SUSTAINABILITY OF SERVICES FOR KEY POPULATIONS IN EASTERN EUROPE AND CENTRAL ASIA REGION PROJECT (SOS PROJECT)

Final Evaluation Report
July 2022

MATAHARI

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#sos_project

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The Sustainability of Services for Key Populations in Eastern Europe and Central Asia region project (SoS project) was a three-year multi-country grant funded by the Global Fund focused on three major goals: 1) improving the financial sustainability and effectiveness of HIV programs; 2) reducing existing legal barriers and respecting the most important human rights for access to HIV prevention services and care; and 3) improving the efficiency and accessibility of HIV services delivery (testing and care) models for key populations. The project was coordinated by the Alliance for Public Health in a consortium with 100% Life (All-Ukrainian Network of PLWH), the Central Asian Association of People Living with HIV, and the Eurasian Key Populations Health Network (now – Eurasian Key Populations Coalition). The project was implemented in fourteen countries across Eastern Europe, Central Asia, and the Balkans, i.e., Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Russia, Serbia, Tajikistan, Ukraine, and Uzbekistan.

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1 *Ms. Montgomery is a member of the Global Fund governance system and has only been involved in data collection for Russia and Uzbekistan in order to mitigate potential conflict of interest. The Global Fund Ethics Office has been made aware.*

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EXECUTIVE SUMMARY

Eastern Europe and Central Asia (EECA) continues to have one of the fastest growing HIV epidemics in the world.[2] At inception of the SoS project, a number of countries did not have optimised ARV regimens (i.e. predominantly efavirenz-based regimens rather than dolutegravir-based first line regimens) such as Kazakhstan, Kyrgyzstan, and Russian Federation, unnecessarily high ARV prices (Belarus, Kyrgyzstan, Russian Federation, most countries in Southeast Europe), no social contracting mechanisms that would allow governments to contract NGOs to provide HIV services (Kyrgyzstan, Tajikistan), non-optimal access to self-testing (Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, Ukraine, most countries in Southeast Europe), did not have adequate human rights monitoring mechanisms such as REAct (BiH, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Romania, North Macedonia, Russia, Serbia, Tajikistan, Uzbekistan), and had evidence gaps that impeded progressive policy adoption (such as a lack of socio-demographic and behavioural data on trans people in Kyrgyzstan).

Regional catalytic funding is a newer component of the Global Fund investment strategy. Catalytic multi-country funding, which can be accessed by civil society organisations directly from the Global Fund, are part of this strategy.[3] The three-year project cycle of the SoS project provides an illuminating view into the potential of regional, civil society-driven grantmaking and shows the potential for successful interventions that take a regional approach.

From 2019-2021, the SoS project was implemented across 14 countries in the EECA and Balkan region spanning numerous country-specific activities and indicators, ranging from work to ensure NGOs could receive funding through government 'social contracting' mechanisms, that Stigma Indices were developed, that innovative testing approaches were developed, and that there was increases in national funding for key populations. The project also had city-level indicators to close the gap on 90-90-90 targets for specific Fast Track cities or regions applying the Fast Track approach (Chelyabinsk region, Dushanbe, Kaliningrad region, Minsk, Novosibirsk region, Osh, Saint Petersburg, Samarkand region, Soligorsk, Svetlogorsk, Sverdlovsk region, Tashkent).

We have conducted extensive desk review of project generated documents and reports and interviewed 44 individuals across 14 countries to understand the impact of their activities during the SoS project and assessed whether these were direct results of the SoS project. In summary, we found that the SoS project:

- Resulted in reduced ART prices across 6 countries (Belarus, Kyrgyzstan, Moldova, North Macedonia, the Russian Federation, and Uzbekistan).
- Produced valuable operational research including on self-testing among MSM and PWID in Georgia, and on pricing and procurement mechanisms of HIV tests in Belarus, Kazakhstan, and Kyrgyzstan.
- Increased the registration of PLHIV, reduced the testing gap, and increased percentages of PLHIV on ART.
- Programs adapted through COVID-19, with HIV self-testing being provided at mobile COVID-19 vaccination sites (Moldova) as well as increased mobile provision of HIV services across the region.
- Increased the evidence base through operational research projects on the acceptability of self-testing among key populations, acceptability of PrEP, and on socio-demographic and behavioural data of trans people.

2 *UNDP Europe and Central Asia. Human rights, HIV and health. Accessed at: https://www.eurasia.undp.org/content/rbec/en/home/governance-and-peacebuilding/HIV-and-Health/Humanrights-HIV-health.html*

3 *See for example https://www.theglobalfund.org/en/funding-model/applying/multicountry-funding/*

- Contributed to development and establishment of new social contracting mechanisms in four countries, with all countries taking key steps towards improving sustainability.
- Increased city-level commitments (including funding commitments) on HIV prevention.
- Facilitated more robust monitoring of human rights via the REAct system and introduced new pathways for providing (para-) legal representation of KP and seeking redress for human rights violations.
- REAct data and analysis allowed NGOs to make targeted, data-backed recommendations for policy and legal amendments, resulting in new or updated legislation relating to human rights and KP.
- Produced new data and updated analysis of human rights barriers through initiation of, financial and technical support of HIV Stigma Indices for policy
- Provided technical support to government and NGOs on financial analysis and grant management.
- Created and facilitated new spaces and processes for domestic government and NGO collaboration.
- Established the new regional drug policy platform Eastern and Central European and Central Asian Commission on Drug Policy (ECECACD) and conducted the first country visit.
- Increased NGO participation in the Kazakhstan NPM.

Based on our evaluation, we make several **recommendations**, summarised below:

Accounting for migration.

In addition to an expected increase to existing labour migration, new economic migration due to COVID-19 within the EECA region, geopolitical conflicts, and domestic unrest in numerous countries are projected to increase region-internal migration as well as migration to the EU.[4] These migration patterns into the EECA region, within the region, and into the EU influence the health of people on the move and should be addressed in the destination communities. As such, we recommend that migration be considered in strategic analysis and programming for SoS project 2.0.

Keeping it up on human rights components.

Key populations continue to be criminalised across the region, and there remains significant levels of discrimination, even among medical professionals. The SoS project resulted in several human rights successes, including increased documentation and data analysis of human rights violations resulting in targeted policy recommendations, progress towards legal innovation and in some cases amendments to existing laws. Further work is needed to sustain the momentum from these gains, particularly in Central Asian countries where the human rights situation is particularly challenging. Uzbekistan in particular was unable to launch and complete the Stigma Index – which can serve as a baseline towards understanding the situation in depth and to initiate reforms.

4 *Prague Process, Six Migration Issues to Look out for in 2022' (22 February 2022) https://www.pragueprocess.eu/en/news-events/news/596-six-migration-issues-to-look-out-for-in-2022 accessed 31 March 2022*

Management of indicators and targets alongside project partners in constrained local environments.

A few SoS partners were unable to complete target activities and felt some had been rather aspirational. In particular, in Russia and Russia-influenced countries, data on HIV can be intentionally mis- or underreported by the governments, resulting in secrecy around HIV data in local contexts, and poor limited ability to hold government institutions accountable due to restricted civil space. Regional contexts vary and in some cases, indicators may be more suitable to one geographical or community environment than another. As such, it is recommended to consider additional supportive advocacy in such countries, and carefully manage relationships vis-à-vis project progress. Importantly, some respondents indicated that the ambitious indicators in fact elevated and pushed their response and readiness for the next phase of the new GF regional grant.

Continue financial and technical support to NGOs and KP organisations.

The SoS project provided important financial support to NGOs and KP organisations for operation and advocacy. Combined with the targeted technical support and coordinated exchanges among SoS partners to support budget advocacy, advocacy on treatment and testing innovations etc. Several organisations were able to create new spaces to engage with government and healthcare entities; some KP organisations received needed support to formalise their registration. In some cases, advocacy already yielded initial results, in other cases, important baselines were established for work yet to come. This momentum should be sustained and supported to create lasting changes.

It should be noted that the SoS project was subject to immense challenges during its implementation, including the COVID-19 pandemic and political upheavals in some countries. At the time of analysis and writing of the report, Ukraine, where the Alliance for Public Health is based, was undergoing a war, resulting in difficulties in securing final reports from some SoS partners.

METHODOLOGY

Desk review and interviews for this final evaluation were conducted during December 2021 – February 2022 by consultants from Matahari Global Solutions and Act for Involvement. A team of four consultants interviewed 44 people in fourteen SoS project countries, with interviews conducted in English, Russian, and Romanian. Additional interviews were carried out with ITPCru for context around SoS activities. A semi-structured questionnaire was prepared based on the terms of reference and baseline documents, and this questionnaire guided qualitative interviews. In addition, quantitative data was obtained from Alliance for Public Health and SoS project partners to triangulate findings where relevant.

BACKGROUND AND ASSUMPTIONS

Estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) track the region as having approximately 1.4 million people living with HIV in 2019.[5] According to regional data, EECA is far from reaching its 2020 UNAIDS 90-90-90 treatment cascade targets, having reached 70-44-41.[6] UNAIDS notes that one of the key reasons for the region's poor performance in reaching the 90-90-90 targets is late diagnosis and low coverage of ART. Approximately 53% of all new HIV cases in 2019 were reported in the later stages of disease progression reinforcing the urgency of improved testing strategies and greater effort to remove the social and structural barriers[7] that inhibit access to timely HIV prevention, treatment, care and support services, particularly for marginalised and the most vulnerable populations. The key drivers of HIV in the region are tightly linked to:

- injection drug use;
- the stigmatisation and marginalisation of vulnerable population groups,[8];
- the lack of political will to implement widely endorsed evidence-based prevention and treatment programs.

