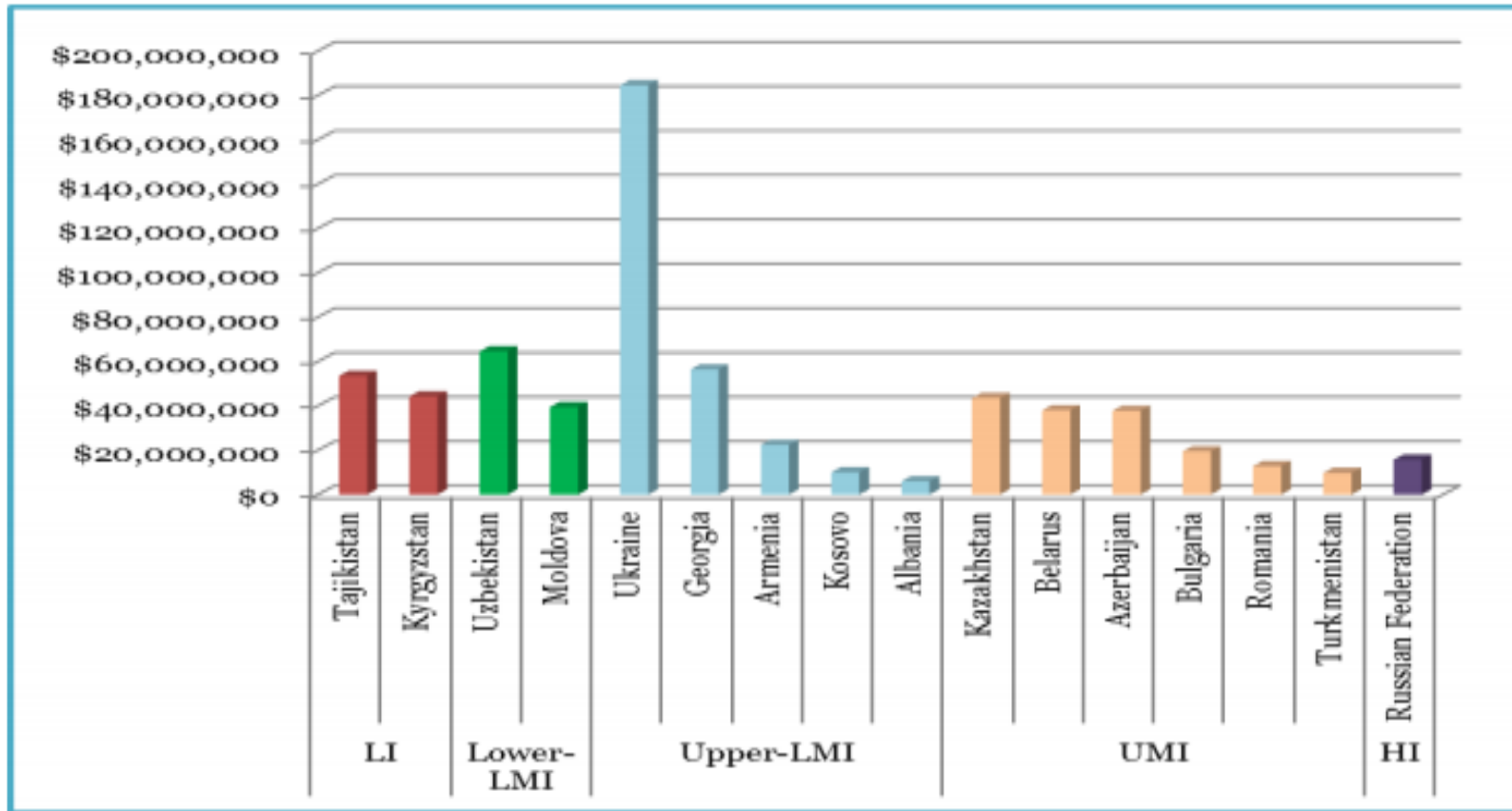
### Strategic Enablers

Innovate and Differentiate along the Development Continuum

Support Mutually Accountable Partnerships



# GF resources available for EECA countries for 2014-2017: \$659 mln.







# EECA: Problems of Transition Process

- Most of the middle-income countries in EECA are not ready for successful and sustainable transition from GF to domestic funding. As it is estimated by CSOs, they will not be ready for at least 2 more allocation periods.
- The reasons can be different: issues in country policy, financing, government, programming (criminalization PWID, MSM, no budget allocation, problems with registering and funding NGO, inactive CCM etc.).
- Reduction of Global Fund support without solid government plans or commitments to assume responsibility threatens the lives of many living with or at risk of HIV, as well as years of investments.



# Key recommendations to GF\*

**Three main roles within the community organizations during Transition period:**

- ✓ an advocate,
- ✓ a moderator of country dialogue
- ✓ and service provider.