5 *Ulla Pape, 'HIV/AIDS in Eastern Europe and Central Asia' (2019) https://www.researchgate.net/publication/335626488_HIVAIDS_in_Eastern_Europe_and_Central_Asia accessed 23 February 2022*

6 *UNAIDS (2021). Towards 10-10-10 in eastern Europe and central Asia. Accessed at: https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210315_10-10-10-eastern-europe-central-asia*

7 *Ibid.*

8 *People who use drugs, sex workers, men who have sex with men, gay and bisexual men, prison inmates, LGBT.*

Limited access to life-saving antiretroviral therapy (ARV) has exacerbated the impact of HIV on the region with increased mortality rates among people living with HIV (PLHIV).[9] Continuing on this trajectory will undoubtedly mean the region's inability to meet the 2030 Sustainable Development Goals of ending AIDS as a public health threat.[10]

The emergence of HIV in the EECA region occurred within a backdrop of dramatic political and socio-economic transition, extreme levels of unemployment, inflation, and social inequity and upheaval following the 1991 collapse of the Soviet Union.[11] During this time, injection drug use quickly spread among young people across the region largely due to the increased availability and affordability of illicit narcotics, mainly opiates, on route from Afghanistan and Central Asia through Russia to Western Europe.[12] Shortly following the fall of the Soviet Union, Russia and 11 other republics that were formerly part of the Soviet Union, formed a new alliance in 1991 named, the Commonwealth of Independent States (CIS). The new signed alliance involved Russia, Ukraine, Belarus, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Armenia, Azerbaijan, Georgia and Moldova and sought to align policies (with those of Russia) regarding their economies, foreign relations, defence, immigration, law enforcement and environmental protection. Georgia withdrew from the CIS in 2009 due to mounting hostilities with Russia and historic tensions between Russia and Ukraine surged again in 2014 (and again today) with Russia's illegal annexation of the Ukrainian Autonomous Republic of Crimea.[13]

Today, Russia (70-80%) and Ukraine account for the majority of HIV cases in the region.[14] While Ukraine and smaller EECA countries have included evidence-based prevention practises, such as harm reduction, the Russian government remains strongly opposed.[15] Injection drug use fuels the region's HIV epidemic followed by unprotected sex within lesbian, gay, bisexual and transgender groups (LBGT).[16] An estimated 48% of all new HIV infections in the region are attributed to injection drug use.[17] In Central Asia, sex work and labour migration between Central Asia and Russia are essential risk factors for the spread of HIV and are used to offset high levels of poverty and unemployment.[18] Prevention efforts among vulnerable communities are uneven across the EECA region and largely rely on services provided by local civil society organisations (CSOs). Service delivery remains limited to local and regional levels. Human rights abuses and police social profiling and brutality towards marginalised populations (i.e., people who use drugs, sex workers and LGBT communities) are common.[19]

Cities play an increasingly more significant role in country HIV responses, and has made valuable impacts on the HIV epidemic in EECA region. Starting from 2019, 12 project focus cities started implementing the Fast-Track city approach by signing the Paris Declaration on HIV, developing and implementing municipal HIV plans aimed at 95-95-95 goals, and by increasing local allocations for HIV activities. These HIV activities were focused predominantly on increasing the number of people living with HIV who are registered and who are enrolled on ARV treatment.

Legal frameworks such as Russia's "gay propaganda law" (2013) and its "foreign agent law" (2012) continue to hamper the work of CSOs[20] and reduce access to life-saving HIV services for the region's most vulnerable populations. Put simply, Russia's "gay propaganda law" has been reported as legitimizing violence against LGBT groups.[21] Russia's "foreign agent law" aims to restrict the activity of Russian individuals and CSOs that receive foreign funding (from outside of Russia) and engage in "political activities". Reporting and financial accounting requirements are significant and easily

9 *Pape, n 5 above.*
10 *The Economist Intelligence Unit (2021). Drug control policies in Eastern Europe and Central Asia. Accessed at: https://impact.economist.com/perspectives/sites/default/files/eiu_aph_investing_hiv_launch.pdf*
11 *Ibid.*
12 *UNODC. West and Central Asia. Accessed at: https://www.unodc.org/unodc/en/drug-trafficking/central-asia.html*
13 *Commonwealth of Independent States. Encyclopaedia Britannica. Accessed at: https://www.britannica.com/topic/Commonwealth-of-Independent-States*
14 *Avert. HIV and AIDS in Eastern Europe and Central Asia Overview. Accessed at: https://www.avert.org/hiv-and-aids-eastern-europe-central-asia-overview; and Pape, Ulla (2019) HIV/AIDS in Eastern Europe and Central Asia. Accessed at: https://www.researchgate.net/publication/335626488_HIVAIDS_in_Eastern_Europe_and_Central_Asia*
15 *Avert. HIV and AIDS in Eastern Europe and Central Asia Overview. Accessed at: https://www.avert.org/hiv-and-aids-eastern-europe-central-asia-overview*
16 *Avert. HIV and AIDS in Eastern Europe and Central Asia Overview. Accessed at: https://www.avert.org/hiv-and-aids-eastern-europe-central-asia-overview*
17 *Pape (above n. 9)*
18 *Ibid*
19 *HIV Legal Network. Human Rights Imperative: The HIV Legal Network in Eastern Europe and Central Asia. 9 November 2021. Accessed at https://www.hivlegalnetwork.ca/site/human-rights-imperative-the-hiv-legal-network-in-eastern-europe-and-central-asia/?lang=en*
20 *Pape (above n. 9)*
21 *Ibid.*

stretch the capacity of small CSOs. Moreover, the language of "spies" and "traitors" in the legislation has effectively de-legitimized the work of CSOs in the eyes of the public.[22] Similar laws were introduced in other EECA countries such as Kyrgyzstan and Ukraine but were either revoked or never passed by their country parliaments.[23]

According to a legal analysis provided by UNDP in December 2021, there have been noted improvements to the HIV legal environment in the EECA region. However, certain gaps still persist related to the human rights of PLHIV, key populations most at risk of HIV and the legal and policy regulatory frameworks that govern national efforts in prevention, treatment, care and support. UNDP notes persistent and alarming tendencies in legislation and policy development that are likely to hamper national responses to HIV. These include *homophobic and transphobic laws disguised as "anti-propaganda" legislation; re-criminalization of sex work or introduction of increased punitive measures against sex workers; forced and coerced HIV testing; punitive "prevention" measures against people with HIV as a category of people "more likely to commit crimes"*. Recent laws requiring premarital compulsory HIV testing have been passed in Tajikistan and Turkmenistan, which may contribute to the further discrimination of PLHIV and key populations at higher risk of HIV since such measures are not evidence based and do not have proven positive impacts on population health. There has been certain progress with waiving immigration restrictions (especially in Belarus and the Russian Federation). On the other hand, most EECA countries still criminalise HIV transmission, including for involuntary transmission. Other legal issues that serve as potential barriers to accessing HIV services include regulations that limit the ability of community-based services to provide HIV testing (including rapid testing) and the absence of legal frameworks to enable state funding for NGO social contracting.[24]

Effective, rights-based HIV responses at country and regional level remain under threat with the steep decline in international financial support and domestic funding allocations failing to keep pace with the demands of a surging epidemic.[25] Many countries of the former Soviet Union are considered *transition countries* in their attempt to manage rising healthcare costs and health system reform with significantly reduced levels of international financing and the shift to domestic budgets.[26] Significant disparities in the delivery of HIV services exist across the region.[27] Scaling evidence-based interventions is often limited by a lack of political will, under-reporting and poor data availability.[28] Data describing the EECA region is often derived from studies with differing sample sizes, data collection and reporting methods.[29]

In addition, due to many countries across the region being categorised as middle income, prices of ARVs are generally higher than in other regions with HIV epidemics.[30] There is also poor domestic financing of HIV interventions, with several countries still heavily relying on foreign donors to fund domestic HIV responses.

Despite the many similarities across the EECA region in terms of drivers of the HIV epidemic, there are crucial differences between the countries and their policy responses to the epidemic. For example, Russia is the only EECA country (with the exception of Turkmenistan) that has completely banned harm reduction measures such as opioid substitution therapy (OST).[31] In other EECA countries, HIV responses follow internationally endorsed evidence-based approaches but lack the financial capacity to take effective interventions to scale.[32]

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22 *Ibid.*
23 *Ibid.*
24 *UNDP (December 2021). Analysis of EECA legislation regarding the criminalization of HIV and key populations. Accessed at: UNDP HIV criminalization_presentation_ENG final draft.pptx*
25 *Avert. HIV and AIDS in Eastern Europe and Central Asia Overview. Accessed at: https://www.avert.org/hiv-and-aids-eastern-europe-central-asia-overview*
26 *The Economist Intelligence Unit (2021). Drug control policies in Eastern Europe and Central Asia. Accessed at: https://impact.economist.com/perspectives/sites/default/files/eiu_aph_investing_hiv_launch.pdf*
27 *Ibid.*
28 *Ibid.*
29 *Ibid.*
30 *UNAIDS, 'Upper-middle-income countries pay more for HIV medicines, but price reductions can be achieved' (18 October 2021) <https://www.unaids.org/en/resources/presscentre/featurestories/2021/october/20211018_hiv-medicines-price-reductions-can-be-achieved> accessed 7 June 2022*
31 *Pape (above n. 5) ,*
32 *Ibid.*

LIMITATIONS

There were a number of limitations affecting this final evaluation. These are described below:

Language and translation.

Not all local languages were covered by consultants' abilities, such as Serbian. As a result, some interviews were conducted in the interviewees second or third language (Russian or English). In addition, transcription and translation was time intensive, and some nuances may have been lost in the process.

Poor responsiveness by some SoS partners.

Some SoS partners were more difficult to contact than others, and when reached, did not provide as robust qualitative data as others. This may be due to political sensitivities or limited bandwidth to devote to interviews due to competing work responsibilities.

Co-financing in some countries affecting the ability to attribute causality.

In some countries, there was co-financing by other partners that made it challenging (and in some cases impossible) to determine the amount of contribution that can be traced back to the SoS project alone. In reality, advocacy on policy and budgets require multi-pronged strategies and coalition-building, necessitating a broader funding base. Donors should not harbour the assumption that all advocacy outcomes can be tied to a specific monetary amount but should focus on whether their funding is complementary and contributes towards the expected outcome, instead of offsetting the overall goals.

Failure to account for migration.

Our interviews indicate that migration was a factor that impacted results, but as this was not part of this evaluation, it is recommended that SoS project 2.0 pays special attention to how migration impacts the HIV response in the region.

1. FINANCIAL SUSTAINABILITY OF HIV PROGRAMS AND BETTER ART PRICING POLICIES

The EECA and Balkan regions generally have higher ARV prices than other parts of the world due to their middle-income country status and pharmaceutical industry tiered pricing systems. In addition, there is heavily reliance across the region on donor funding for HIV prevention and care. As GDP of countries increase, eligibility for funding by aid agencies reduces, and countries will be required to transition to domestic funding. To ensure continuity of services, CSOs and SoS partners play an important role in ensuring accountability and quality of these services. In this section, we evaluated SoS project activities and indicators towards increasing domestic funding for HIV prevention and care services, ART pricing policies and improvement of government procurement mechanisms, how countries planned for Global Fund transition, and efforts towards social contracting of CSO providers of HIV services.

DOMESTIC FUNDING FOR HIV PREVENTION AND CARE SERVICES FOR KEY POPULATIONS (OUTCOME INDICATOR 1)

Context:

Increased domestic funding for HIV is necessary as countries transition out of Global Fund financing. Funding specifically for key populations continues to be critical as they remain major drivers of HIV in the region.

Target:

Absolute increase in national funding for HIV activities targeting key populations and PLHIV from the national, regional, municipal budgets

Outcome(s):

All countries carried out budget advocacy, whether at the municipal, regional, or national levels. Out of 14 SoS countries, nine (Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, and Uzbekistan) saw budget increases to finance HIV prevention and care services for key populations and PLHIV, whereas SoS partners in Georgia and Kazakhstan conducted advocacy and/or increased broad support towards increased funding for HIV prevention and care services for key populations and PLHIV. At the end of the SoS project, there was a cumulative increase in domestic funding for HIV prevention and care of USD$ 36 million.

In **Belarus**, budget advocacy within the SoS project and the use of the Optima[33] resource optimisation software made it possible to argue for a twofold increase in the state budget for key groups during the SoS project. Work on the latter was facilitated via a 2020 modelling exercise conducted by the Burnet Institute and jointly funded by the Global Fund and UNAIDS; and found that budget optimisation could occur by, inter alia, scaling up of ARTs at 150% of their current budgets in a number of countries including Belarus.[34] According to key informant interviews, it was difficult, therefore, to attribute the increase in domestic funding for prevention solely to work conducted under the SoS project but rather as a combination of efforts between different partners under different projects. According to our interviews, political turmoil led to a loss in confidence on the part of local NGOs that budget increases would happen, however towards the end of the SoS project, the budget increases materialised to a total of USD$ 938,115.33.

In **Bosnia and Herzegovina**, budgets for key populations remained approximately the same, with approximately USD$ 38,800 allocated in 2019 to USD$34,946.24 allocated in in 2021.

In **Georgia**, funding increases occurred largely in part due to the government committing funding for opioid substitution therapy for people who use drugs.

In **Kyrgyzstan**, key informant interviews indicated an increase in the Kyrgyzstani som state budget to 63 million som (USD$ 743,059.00) based on preliminary data, however the USD$ figure shows a decrease due to the depreciation of the value of the som versus the USD through the duration of the project.[35] Nevertheless, according to key informant interviews, the increase in the budget enabled greater volumes of ARV procurement and allowed more Global Fund monies to be reallocated to prevention programs. At the time of writing, there was no official information (NASA/GAM report/GARPR reports) available on amounts of funding allocated for key populations.

In **Moldova**, there was an increase of approximately US$140,000 (2021) for HIV activities targeting key populations from the national budget. This included funding provided by the General Inspectorate of Probation (approximately US$4,508.26) for the development of psychosocial support services with the probation program to support reintegration of former prisoners[36] and the Administration for Penitentiary Institutions (approximately US$4,950.07) for assistants to provide rehabilitation and psychosocial services.[37] These were the direct result of activities done under the SoS project by the SoS partner Positive Initiative, including work to cost basic and expanded packages of services for key populations, joint meetings with prisons and other government officials, and sharing of best practices via regional webinars, including the expertise of the Alliance for Public Health and 100% LIFE in the development of the Chișinău city HIV program and informing budgeting exercises for city authorities.

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33 Cliff C Kerr, Robyn M Stuart and others, 'Optima: A Model for HIV Epidemic Analysis, Program Prioritization, and Resource Optimization' (2015) J Acquir Immune Defic Syndr. Jul 1;69(3):365-76. doi: 10.1097/QAI.0000000000000605. PMID: 25803164.

*34 The Burnet Institute, 'Оптимизация ресурсов для максимизации противодействия эпидемии ВИЧ в Восточной Европе и Центральной Азии Результаты анализа с применением модели Optima HIV для 11 стран Восточной Европы и Центральной Азии (**Resource Optimization to Maximize Countermeasures for HIV epidemics in Eastern Europe and Central Asia: Results of analysis using the Optima HIV model for 11 countries in Eastern Europe and Central Asia**)' (2020) <http://optimamodel.com/pubs/EECA_Russian_2020.pdf> accessed 20 February 2022, p. 15*

35 In 2018 it was about 49 Kyrgyz soms per dollar, and in 2019 this almost doubled to - 85 soms per dollar.

*36 Achizitii Publice (**Public Procurement**), Contract Nr. 52 (23 April 2021) <https://drive.google.com/drive/u/0/folders/1Py0DfJyMWPb_QPHLwdji2_CncJf98sIF> accessed 20 February 2022*

*37 Achizitii Publice (**Public Procurement**), Contract Nr. 7 (1 March 2021) <https://drive.google.com/drive/u/0/folders/1Y9wo8OloY7hLgevmZbZS-ny8X4P8jrPc> accessed 20 February 2022*

In **Montenegro**, the current Global Fund grant contains a stipulation that the funding must be matched with some domestic funding to the grant. It was up to CSOs to ensure that this occurred and to ensure government accountability on sustainability and financing for HIV prevention and care. In the words of the SoS partner, CAZAS, "We conducted a lot of advocacy to ensure that domestic funding is always provided." This included advocacy via joint press conferences with other local civil society. In one such press conference,[38] Acting Executive Director of the NGO Juventas emphasised that without domestic funding there would be interruption of preventive services for HIV, and that sustainability of services would be threatened. In the same press conference, Sanja Šišović, the SoS project lead for Montenegro, emphasised that CSO organisations have 'proven capacity, knowledge, experience, competencies' to carry out HIV prevention activities, with robust financial capacity, and that without Ministry of Health funding, prevention programs would be shut down. In our interview with CAZAS, it was stated that the results of the SoS project helped 'maintain obligations of the Ministry to continue funding and providing domestic financing of prevention programmes in Montenegro.' The funding was increased from €0 in 2018 to €300,000 in 2021.

In **North Macedonia**, a major increase was achieved in the 2022 budget of the National HIV Program (including treatment and prevention). This was directly related to SoS project advocacy. The increased amount is 125 million MKD – an increase of 42.5% compared to the 87.7 million for 2021 (as well as for 2020 and 2019). The total amount can be verified in the National Budget for 2022.[39] Unfortunately, the National HIV Program, which disaggregates this total amount to treatment and prevention, including services among KAPs has not been officially adopted yet and at time of writing, we are not yet certain of the distribution of funds. We expect the amount for KAPs to be around 54 million MKD (based on a draft of the National HIV Program shared by the National HIV Coordinator). According to the SoS partner, the PrEP pilot which was enabled by the SoS project catalysed additional funding from the National Health Insurance Fund in the amount of 678,550 MKD (c. 13,000 USD) for the costs of the package of STI diagnosis services for the PrEP clients. While these were not channelled to CSOs, they may still represent an increase of national funds for services for KPs.

In **Romania**, Romanian Angel Appeal (RAA) engaged five city halls across the country on the need for local funding on HIV prevention. In Bucharest in particular, consistent engagement, advocacy for a public debate on local funding for HIV prevention, and execution of a public debate where RAA participated and made their case on local funding resulted in the allocation of €200,000 (USD$229,000) for social programs for vulnerable groups, and in specific voluntary testing for homeless persons in Bucharest.[40] In total across the duration of the SoS project (2019-2021), €374,408 (USD$428,000) was allocated by city halls to various HIV prevention activities, including €100,000 for social programs including programs aimed at people who use drugs (District 2 Bucharest), €60,000 for 'campaigns aimed at reducing the risk of HIV infections' (District 6 Bucharest),[41] €3,200 for a Red Cross program on HIV prevention and awareness for vulnerable groups (Sibiu, Transylvania, Central Romania), and 55,440 lei (USD$12,675) for a project to 'Know Your Status' (Bucharest City Hall).[42] These funding figures, however, do not illustrate the full picture of total budgetary resources allocated for key populations in Romania, and thus we were unable to attribute a numerical figure to this indicator.

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38 Radio i Televizija Crne Gore, 'Montenegro is also threatened by HIV and Hepatitis C epidemics' (22 March 2021) <http://www.rtcg.me/vijesti/drustvo/314654/crnoj-gori-prijete-i-epidemije-hiv-a-i-hepatitisa-c.html> accessed 21 February 2022

39 2022 National Budget, North Macedonia <https://finance.gov.mk/wp-content/uploads/2021/12/BUDZET-2022-konecen-za-objavuvanje-16.12.2021-mk.pdf> accessed 22 February 2022, p. 403, line 57

40 ANUNŢ ÎN BAZA LEGII NR.350/2005 PRIVIND REGIMUL FINANŢĂRILOR NERAMBURSABILE (Announcement under Law No. 350/2004 regarding the scheme of grants) <https://www.dgas.ro/finantarea-proiectelor-in-baza-legii-nr-3502005-si-a-hcgmb-nr-27417-%2005-2018/> accessed 4 February 2022

41 Primăria Sector 6 Lansează Primul apel de Propuneri de Proiecte ÎN Cadrul Programului "Sport Și Sănătate În Sectorul 6"' (24 May 2021) <https://www.primarie6.ro/primaria-sector-6-lanseaza-primul-apel-de-propuneri-de-proiecte-in-cadrul-programului-sport-si-sanatate-in-sectorul-6/> accessed 14 February 2022

42 Grant No. R350/54/06.09.2021

In the **Russian Federation**, there was considerable fluctuation in the amount of funding provided by national and regional governments for HIV activities targeting key populations over the duration of this project. While some years saw budget increases due to budget increases at the local/city/regional level, there was ultimately a decrease in the total budget by the end of the project. In 2018, the baseline budget for activities targeting key populations was US$ 5,708,565.48; in 2021, despite the advocacy efforts of project partners, the total budget amounted to US$ 5,042,507.39 meaning a reduction of US$ 666,058.09.

In **Serbia**, interviewees stated that prior to the SoS project, there was no governmental funding of HIV prevention services, except for some municipalities in the south of the country that dedicated small pockets of funding. They further said that the SoS project enabled a lot of advocacy efforts focused on a national budget increase for key populations. In their own words:

> *"(Before SoS) there was no organised national budget for HIV prevention activities. There was only budget allocated within the network of the Public Health Institute, and this money was insufficient – it did not correspond to the level of services needed. The SoS project made (sic) a lot of advocacy efforts in relation to budget increases. It was good, because the budget has increased by, I think, 250% from the beginning of the regional grant until now, and this is a good thing because we think that sustainability can be achieved after Global Fund transition."*

In **Tajikistan**, while exact figures on government funding for HIV were not available, there was a successful decision for domestic funding allocations to the PLHIV program as a result of SoS project activities, referred to in the section on Social Contracting below. Notably, in 2021, the first social contract for HIV activities was issued; a grant of US$11,500 for work around developing a 'Patient School' Implementation Guide (for NGOs).[43] These activities included the development of standards for the provision of HIV services, and advocacy on an increase of funding. More work is needed to increase domestic funding. Despite a gradual increase in government budget allocation for HIV programmes, about 80% of total HIV program funding continues to come from external investment, mainly from the Global Fund and PEPFAR. The Global Fund is now the only source of funding for the procurement of essential supplies for prevention programmes among key populations and the supply of ARV drugs.

In **Uzbekistan**, the amount of funding allocated for HIV activities targeting key populations in 2021 was 420,800,000 Uzbekistani Som (US$38,730) for Tashkent city[44] and 108,700,000 Uzbekistani Som (US$10,000) for Samarkand.[45] As the baseline was 0 in 2018, this is an increase. According to the SoS Partner, the Republican AIDS Center, there are two sources of this funding, including the state budget and US$400,000 of USAID funding to support 'trust rooms' where key populations can get tested, link to counselling, medical assistance, and preventative care such as condoms and syringes. At time of writing, there was no official information available (NASA/GAM report/GARPR reports) on amounts of funding allocated for key populations.