## **Recommendations:**

- to define universal criteria and procedure for Transition and adopt them to every country
- to define degree of responsibility for GF and governments
- identified milestones: requirements evaluation → working-out of a plan → confirmation → supporting funding, technical review, monitoring, evaluation
- emergency fund
- plan B if the Transition was not successful
- civil society being a watchdog and implementing partner
- supporting developing of social contracting
- supporting Advocacy through regional grants



# Other challenges and needs\*

- Lack of **national financing** for HIV **prevention** services.
- A government-supported HIV response also requires ongoing involvement of NGOs and key affected populations. Promises to support HIV programming are not sufficient if the country **lacks legal frameworks** to allow for work with most vulnerable groups, mechanisms for planning and implementation of what work, or a timeframe that is too short to realize those plans.
- Many governments also **lack effective mechanisms** to support NGOs critical to efforts to **reaching** those **most vulnerable to HIV** who frequently have limited contact with or distrust for governmental institutions.
- Thus needed responsible transition and sustainability of HIV efforts.
- High prices for hepatitis drugs, thus very limited access to treatment
- **Alining national strategies** (HIV, Drugs, Hepatites) **to european;**
- Use the implementation plans under the Association Agreements with EU (e.g Moldova, Ukraine)to make things happen;
- **Decriminalization** of drug use and sex work.



# 5<sup>th</sup> International Conference on AIDS in EECA:

Global Partnership in HIV/AIDS response: every life matters

23-25 March, 2016, Moscow

***Michel Sidibé, UNAIDS:***

'**By not reaching key populations as a priority**—which include men who have sex with men, transgender people, sex workers, prisoners, migrants, people who inject drugs, and people living with HIV who are still waiting for treatment—we will see an increase in the numbers of coinfection for HIV and Hepatitis C, and **we may never see the end of AIDS in this region.** Even the excellent progress the region is making on TB may be quickly reversed, bringing increased comorbidity of HIV/TB [...]

- **We must provide the resources to ensure that civil society does not disappear.** It is essential that these networks and organizations continue to play a strong role in this region's AIDS response.

- **Punitive laws against key populations must be removed,** and people most vulnerable must be protected by legal and law enforcement institutions.'



# 5<sup>th</sup> International Conference on AIDS in EECA:

Global Partnership in HIV/AIDS response: every life matters

23-25 March, 2016, Moscow

## *Outcome Statement, key points:*

The Conference participants, among other things, called the governments of EECA:

- To increase **domestic funding** provided for national HIV programmes;
- To invest at least 25% of all resources for the HIV response in combined **prevention programs**, including harm reduction programmes, foremost among key populations;
- To improve mechanisms of **financial support** of public associations and non-governmental organizations that are working in the area of HIV prevention and the provision of care for people living with HIV;
- To pay special attention for the **programs empowering women and girls**;
- To **remove legal barriers** to HIV prevention, treatment and care for PLWH;
- To use the **experience and expertise of civil associations and non-governmental organizations** in the planning, implementing and evaluating HIV/AIDS programmes.



# Empowering Civil Society and PLWH

## *Ambassador Deborah Birx, PEPFAR\*:*

- We have to reach the key populations where they are, not where we want them to be, in recognition of their disease, the risk to their disease, and what they need in order to be supportive for prevention and treatment.
- And part of this is understanding of what your key populations are (is it MSM, bisexuals, IDUs, young women, sex workers, transgenders, migrants, prisoners). We need to be aware, what the population size is, and how we are going to reach them and hold ourselves accountable for not only reaching individuals, but ensuring they have access to what they need.
- We should pay attention to HOW we are delivering services (feedback from clients is essential).



# Empowering Civil Society and PLWH

***Ambassador Deborah Birx, PEPFAR:***

Without **advocacy** and without demands for governments to do more for health of the individuals affected or infected by HIV we are not going to make progress. We know **civil society and communities are important. We need to fund them** like we believe they are important.

PEPFAR actively supports advocacy of the key populations' rights through different programs around the world (like DREAMS for young women, or EJAF's initiatives for MSM).

PEPFAR's message to implementors: **whatever amount of time you are spending with the government, spend that amount of time with the communities.**