43 *An HIV patient's school operates to raise patients' awareness of HIV infection, information about treatment and surveillance, treatment and the prevention of secondary diseases. MoH Order No. 34 from 01.06.2021*

44 *Decision of the khokim of Tashkent city No. 961 dated 06/28/2018*

45 *Decision of the khokim of the Samarkand region No. 415-K of 06/26/2018*

TABLE 1: INCREASE IN NATIONAL FUNDING FOR HIV ACTIVITIES TARGETING KEY POPULATIONS

	National funding for HIV activities targeting key populations in 2018, cumulative from the national, regional, and municipal budgets (Baseline)	National funding for HIV activities targeting key populations in 2021, cumulative from the national, regional, and municipal budgets (Endline)	Increase in national funding for HIV activities targeting key populations and PLHIV from the national, regional, and municipal budgets (USD$), 2021 compared to 2018
Belarus	USD$ 279,416.67	USD$ 1,217,532.00	938,115.33
BiH	0	USD$ 34,946.24	34,946.24
Georgia	USD$ 3,836,043.08	USD$ 4,352,806.41	516,763.33
Kazakhstan	USD$ 898,819.30	USD$ 966,108.72	67,289.42
Kyrgyzstan	USD$ 1,082,899.00	n/a	n/a
Moldova	USD$ 250,400.67	USD$ 368,251.19	117,850.52
Montenegro	0	USD$ 145,971.7	145,97107
North Macedonia	USD$ 891,232.90	USD$ 749,262.94	-141,969.96
Romania	0	n/a	n/a
Russian Federation	USD$ 5,708,565.48	USD$ 5,042,507.39	-666,058.09
Serbia	0	USD$ 304,295.24	304,295.24
Tajikistan	USD$303,826.12	n/a	n/a
Ukraine	0	USD$ 5,833,085.32	5,833,085.32
Uzbekistan	0	n/a	US$48,730.00
		Targeted increase	**USD$ 10,250,000**
		Actual increase (2021 VS 2018)	**USD$ 5,763,563.93**
		Actual increase (2020 VS 2018)	**USD$ 21,962,910.50**
		Actual increase (2019 VS 2018)	**USD$ 8,379,956.95**
		Total cumulative increase during 2021 – 2018	**USD$ 36,106,431.38**

PRICING POLICIES BY ART MANUFACTURERS AND GOVERNMENT PROCUREMENT POLICIES (OUTCOME INDICATOR 2)

Context:

ART prices vary across the SoS project countries. Due to many countries transitioning or having transitioned out of Global Fund financing, it is imperative that procurement policies improve, and that pricing of ART reduces to ensure access to treatment for all people living with HIV. At baseline, most countries in the Balkan peninsula had high prices for ARV drugs due to procurement policies inclined towards originator drugs and non-standardised procurement policies, such as non-centralised procurement mechanisms[46]. While Balkan countries did not initially plan to work on better pricing policies, several produced results in this area. Other countries such as Belarus and Kazakhstan were excluded from voluntary licences for dolutegravir, and thus prices for these drugs remained high.

Target:

Reduced prices for ARTs and improvements in government procurement policies, and total savings made from ARV pricing optimization activities of USD$73,405,110 in 2021.

By the end of 2021, the average cost of first line ART (TDF/XTC/EFV, recommended by WHO) should be below $131 in 9 countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan).

Outcome(s):

Nine (9) countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan) conducted activities focused on better pricing policies and/or improvement in government procurement policies. Based on key informant interviews and desk review, ART price reductions occurred in six (6) countries (Belarus, Kyrgyzstan, Moldova, North Macedonia, the Russian Federation, and Uzbekistan). While SoS activities in Kazakhstan led to their formal inclusion in the MPP voluntary licence, at time of evaluation this has yet to materialise into real-life price reductions. In Bosnia and Herzegovina, while no indicator was initially set on better pricing policies/improvement in government procurement, the SoS partner made several steps towards increasing broad support around a central procurement mechanism which could reduce ART prices. North Macedonia was also not required to report to this indicator, but nevertheless carried out several advocacy activities and successfully reduced prices.

All SoS project countries achieved the target in having average annual cost of first line ART (TDF/XTC/EFV, recommended by WHO) below $131, with an excess of USD$147 million constituting total savings on ARV procurement across all SoS project countries. Further work is needed to ensure price reductions, including in Belarus.

Overall, results were achieved on this indicator. Tajikistan continued to have ARVs funded by the Global Fund, and pricing there has benefited from the catalytic effect of services, advocacy, and documentation of efforts that occurred in other SoS countries.

46 100% Life and Kairos Group, 'Report: Access to Antiretroviral Therapy in Countries of Balkan Peninsula: Bosnia and Herzegovina, North Macedonia, Montenegro, Romania, Serbia' (2019)

In **Belarus**, the key challenges pertained to the high price of dolutegravir at baseline (USD$105 per pack), the non-inclusion in the MPP dolutegravir voluntary licence, and a restricted procurement system attributed to Belarus's membership in the Eurasian Economic Union. The latter means that it takes seven to ten months from the moment of filing a Drug Application for approval before the release of the drug into the market[47]. In addition, Belarus is not able to use international mechanisms for public procurement except in the case of force majeure[48]. Due to the need to fulfil bureaucratic national rules that required additional procedures to register projects funded by external entities, the SoS project was implemented for a shorter period than in other countries. Key informants attributed the shorter implementation period as a key reason why reforms were unable to be achieved on the procurement system, hence no activities were commenced on this indicator. Thus, at endline (2021), procurement through international mechanisms remained the same.

The SoS project in Belarus therefore focused on price reductions. Given that the main priority of the government has been to focus on import substitution and therefore domestic production of drugs, reductions in ART prices were possible. As a result of these policies, the share of national production of ARTs used in the country has increased from 60% in 2016 to more than 80% of total consumption in 2020[49]. SoS activities saw the patient community advocate for the inclusion of Belarus into the Medicine Patent Pool voluntary licence for dolutegravir. Pursuant to this advocacy, voluntary licence agreements were signed in November 2020, opening access to generic dolutegravir production and a decrease in dolutegravir prices from USD$105 per pack to USD$50 per pack. Interviewees noted that further price reductions were possible to USD$35 per pack with increased volume commitments, but no written commitment was obtained on this. In addition to price reductions on dolutegravir, SoS activities facilitated the rapid registration of seven (7) generic ARVs up to June 2021.

As mentioned above, SoS partners in **Bosnia and Herzegovina** (BiH) were not required to report on this indicator. Despite this, the SoS partner Partnerships in Health conducted several activities towards reducing ART prices. For context, there is a fragmented health system and procurement system for ARVs in BiH. ARVs are purchased in a centralised fashion by the Solidarity Fund of the Federation of Bosnia and Herzegovina, the Health Insurance Fund of the Republika Srpska and the Health Insurance Fund of the Brčko District; and in a decentralised way by infectious diseases clinics that treat people living with HIV in 10 cantons. As a result, there are up to 13 purchasers of ARVs rather than a single centralised national purchaser, resulting in high prices. In the SoS project, the implementer in BiH, Partnerships in Health, conducted several activities aimed towards improving government procurement and pricing mechanisms, including engaging in discussions with decision makers in Ministries of Health (in Federation of BiH, Republika Srpska, and Brcko District) and Health Insurance funds, who were all part of the National Task Force for the Development of Clinical Guidelines, an entity formed per proposals by Partnerships in Health.

While a price reduction or improvement in procurement policies did not occur during the SoS project, according to key informant interviews, work done in the SoS project resulted in a centralised purchasing mechanism at the national level. This decision removed discrimination of PLHIV based on place of residence, because prior to this decision some clinics have had over 14 ARV drugs available, while

47 *Eurasian Economic Commission, 'In the EAEU, a common medicines market is launched' (7 July 2017) http://www.eurasiancommission.org/en/nae/news/Pages/5-05-2017.aspx accessed 12 February 2022*

48 *100% Life and Kairos Group, 'Report: Access to Antiretroviral Therapy in Countries of Balkan Peninsula: Bosnia and Herzegovina, North Macedonia, Montenegro, Romania, Serbia' (2019), p. 12*

49 *Ministry of Health of the Republic of Belarus, 'Краткая информация о реализации Государственной программы «Здоровье народа и демографическая безопасность Республики Беларусь» на 2016 – 2020 годы за весь период реализации (Brief information on the implementation of the State Program "Health of the people and demographic security of the Republic of Belarus" for 2016-2020 for the entire period of implementation)' https://minzdrav.gov.by/upload/dadvfiles/letter/%D0%9A%D1%80%D0%B0%D1%82%D0%BA%D0%B0%D1%8F%20_%D0%B8%D0%BD%D1%84%D0%BE%D1%80%D0%BC%D0%B0%D1%86%D0%B8%D1%8F_%20%D0%BF%D0%BE_%D0%93%D0%9F_%D0%97%D0%9D_%D0%B8_%D0%94%D0%91_%D0%B7%D0%B0%20_2016_2020.pdf*

some had only 6 drugs available. Efforts by the SoS partner enabled the inclusion of National Task Force representatives in SoS project regional multi-stakeholder dialogues on availability, quality and pricing on ARV drugs and through these engagements have obtained a verbal commitment that the National Task Force will engage in ARV price reduction initiative. At time of writing, Federation BiH and Republika Srpska have introduced new ARVs to PLHIV.

In **Georgia**, stakeholders stated that pricing was already optimal at the beginning of the SoS project due to pooled procurement through Wambo and other online platforms, hence no activities were conducted in this regard. However, some procedural improvements are needed to ensure the government can order generic drugs that aren't registered with the domestic regulatory authority. According to interviewees, a waiver document must be obtained to order unregistered generics, requiring significant documentary processes – and stakeholders felt that further work needs to be done to simplify the processes.

In **Kazakhstan**, the patient community advocated for the inclusion of dolutegravir within the MPP voluntary licence, via information gathering, discussions, and letters from the patient community to the Ministry of Health. On 30 November 2020, Kazakhstan was included in the DTG voluntary licence, with the Ministry of Health of Kazakhstan stating that 'the possibility of access to generic dolutegravir fully meets the interests of the Republic of Kazakhstan in terms of price and quality.' Applications to supply dolutegravir to the country coincided with the transition to Eurasian Economic Commission rules for medicines procurement, with two generic suppliers trying to register their drugs in Kazakhstan before the deadline of 1st July 2021. Unfortunately, one generic supplier withdrew, leaving only Hetero to register their drugs in Kazakhstan. A controversy then emerged with Hetero pricing the generic dolutegravir at the same price as the originator, i.e., US$100 per pack, which is too expensive for local deployment. Despite the agreement, in November 2021, Kazakhstan still did not have access to generic dolutegravir[50], and considerations are underway on whether a compulsory licence is a better route for access. According to a former CCM member interviewed for this evaluation, price reduction was 'a constant work in progress', and according to the SoS partner, the Central-Asian Association of People Living with HIV, despite writing letters to multiple Ministries in charge of budgets, it was impossible to obtain information on prices set by the ARV distributors. Several barriers remain to improvement of government procurement mechanisms and reduction of ARV prices, including a lack of transparency on prices, and no competition from other companies due to there being a single, state-owned distributor of medicines in the country[51].

To improve procurement mechanisms, in **Kazakhstan**, the SoS partner developed a research report on procurement systems[52] for testing with key recommendations for reform, as 'there are so many things that could be optimised, and savings spent for the benefit of our people'. The report recommended, inter alia, that the government consider centralising the purchase of tests to reduce costs, increase volumes of purchased tests, and that the government introduce self-testing for key populations[53]. According to the SoS partner, the Central Asian Association of People living with HIV, it was 'gratifying' to see part of the recommendations therein already implemented by the government.

50 *Make Medicines Affordable, 'MMA's partners in Kazakhstan call for systemic changes to the country's intellectual property and access to medicines framework in their annual report' (29 November 2021) https://makemedicinesaffordable.org/annual-report-from-mmas-partners-in-kazakhstan-calls-for-a-systematic-change-on-the-countrys-ip-and-access-to-medicines-framework/ accessed 20 February 2022*

51 *SK-Pharmacy https://sk-pharmacy.kz/rus/ accessed 20 February 2022*

52 *Central Asian Association of People Living with HIV, 'ОБЕСПЕЧЕНИЕ ДИАГНОСТИЧЕСКИМИ ТЕСТ-СИСТЕМАМИ НА ОПРЕДЕЛЕНИЕ МАРКЕРОВ К ВИЧ-ИНФЕКЦИИ, ИММУННОГО СТАТУСА (CD4), ВИРУСНОЙ НАГРУЗКИ (РНК ВИЧ) ЛЕКАРСТВЕННОЙ УСТОЙЧИВОСТИ В РЕСПУБЛИКЕ КАЗАХСТАН В 2017-2019 ГОДАХ (PROVISION WITH DIAGNOSTIC TEST SYSTEMS FOR THE DETERMINATION OF MARKERS FOR HIV INFECTION, IMMUNE STATUS (CD4), VIRAL LOAD (HIV RNA) DRUG RESISTANCE IN THE REPUBLIC OF KAZAKHSTAN IN 2017-2019)' (2020) https://caapl.org/wp-content/uploads/2021/02/obespechenie-diagnosticheskimi-test-sistemami-kazahstan_final.pdf accessed 22 February 2022*

53 *Ibid, p. 74*

In **Kyrgyzstan**, 50% of ARVs are procured from the state budget. At the beginning of the SoS project, despite WHO recommendations to switch to dolutegravir from efavirenz-based regimens, there was still a basic first line treatment regimen of TDF + 3TC or FTC + EFV (efavirenz). The first step, therefore, was to work on expanding coverage and advocating for pricing reductions for this regimen. The SoS project partner, Partnership Network Association, stated that as a result of their SoS project advocacy, the prices decreased by at least 3-4 times. During the project, negotiations held between the Republican AIDS Centre and pharmaceutical companies and driven by SoS advocacy resulted in the price of the fixed dose combination TLD[54] to decrease from US$15.50 per month in 2019 to US$7.25 in 2021. In the words of a key informant from the Republican AIDS Centre: "The prices have fallen at least four times from the original prices. Initially we had prices of US$20-25, then $15, and now it's US$7-8. There is definitely a decrease caused by the project." This corresponds with internal records at the Alliance for Public Health which state that there was a decrease in first line ART (tenofovir / lamivudine / dolutegravir) from 186$ per patient per year in 2019 to 86$ per patient per year in 2020. In addition, the volumes of ARVs procured were increased, and this resulted in additional savings.

Similar to Kazakhstan, a report on improvement of government procurement for testing was produced in **Kyrgyzstan**, as mentioned below in Section 6(a).

At the beginning of the SoS project implementation (2018) in **Moldova**, there were several obstacles or barriers to optimal ART procurement and pricing, including that there was no ability to purchase through international procurement mechanisms, there was an inability to purchase directly from manufacturers, it was not possible to purchase drugs that had not been registered, and as of 2019 it was no longer mandatory to procure drugs through the electronic tender system, mTender[55]. Terms of reference for the procurement of ARVs (and the results of tender processes) were published on the website of the state procurement agency[56] and as such, access to information was available to NGOs. By 2019, a public website was mounted to collect information about supply chain interruptions in treatments for HIV, HCV and TB (pereboi.md/).

According to key informant interviews, activities conducted through the SoS project, including the inclusion of communities in procurement working groups, development of technical specifications for ARVs, and monitoring of government procurement activities (through the procurement committees), resulted in savings of approximately USD$600,000.The SoS Partner from Ukraine, 100% Life, provided technical support to Moldova to attract more generic competitors for medicines and to monitor procurement cycles with the objective of preventing monopolistic practices and described the processes that led to these savings:

> *"We formed a competitive market in the country by registering more and more manufacturers. That is, we created more competition and changed the law on (drug) registration – because simplified registration results in the reduction of drug prices and competition in the market… Our task was to direct community groups elsewhere to the principles we espouse on writing the (procurement) terms of reference and monitoring the procurement cycle. There was a very good practice in Moldova where community (advocacy) stopped the tender because they foresaw a monopoly position – as a result the government listed to the community and announced a new tender. They've attracted more generic pharmaceutical manufacturers to the market and as a result have saved about €540,000 (USD$ 600,000) which for a small country like Moldova (is significant)."*

54 *A generic HIV fixed dose combination containing tenofovir disoproxil, lamivudine, and dolutegravir.*

55 *100% Life and Kairos Group, 'Report: Access to Antiretroviral Therapy in Countries of Balkan Peninsula: Bosnia and Herzegovina, North Macedonia, Montenegro, Romania, Serbia' (2019), p. 56*

56 *Achiziție - Achiziționarea medicamentelor pentru realizarea Programului Național de prevenire și control HIV/SIDA și ITS pentru anul 2022 (Procurement - Purchase of medicines for the implementation of the National Program for the prevention and control of HIV / AIDS and STIs for 2022) <https://e-licitatie.md/achizitii/26647/achizitionarea-medicamentelor-pentru-realizarea-programului-national-de-prevenire-si-control> accessed 19 February 2022*

Technical specifications developed during the SoS project included the provision that if a particular ARV price was 30% or higher than the previous years' prices, the tender would be cancelled.[57] In addition, as the procurement agency was a very young institution (established in 2016),[58] SoS activities helped optimise the ARVs tendering process through consultation and advocacy and hence contributed to the capacity building of the procurement agency. Optimisation occurred through revision of procurement algorithms approved by the Ministry of Health, Labour, and Social Protection, and through SoS activities on average the time for announcement of tenders and signing of procurement contracts had reduced by an average of two months. There was also increased accountability in ARVs procurement due to the Ministry of Health developing technical specifications which are then presented to a technical working group prior to the decisions being taken. Monitoring of government procurement activities was conducted via the inclusion of NGO and key population representatives in procurement working group meetings, with coordination between NGOs and key affected populations occurring through an informal dialogue platform for communities in Moldova.

North Macedonia also was not required to report towards this indicator but conducted advocacy activities on ARV price reduction regardless. Because North Macedonia is a middle-income country and therefore is excluded from the MPP dolutegravir voluntary licence, advocacy was focused on influencing ViiV Healthcare towards a price reduction for this ARV. The SoS partner, Stronger Together, put in place a series of advocacy measures towards this goal, including a situation analysis on pricing, established policies, and strategies applied in other countries, and correspondence with ViiV. The latter involved a March 2021 letter from the National HIV Coordinator to ViiV that detailed the need to be included in the MPP voluntary licence and for the dolutegravir price to decrease. In an April 2021 response, ViiV stated that North Macedonia did not fall within the relevant criteria for a voluntary licence, but that 'as a tangible sign of ViiV Healthcare's commitment to support the Ministry of Health in bringing increased access to DTG in North Macedonia in an affordable and sustainable manner' and allowed its distributor to offer a reduced price. The letter also contained stipulations that if North Macedonia were to import generic DTG, they would not enforce their patents. A follow up letter to ViiV was sent in December 2021 by the cabinet minister for Health with the support of 100% LIFE.

In the **Russian Federation**, price reduction activities were largely carried out by ITPCru. Unlike other countries participating in the SoS project, ART procurement is fully financed through the Russian State budget and centralised procurement platform. Price reductions were achieved with the support of the SoS project with a baseline price per person starting at US$ 913 in 2018 to US$ 571 in 2021. The savings achieved through price reductions were channelled back into the state budget for additional ART procurement. In 2019, the cost of first line ART (TDF/XTC/EFV) was US$ 181, while in 2020 the price had dropped to US$ 142 indicating close to a 22% price reduction. The price was further reduced in 2021 to US$ 113.15.[59]

57 *Law No. 131 of 03-07-2015 on public procurement, Article 71(1) The contracting authority, on its own authority, shall cancel the procedure for the award of the public procurement contract, if it takes this decision before the date of transmission of the communication on the result of the application of the public procurement procedure, in the following cases:... exceeding by 30% the estimated value of the procurement, calculated in accordance with this Law. <https://www.legis.md/cautare/getResults?doc_id=113104&lang=ro> accessed 13 February 2022*

58 *Centre for Centralised Public Procurement in Health, established 10 October 2016 <https://www.legis.md/cautare/getResults?doc_id=127740&lang=ro > accessed 13 February 2022*

59 *Links to the auctions and contracts of RF MoH: Lamivudine pills 300 mg https://zakupki.gov.ru/epz/contract/contractCard/payment-info-and-target-of-order.html?reestrNumber=1970515020221000027&contractInfoId=64910541 ; EFV pills 600 mg https://zakupki.gov.ru/epz/contract/contractCard/payment-info-and-target-of-order.html?reestrNumber=1970515020221000051&contractInfoId=67387931 ; TDF pills 300 mg https://zakupki.gov.ru/epz/contract/contractCard/payment-info-and-target-of-order.html?reestrNumber=1970515020221000115&contractInfoId=66921075*

In **Russia's** case, the main issue was DTG as the preferred first-line treatment option. ITPCru led on these initiatives with their advocacy work aimed at achieving:

1. Price reductions: Achieved with two stages of ViiV price reductions: 27% reduction in 2020; an additional 14% reduction in 2020-2021.

   The 14% decrease in drug prices were made possible through Russia's openness to a 3-year long term contract with ViiV. The ability to engage in long term contracts to improve procurement cycles was one of the key changes addressed by ITPCru under the SoS project. Following this long-term contract with ViiV, at least 2 other ARV manufacturers (ViiV and Janssen) have also signed long term agreements with Russia.

2. Collaboration with Russia's scientific community to improve and update treatment guidelines to include DTG. As noted in other sections of this report, these project activities were also met with success.

In 2021, numerous stockouts continued to be reported in Russia on the pereboi.ru website, including on stockouts of ARV treatment from 15 regions in Russia. In each case, ITPCru consultants wrote official requests to the Head Chief of Medicine in local hospitals and/or to local authorities. ITPCru was also in communication with the ARV manufacturers to influence the speed of stock deliveries. As reported by ITPCru, all reports were successfully resolved except for 6.

The SoS partner in **Tajikistan** stated that they did not carry out any activities on ARV pricing as part of the SoS project. The procurement of ARVs is held through the donors, and there's no procurement organized by the government. SoS project was providing technical assistance to review and amend (when needed) the existing procurement regulations to prepare Tajikistan for effective procurement of ARVs in future.

Through the SoS project, **Ukraine** was a best practice model for other countries. The SoS partner, 100% Life, provided technical support to other SoS partners on price reductions, with a specific example illustrated in the description of results in Moldova above in this section.

In **Uzbekistan**, in order to reduce the cost of first line ARV regimens, the SoS partner (Republican AIDS Center) analysed the cost of drugs, and pursuant to that entered into negotiations with manufacturers and achieved a reduction in the cost of first line ART drugs to US$74.