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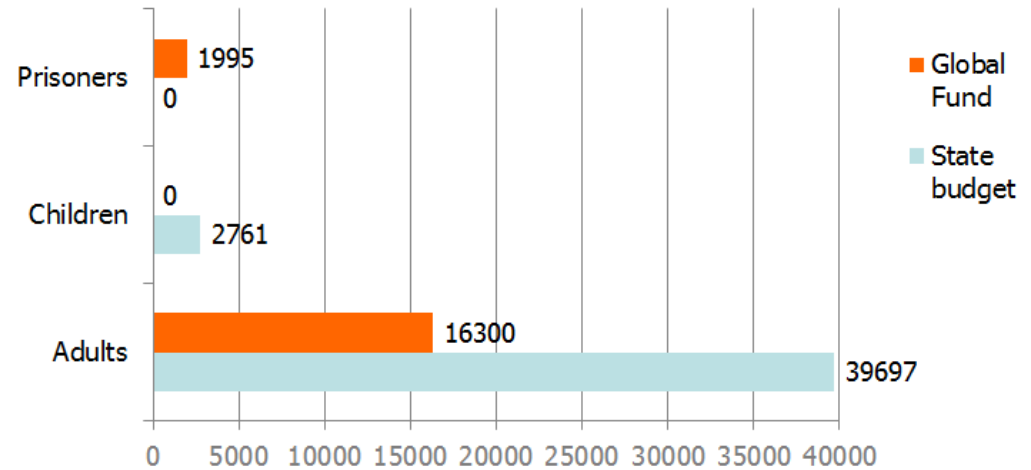
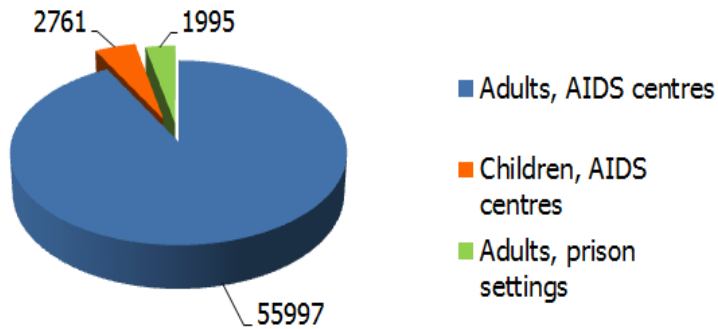
# Update on ARVs in Ukraine



# Patients on ART

(excluding data on Crimea and conflict zones)

as of 1.01.2016



# Donetsk region uncontrolled territory

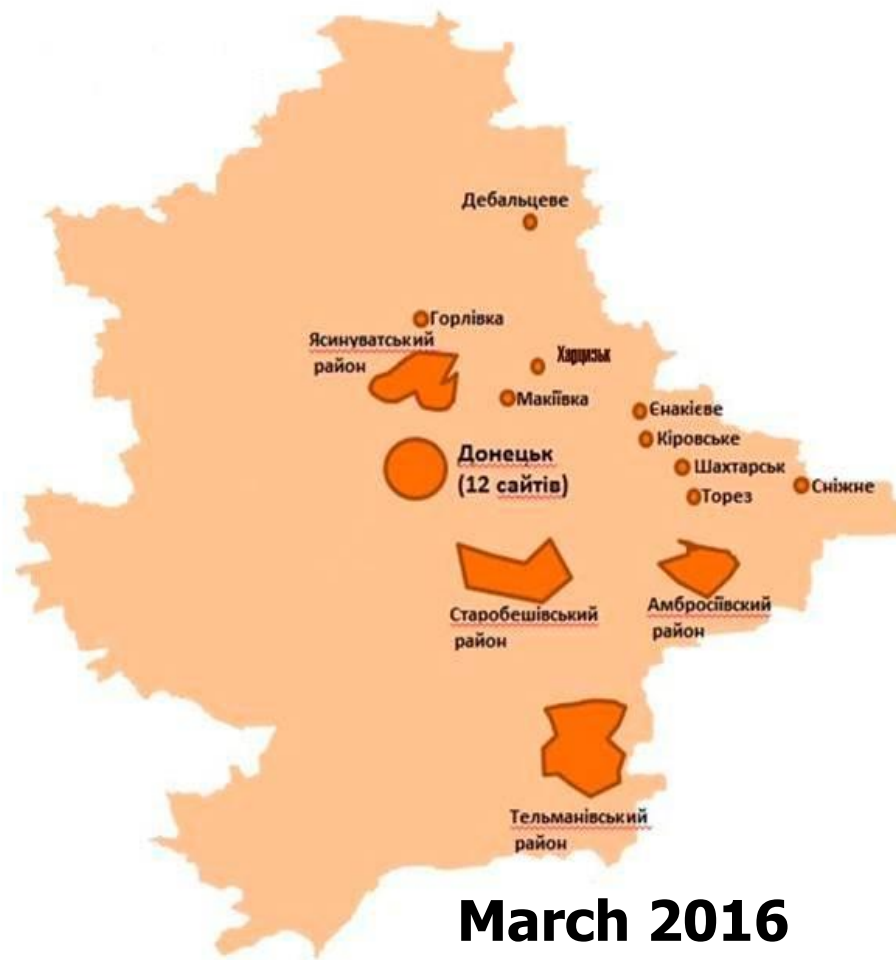
**15517** PLWH being registered,  
**6511** of them take ART.

**25** ART sites

**NGOs** work on the basis of  
**21 medical institutions**,  
including 16 ART sites.

In 2015 services had been  
provided to **8113** PLWH,  
including **5066** on ART.

**5** NGOs work.



**March 2016**

# Luhansk region uncontrolled territory

**3443** PLWH being registered,  
**1135** of them take ART.

**6** ART sites.

**NGOs** work on the basis of  
**7 medical institutions**, including  
all ART sites.

In 2015 services had been provided  
to **1440** PLWH, including **1094** on  
ART.

**1** NGO works.



**March 2016**



**Thank you!**