A summary of the findings is illustrated in the below table:

- *Work not conducted as was not planned by the project*
- *Results not achieved*
- *Results partially achieved*
- *Results achieved*

TABLE 2:
IMPROVEMENTS IN ARV PRICES OR ARV PROCUREMENT POLICIES AS A RESULT OF SOS ACTIVITIES (2019-2021)

	Baseline on ART pricing and procurement policies	**Improved ART prices**	**Improved government procurement policies**	**In this case of no change to ART prices/improved procurement policies, concrete steps made towards improved ART pricing and/or improved government procurement policies**
Belarus	Price of DTG: USD$105 per pack, procurement through international mechanisms only in limited circumstances	*DTG price reduced to USD$50 per pack*		*Not applicable as results achieved on ART prices.*
Georgia	Pooled procurement through Global Fund and Wambo.org and other online platforms	*Did not conduct any activities towards this indicator.*		
Kazakhstan	High DTG prices			*Inclusion in MPP DTG licence*
Kyrgyzstan	High DTG and TLD prices	*TLD prices reduced US$15.50 per month in 2019 to US$7.25 in 2021*		*Not applicable as results achieved on ART prices.*
Moldova	Various poor procurement practices (see narrative in chapter)	*500,000 Moldovan lei (USD$28,000) savings due to a decrease in prices of ARVs in 2021*	*Various procurement optimisation policies, including cancellation of tender is ARV prices 30% or more higher than previous years and more robust monitoring of procurement processes.*	*Not applicable as results achieved on ART prices and procurement policies.*
Russian Federation	Centralised procurement platform of the Ministry of Health of the Russian Federation, high ARV prices	*Cost of first line ART (TDF/XTC/EFV) reduced from US$ 181 in 2019 to US$ 127.51 in 2021 (30% price decrease)*	*The country has draft/ approved procurement guidelines*	*Not applicable as results achieved on ART prices and procurement policies.*
Tajikistan	Procurement through Global Fund (UNDP) only	*Did not conduct any activities towards this indicator.*		
Ukraine	Best practice model for other countries	*Assisted other SoS project countries with analyses and technical support on ARV prices and procurement systems*		
Uzbekistan	High prices for first line ARV drugs	*Reduction in the cost of first line ART drugs to US$74.*		*Not applicable as results achieved on ART prices.*

TABLE 3:
COUNTRIES NOT REQUIRED TO REPORT FOR THIS INDICATOR, BUT NEVERTHELESS ACHIEVED RESULTS

BiH	13 different procurers, high prices			
North Macedonia	High DTG prices	*Advocacy enabled DTG distributor to offer a reduced price*		

TABLE 4: ACTUAL SAVINGS FROM ARV PRICE REDUCTIONS AS A RESULT OF SOS PROJECT ACTIVITIES

	Average cost of treatment per patient in 2018, $ (Baseline)	Actual number of patients on ART in 2018 (Baseline)	Actual expenses on ARV procurement in 2018 (Baseline)	Actual number of patients on ART in 2021 (Endline)	Average cost of treatment per patient in 2021, $ (Endline)	Actual Expenses on ARV procurement in 2021 (Endline)	Savings gained in 2021, $
Belarus	351.78	18,855	5,461,050.85	19,888	331.89	6,600,543.77	143,497.49
Georgia	196.76	5,500	904,523.55	6,597	116.62	769,346.18	306,200.06
Kazakhstan	935.28	20,177	13,983,410.74	24,957	661.32	16,504,494.99	2,145,965.57
Kyrgyzstan	208.11	4,441	773,736.86	5,040	103.12	519,743.25	-57,328.64
Moldova	179.42	6,810	1,069,551.80	7,267	104.59	760,052.17	55,967.26
Russian Federation	913.06	604,999	326,661,304.08	660,821	677.93	447,993,146.91	18,840,945.84
Tajikistan	13.64	7,863	81,786.82	8,719	41.59	362,604.26	-102,204.39
Ukraine	131.64	121,949	11,880,711.75	130,239	79.72	10,383,256.61	2,738,806.09
Uzbekistan	96.62	31,028	2,582,903.17	34,187	79.48	2,717,236.14	2,979,128.11
						Targeted savings	USD$ 73,405,110
						Actual savings (2021 VS 2020)	USD$ 27,283,006.81
						Actual savings (2020 VS 2019)	USD$ 36,806,904.42
						Actual savings (2019 VS 2018)	USD$ 83,844,003.52
						Total actual savings (2019 – 2021)	USD$ 147,933,914.74

All project countries achieved the target in having average annual cost of first line ART (TDF/XTC/EFV, recommended by WHO) below $131. Further work is needed to ensure price reductions, including in Belarus and Tajikistan, the latter of which did not conduct any price reduction activities under the project.

TABLE 5: PRICE OF FIRST LINE ART (TDF/XTC/EFV) IN 9 SOS PROJECT COUNTRIES

Country	Price of TDF/XTC/EFV in 2021 (USD$)
Belarus	129.34
Georgia	78.84
Kazakhstan	92.72
Kyrgyzstan	89.43
Moldova	76.65
Russia	113.15
Tajikistan	69.10
Ukraine	87.60
Uzbekistan	69.97

GLOBAL FUND TRANSITION AND GOVERNMENT SOCIAL CONTRACTING

Context:

Due to rising income status, most countries involved in the SoS project are transitioning out of the Global Fund. Some have already transitioned and have not received Global Fund country grants for several years. Thus, HIV prevention activities will need to be funded domestically, either at national, district, or municipal levels.

Target:

1. New or improved funding/state procurement mechanisms for civil society activities on HIV prevention, including social contracting mechanisms in all 14 SoS project countries and functional state procurement mechanisms exist in 14 countries.

2. Analysis of implementation of transition plans is completed for 14 countries.

Outcome(s):

1. New funding mechanisms for civil society activities in HIV prevention were founded in Bosnia and Herzegovina, Kyrgyzstan, Serbia, and Tajikistan, whereas SoS partners in 8 countries achieved or partially achieved activities towards improving existing social contracting mechanisms. SoS partners in all countries took key steps towards improving sustainability of HIV services by NGOs in their countries.

2. The Eurasian Harm Reduction Network (EHRA) completed analysis on 10 SoS project countries (Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan), with salient insights on government progress to fund ARVs, diagnostics, and other tools, in addition to government funding of civil society-led projects and services.

In **Belarus**, country spending on HIV is part of the annual budget, which is approved at the National Assembly, whereas local budgets are approved by the relevant Councils of Deputies[60]. SoS project activities in Belarus were predominantly aimed at budget advocacy, the training of government budget planners, and assessments on types of State Orders that would be appropriate for deployment of HIV prevention services. While no new funding mechanisms for NGOs came to fruition as a result of the SoS project activities, the country already had a form of state social contracting via an order for preventive services developed in 2017,[61] via the Council of Ministers Decision No. 1031, and via an earlier 2012 Decision on the state social contract.[62]

Via SoS project activities to secure local funding for the execution of State Social Order and through optimisation of resources, Minsk became a leader in using the social contracting mechanism for prevention activities, enabling reallocation of resources towards tracking individuals lost to dropout from ART. This optimised model was also employed in social contract grants deployed in Svetlogorsk.

60 100%ЖИЗНИ (100%Life), 'Портфолио Стран: Беларусь , Грузия, Казахстан, Кыргызстан, Молдова, Россия, Таджикистан, Узбекистан'. (Country Portfolios: Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Uzbekistan)' (2019), p.7

61 Council of Ministers Decision No. 1031 of 28 December 2017 "On issues of state social order in the field of preventive measures to prevent the spread of socially dangerous diseases, human immunodeficiency virus" 100%ЖИЗНИ (100%Life), 'Портфолио Стран: Беларусь , Грузия, Казахстан, Кыргызстан, Молдова, Россия, Таджикистан, Узбекистан'. (Country Portfolios: Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Uzbekistan)' (2019), p. 5

62 Council of Ministers Decision No. 1219 of 27 December 2012 on certain issues of the state social contract, ibid.

Unfortunately, however, this funding is not allocated to CSOs but rather only government entities. These include city executive committees that independently design packages of services and procure these services from NGOs. Partly due to activities implemented under the SoS project, a grant was provided on the societal reintegration of former prisoners in Svetlogorsk, and through other State Social Order grants from 2017-2020, over 7,000 people accessed HIV prevention services, social support, medico-social support, and palliative care[63]. There continue to be issues with this system, including that not all authorities open tenders and that NGOs provide 20% co-financing in circumstances where projects are subsidised. A key informant said that 'it's still a long way to a full transition'.

Social contracting is an important component for Global Fund transition. The Eurasian Harm Reduction Association (EHRA) was commissioned under the SoS project to complete an analysis of implementation of transition plans for the 14 SoS project countries, and as part of this, EHRA had developed a methodology and transition monitoring tool to enable civil society to assess their country's performance on fulfilling HIV-related sustainability commitments.

In Belarus, they noted that 'priority funding for prevention programs aimed directly at groups of PWID, MSM and SWs continues to be provided through Global Fund grants', and that 'commitments to reduce the level of HIV infection among KPs has not been achieved, since among the three main groups (PWID, MSM and SWs) increasing HIV prevalence'.[64] Their analysis also noted that there was 'sustainable and sufficient' state funding for the purchase of ARVs and laboratory diagnostics, but that there was insufficient budgetary funding aimed at supporting NGOs to provide services and implement projects, including projects to build adherence to ART[65]. They noted, however, that despite laws existing on the state social order, there was an absence of separate legislation that would ensure functioning of mechanisms of disbursement of the state social order[66].

In **Bosnia and Herzegovina**, the SoS partner, Partnerships in Health, established a parliamentary group for HIV, hepatitis and tuberculosis at the state level, and advocated for their support in establishing a social contracting mechanism in the country[67]. As a result of advocacy activities, the SoS partner, in collaboration with other local CSOs, successfully secured a social contracting mechanism for NGOs via a specific budget line in the government budget, for the first time in the history of BiH.

The country's only transition and sustainability plan was drafted in 2015.[68] The analysis conducted by EHRA involved an official request of data from the government, however it did not receive an answer.[69] Overall, the analysis found that BiH does not have active HIV prevention programs at the national level that are funded and supported through national funding and that HIV is not prioritised by BiH governments.[70]

In **Georgia**, funds for CSOs can be provided via an electronic tender for a total of one year per application – but as the introduction of electronic tenders for CSO funding had been part of transition plans prior to the SoS project, it cannot be said that SoS project activities in Georgia resulted in a new

63 *Summary of the implementation of the State Programme "Health of the People and Demographic Security of the Republic of Belarus" for 2016-2020 for the entire implementation period*

64 *D Govorkov and Elena Fisenko, 'Республика Беларусь: оценка устойчивости ответа на ВИЧ среди ключевых групп населения в контексте перехода от поддержки Глобального фонда на государственное финансирование (Republic of Belarus: Assessing the Sustainability of the HIV Response Among Key Populations in context of the transition from Global Fund support to public funding)' (Eurasian Harm Reduction Association 2021) https://harmreductioneurasia.org/wp-content/uploads/2022/01/Belarus-TMT-Assessment-EHRA-2021-RUS-FINAL.pdf accessed 4 April 2022, p. 8*

65 *Ibid, p. 10*

66 *Ibid, p. 9-10*

67 *p. 12 https://aph.org.ua/wp-content/uploads/2021/04/bih-red.pdf accessed 12 February 2022*

68 *Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in Bosnia and Herzegovina 2015-2017' (September 2015) https://www.unaids.org/sites/default/files/country/documents/BIH_2017_countryreport.pdf accessed 5 April 2022*

69 *Eurasian Harm Reduction Association, 'Overview of the situation with Sustainability, Transitioning and Continuation of HIV and AIDS Prevention, Treatment and Care in Bosnia and Herzegovina' (2021), p. 13*

70 *Ibid, p. 21*

mechanism. However, the SoS partner (Georgian Harm Reduction Network) engaged municipalities for increased funding for HIV prevention for PWID and while municipal authorities were open to engaging GHRN, they did not have the flexibility to allocate funds during the life of the project. Municipalities have, however, invited GHRN to be part of the 2022 budget planning process and GHRN has asked all of their service centres to engage municipalities on budget planning, signalling an important first step towards further improvements in financial sustainability.

EHRA's analysis on Georgia's transition plans found that the government has registered 'significant progress' on domestic funding of HIV services,[71] including on PrEP, where the government has managed to scale-up programme coverage from 258 MSM receiving PrEP at least once a year in 2019, doubling this figure in 2020 at 487,[72] and through the expansion of government-funded opioid agonist therapy. The analysis also found, however, that more progress is needed by the government to fund the procurement of HIV prevention commodities, needle-and-syringe programs, psychosocial, legal, and material support for disadvantaged key populations, and disease surveillance research.[73]

There are existing mechanisms for social contracting in **Kazakhstan**, notably Law No. 36-III on State Social Contracts, Grants and Awards for Non-Governmental Organisations (2005),[74] and a 2009 Ministerial Order on the Social Development of the Republic of Kazakhstan, and according to key informants, there is 'a lot of public money for NGOs for all areas including HIV' but that many were reluctant to apply with the M-tender because of the application fee of approximately US$30-40. In addition, in CSO grants obtained by open tenders announced annually by regional governments, discrepancies have been noted between actual needs and final approved amounts within the awarded social contracts. Under the SoS project, the Central-Asian Association of People Living with HIV proposed a model of social contracting that allowed for multi-year grants, however stressed that 'we need advocacy at the local level'. The SoS partner also participated in discussions to build a roadmap for budget advocacy with periodic check-ins with local partners. Crucially, the SoS partner calculated costs of standard tariffs for state services that would tally with the compulsory health insurance plans within the new Code of Health.

In **Kazakhstan**, a roadmap for financial sustainability of HIV programs[75] was developed by a multi-stakeholder working group consisting of government, NGO representatives, and donors such as USAID. The process allowed for the division of responsibilities towards budget advocacy and financial sustainability activities, including the role of the SoS partner, the Central-Asian Association of People Living with HIV. Under the SoS project, technical and financial assistance was provided to hire national consultants to develop a tariff or fair costs for HIV medico-social services for KAP. The development of these cost standards for the provision of HIV services coincided with the finalisation of work on the national health insurance system, thus it was important to include these calculations within the health budget. SoS partners participated in these discussions and made recommendations to ensure the inclusion of all key populations in the development of these tariffs. According to interviewees, at the end of the SoS project in December 2021, the SoS partner was in the process of finalising the document with recommended tariffs in collaboration with the Kazakh Scientific Centre of Dermatology and Infectious Diseases, prior to submission to the Ministry of Health for their consideration.

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71 Mzia Tabatadze, 'Georgia: Benchmarking sustainability of the HIV response among Key Populations in the context of transition from Global Fund's support to domestic funding' Eurasian Harm Reduction Association (2021) https://harmreductioneurasia.org/wp-content/uploads/2021/10/EHRA-TMT-Assessment-Georgia-December-2021-ENG-FINAL.pdf accessed 5 April 2022, p. 26

72 Ibid, p. 26

73 Ibid, p. 27

74 Law No. 36-III https://online.zakon.kz/document/?doc_id=30008578&pos=2%3B-245 accessed 21 February 2022

75 CCM Kazakhstan, 'Дорожная карта устойчивости программ по ВИЧ в Казахстане (Roadmap for Sustainability of HIV Programs in Kazakhstan)' http://ccmkz.kz/upload/Item%203_CCM%2015%20Apr%202021.pdf accessed 20 February 2022

In **Kyrgyzstan**, the establishment of the State Social Order programme was a joint effort by the SoS project partner, the Partnership Network Association, and the Health Policy Plus (HP+) project,[76] although 100% of funding for work to advance this was provided by the Partnership Network under the SoS project. An informant from the Republican AIDS Centre confirmed this, stating that 'all partners are interested in sustainability of funding and thus many things were done in partnership'. As a result of this new funding mechanism, six projects aimed at PLHIV were achieved in 2019, and during the timeline of the SoS project the amount of funding allocated under this mechanism increased from 3 million som (USD$35,377) in 2019 to 5 million som (USD$59,000) in 2021. In May 2021, a grant application process was announced[77] by the Republican AIDS Centre of the Ministry of Health of the Kyrgyz Republic and, as a result of this grant application, four NGOs were selected to receive funding under the Program of the State Social Order from 2021-2023, including on projects to provide counselling services to families with children living with HIV, and around-the-clock stay at a drop-in centre in Osh.

As part of the EHRA analysis on implementation of transition plans, the consultant made several recommendations to the national working group to increase domestic financing of HIV programs. The national working group agreed to the following reforms:

1. To make changes to the Program of State Guarantees for Providing Citizens with Medical and Sanitary Care on the inclusion of free provision of ARTs; and
2. Establish co-financing mechanisms for HIV programs from local budgets.[78]

Overall, the analysis noted significant progress on the financing component for the transition and sustainability plan, stating that it was 78% completed.[79]

In **Moldova**, since 2017 the mechanism for NGO funding for HIV prevention has occurred through the National Health Insurance entity – and due to dialogues between NGOs and Ministry of Health authorities, the National Health Insurance entity increased the budget for NGO activities on HIV prevention from approximately 1.08M lei in 2019 to 2M lei in 2021.[80] This increase can be attributed partly due to the work done by the SoS partner under the project, but equally to other NGOs working domestically outside of the SoS project. These National Health Insurance grants, however, are offered only on an annual basis. Activities conducted under the SoS project explored whether it would be possible for these funds to be offered on a multi-year (3-year) period to increase impact, and this was conducted via a comparative analytical exercise between Global Fund mechanisms and National Health Insurance entity. This analysis was discussed with government authorities, but at time of evaluation has not resulted in an amendment to the duration of NGO funding. As mentioned, elsewhere in this report, the probation service and prison system have procured services from NGOs for psychosocial support and reintegration interventions, but it is unclear whether this will result in a new long-term mechanism for social contracting.

On 15 March 2017, prior to the SoS project, a meeting was held to develop a Sustainable Development (Transition) Plan for national HIV programs.[81] The 2021 analysis of transition plans in Moldova conducted by

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76 HP+ is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

77 Republican AIDS Center, Ministry of Health of the Kyrgyz Republic (12 May 2021) <https://www.facebook.com/422769371389229/posts/1448232335509589> accessed 20 February 2022

78 Oksana Katkalova, 'Кыргызская Республика: оценка устойчивости ответа на ВИЧ среди ключевых групп населения в контексте перехода от поддержки Глобального фонда на государственное финансирование (Kyrgyz Republic: Assessing the Sustainability of the HIV Response Among Key Populations in the Context of the Transition from Global Fund Support to Public Funding)' Eurasian Harm Reduction Association (2021) <https://harmreductioneurasia.org/wp-content/uploads/2021/12/TMT-Assessment-Report-Kyrgyzstan-EHRA-2021-RUS.pdf> accessed 5 April 2022, p. 38

79 Ibid, p. 42

80 Contract: de finantare din mijloacele fondolui masurilor de profilaxie (Contract: Financing Prophylactic Measures)' (26 August 2021) <http://www.cnam.md/httpdocs/editorDir/file/proiecte%20profilaxie/2021/HIV%20AFI%20nr_-%2001+Acord.pdf> accessed 22 February 2022

81 L Marandic, 'Республика Молдова: Оценка устойчивости ответа на ВИЧ среди ключевых групп населения в контексте перехода от поддержки Глобального фонда на государственное финансирование (Republic of Moldova: Assessing the Sustainability of the HIV Response Among Key Populations in the Context of the Transition from Global Fund Support to Public Funding)' (2021) <https://harmreductioneurasia.org/wp-content/uploads/2022/01/TMT-Report-Moldova-EHRA-2021-RUS.pdf> accessed 4 April 2021, p. 7

EHRA found that the State has made significant progress towards transition, including some components of the HIV program already fully financed by the State with others subject to gradual scale-up of investments. The report states: 'Significant progress has been made in government funding of harm reduction services for PWID and significant progress in supporting preventive services for MSM and SWs.'[82] However, the analysis also found that while the Government has met the requirements in terms of increasing public spending on procurement of first- and second-line ARV drugs and on purchase of tests for laboratory analysis, less progress has been made on financing prevention programs comparatively.[83]

In **Montenegro**, funds for NGOs occur via open tender announced annually. However, there are challenges with this program because of lax review processes that allow any organisation to obtain HIV funding and provide HIV services, even if they have no experience in HIV programming or espouse conservative views that are barriers to HIV service access. Under the SoS project, CAZAS developed proposals containing different models to the government to reform current legal regulations. A CCM member told us that under the SoS project, discussions commenced between CSOs and the Ministry of Health on amendments needed to the legal framework 'to ensure the recognition of CSOs as HIV service providers and support services providers', and at time of writing of this report, are still ongoing.

In **North Macedonia**, the SoS partner, Stronger Together, worked on draft amendments to the Law on Health Protections, which once approved, would codify the broader ability for NGOs to provide healthcare services and legalise social contracting through the Ministry of Health. SoS project advocacy saw Stronger Together participated in a series of consultations with Ministry of Health lawyers which assisted in the finalisation of the proposed draft amendments, as well as the production of a first draft of proposed by-laws that would specify prerequisites for CSOs to fulfil to be permitted to deliver certain healthcare services.

As a result, in October 2020, a final draft was submitted to the Ministry of Health. The draft amendments contained provisions pertaining to a two key aspects: 1) providing the legal basis for CSOs to deliver a wider package of healthcare services (including those beyond HIV and harm reduction, such as diagnosis and treatment of STIs, gynaecological services etc), even if externally funded; and 2) regulating the social contracting mechanism within the area of public health and health care (i.e. within Ministry of Health) which guarantees transparent processes for selection of CSOs and stipulates that services under public health programs and government funding will be delivered according to defined standards. Importantly, the amendments envisage that the contracts between MoH and CSOs may be concluded for up to 3 years (instead of the current practice of annual contracts). It took until November 2021 for the government to endorse the draft with minor changes. At time of writing, the draft amendments are undergoing parliamentary processes towards formal adoption. According to Stronger Together, 'no issues are expected with the adoption'.

In 2021, EHRA completed analysis on transition plans in North Macedonia, and found that while domestic funding 'contributed to (maintenance) of the existing infrastructure for service provision' for the three key population groups, HIV prevention programs have not been scaled up, therefore failing to meet set strategic objectives.[84]

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82 Ibid, p. 8

83 Ibid, p. 40

84 Elizabeta Bozhinoska and Andrej Senih, 'North Macedonia: Benchmarking sustainability of the HIV response among Key Populations in the context of transition from Global Fund support to domestic Funding' Eurasian Harm Reduction Association (2021) https://harmreductioneurasia.org/wp-content/uploads/2021/11/North-Macedonia-TMT-assessment-report-EHRA-2021-ENG.pdf accessed 5 April 2022, p. 8

In **Romania**, crucial steps were taken towards a social contracting mechanism. At time of writing, procurement of NGO services is done via an existing law on procurement, and according to key informants was used in the Transition of TB[85] program. It was considered necessary, however, that a specific mechanism on social contracting be developed. Towards this goal, the SoS partner, Romanian Angel Appeal, convened consultations to develop standards and criteria for the provision of services for key populations. A CCM member involved in these consultations stated that these discussions were a 'key benefit of the SoS project', as he was able to contribute to the standards from the MSM NGO perspective. According to the SoS partner, the standards provided a relevant basis towards the creation of a social contracting mechanism, and that upon request, the document has been transmitted to the then-Director of the Department of Health. Going forward, given a change in leadership, Romanian Angel Appeal will continue advocacy with the new Minister of Health on the need for social contracting.

Russia's transition out of Global Fund funding for HIV services, including for key populations occurred in 2014.[86] Russia had graduated to a new OECD income status rendering it technically ineligible for international funding. This was a time that saw the withdrawal of a number of international and bilateral donor agencies from Russia, coupled with the issuing of new Russian legislation denouncing civil society groups and individuals as "foreign agents" should they receive funds from outside of Russia. Despite commitments from the Russian government to ensure program continuity for key populations through domestic budgets, this did not happen. As a result, the Global Fund issued a new 3-year funding arrangement (2015-2017) under its "NGO Rule" for the continuity of key population HIV services in targeted regions of Russia. The Global Fund's "NGO Rule" allows for grants to be made directly with civil society organisations provided certain very specific criteria are met and where there is an absence of a CCM mechanism. This is a provision within the Global Fund's Eligibility Policy that allows Upper Middle-Income Countries (UMICs) to become potentially eligible because they meet disease burden thresholds but are not part of the OECD DAC list of ODA recipients.[87]

The Russian Presidential Grants Fund has since been created allowing NGOs to apply for HIV program funds from federal sources. However, according to key informant interviews, there were important barriers to accessing these funds. First, the Presidential Grants Fund was poorly marketed leaving several NGOs in SoS project regions unaware of its existence. Secondly, although the application process was not necessarily arduous, it was noted that many NGO partners in the 5 SoS project regions had limited knowledge or capacity to complete the application process in a way that would result in a successful award. It also required an electronic signature, which many smaller NGOs are unfamiliar with. Finally, and perhaps most importantly, should an NGO be awarded a contract, the nature of the contract requires the NGO to provide a bank guarantee, which amounts to about 10% of the project budget prior to it being signed by a state representative. In other words, if a contract is awarded for US$50,000, the recipient would be required to provide upfront a bank guarantee of $5,000.

The nature of this social contracting also requires each recipient to pre-pay all project expenses that are then reimbursed in full upon satisfactory end-of-project reporting. These are demands that not many NGOs at regional or local level are able to provide. As part of SoS project activities Russian civil society partners were able to modify state contracting requirements, build awareness of these state funding opportunities, and strengthen the capacity of local organisations to apply for and report on these funds. According to key informant interviews, the key shift was accomplished by adapting the social contracting language from "contracts" to "subsidies" and striking agreement with local officials that funding disbursements need to be provided monthly and in accordance with monthly project

85 Transition of TB program in Romania: the role, opportunities and priorities for civil society (18 June 2019) https://eecaplatform.org/en/transition-of-tb-program-in-romania/ accessed 22 February 2022

86 The sustainability of the results of the last Global Fund grant for HIV are under threat. Accessed at: https://eecaplatform.org/en/the-sustainability-of-the-results-of-the-last-russian-grant/#_ftn1

87 ibid

reporting. These modifications were made and particularly successful in the SoS project regions of Chelyabinsk, Yekaterinburg, and Novosibirsk where project activities also strengthened the capacities of small community-based organisations to write grant applications and establish the financial reporting systems to be successful. Strengthening of Russian civil society capacity is a particularly important element of program design, implementation, and resource mobilisation. As noted by Ulla Pape,[88] a postdoctoral researcher from the Otto Suhr Institute of Political Science at the Freie Universitat in Berlin:

> *"...Since 2012, a number of Russian HIV/AIDS NGOs have fallen under the "foreign agent" law, which requires NGO receiving foreign donations and engaging in "political activities" to declare themselves as "foreign agents". Designation as a "foreign agent" increases the bureaucratic burden for NGOs and makes it more difficult for them to obtain funding and support. Although not primarily targeted at the social sector NGOs, Russian authorities have in some cases regarded HIV prevention programs as a political activity rather than a social service and required organisations to register as "foreign agents". As a result of the politicisation of aid, only around 90 HIV/AIDS and activist groups remain active in all of Russia as aid groups suffer from organisational and funding challenges. Thus, because of increasingly restrictive government policies, civil society's capacities have significantly decreased over the past few years."*

In **Serbia**, a new social contracting mechanism was established during the SoS project, however it still has significant limitations and is based on budgets available through the Global Fund grant. As such, it is not based on actual demand needed for prevention services. Under the SoS project, the SoS partner (Timok Youth Center, TOC) developed a sustainability plan with several action points, including the development of standards, accreditation of social services providers, and plans for engaging local governments and municipalities. The SoS partner detailed several improvements that needed to be made:

> *"A lot of local municipalities, cities, and towns don't yet have a local action plan for public health. According to our law, every municipality, every city, and towns must have a sustainable local action plan by end of 2020, but now only maybe 25% of the local municipalities have that action plan... In our sustainability plan we have listed several next steps including building supportive regulatory and legal environment for civil society organisation financing, including accreditation, standardisation, etcetera and engagement local governments and municipalities."*

In **Tajikistan**, the SoS partner, Spin PLUS, developed an advocacy plan towards the development of a social contracting mechanism. Activities included contracting of a consultant to assess the time and cost of services for NGOs delivering services, and these were compiled into a document describing key standards and specifications for State Contracting of NGOs. This document was submitted to the Ministry of Health and Social Protection and led to two mechanisms of government grants for NGOs.[89] As a result of this work, in 2021, the first social contract for HIV activities was issued; a grant of US$11,500 for work around developing a 'Patient School' Implementation Guide (for NGO).[90] A Transition Plan was developed in 2019 to prepare for Global Fund transition and covers the period of 2020-2029.[91] The transition plan analysis conducted by EHRA found that progress in meeting commitments on public funding for civil society organisations remained unfulfilled. The authors also found that purchases of

88 Ulla Pape, 'The Silenced Epidemic: Why Does Russia Fail to Address HIV?' (2022) Georgetown University Journal of International Affairs. https://gjia.georgetown.edu/2022/01/31/the-silenced-epidemic-why-does-russia-fail-to-address-hiv/ accessed 4 April 2022

89 Order of the MoHSP of Tajikistan on approval of standards and specifications under the state contracting 07.03.2019, nr 141 "On approval of the specification and standards "Social services for people living with human immunodeficiency virus acquired immunodeficiency syndrome (AIDS); Order of the MoHSP on conducting an assessment of the number of PLHIV by regions of Tajikistan 10.11.2021, nr 998

90 An HIV patient's school operates to raise patients' awareness of HIV infection, information about treatment and surveillance, treatment and the prevention of secondary diseases. MoH Order No. 34 from 01.06.2021

91 Plan for the transition to public funding of HIV/AIDS programmes. Programme Global Fund Technical Support for Communities, Rights and Gender, Dushanbe, 2019.

materials and equipment for programs targeting key populations, as well as purchases of ARV drugs, are all funded by the Global Fund and that 'state co-financing of the purchase of materials for prevention programs among PWID, SWs, and prisoners remained unfulfilled' and that this was a 'significant risk'.[92]

In **Ukraine**, there are existing social contracting mechanisms and several laws that allow the use of public money for social services, including laws that govern the basic organisational and legal principles of providing social services, including the registration of providers of social services,[93] and those that govern the mechanism of implementation and financing of public procurement of social services provided by NGOs, including procedures for conducting competitions to attract applications for such public funds.[94] 100% LIFE, who coordinated monitoring and technical support around SoS project budget advocacy activities, said that across the region more needed to be done to strengthen the ability of community organisations to engage with public financing through social contracting, and to improve legal mechanisms to receive domestic funding. In their own words:

> *"The ability for community organisations to work with public financing in still very low. This is the main problem. To some extent, countries are willing to allocate funding for HIV prevention, but often mechanisms that exist in countries are not feasible for the NGO sector. In Ukraine it is possible to do because we have institutionalised all legal aspects (pertaining to social contracting). In all (SoS project) countries we had to do something that was not in the project, that is technical assistance to increase the capacity of the NGO sector in these countries to work with public money, including training financial managers, procurement departments, and social workers. In future we need to continue to strengthen the ability of the HIV community to interact with public money."*

In **Uzbekistan**, there is a law providing for government funding for NGOs,[95] however according to a 2020 Central Asian Bureau for Analytical Reporting article,[96] financial assistance provided by the Uzbek government to the tertiary sector is limited. The SoS partner, the Republican AIDS Centre, engaged experts to conduct a series of capacity building training sessions as part of their SoS activities to support local NGOs in building their knowledge and skills in proposal writing for state issued tenders in the social sector. With these efforts, there was advocacy towards ensuring government funding for NGOs. In general, government grants are announced 5-6 times a year with up to three grants provided annually, with the value of approximately 40,000,000 som (USD$ 3,500) per grant. In April 2021, the National Association of Non-Profit Non-Governmental Organisations of Uzbekistan announced a request for proposals/competition for grants for NGOs working on social services. Through this, for the first time, an NGO working for PLHIV applied and won a grant. In addition, the SoS project-funded capacity building activities led to nine organisations being included in the next Global Fund country project.

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92 Maria Boltaeva, 'Республика Таджикистан: Оценка устойчивости ответа на ВИЧ среди ключевых групп населения в контексте перехода от поддержки Глобального фонда на государственное финансирование (Republic of Tajikistan: Assessing the Sustainability of the HIV Response Among Key Populations in the Context of the Transition from Global Fund Support to Public Funding)' (2021) <https://eecaplatform.org/wp-content/uploads/2021/12/final-tmt-assessment-report-tajikistan-ehra-2021-rus.pdf> accessed 4 April 2022, p. 8

93 ЗАКОН УКРАЇНИ: Про соціальні послуги (Law of Ukraine: On Social Services) (Відомості Верховної Ради (ВВР), 2019, № 18, ст.73) <https://zakon.rada.gov.ua/laws/file/2671-19> accessed 11 April 2022

94 Постанова КМУ від 29 квітня 2013 р. No 324 «Про затвердження Порядку здійснення соціального замовлення за рахунок бюджетних коштів» (Resolution of the Cabinet of Ministers of April 29, 2013 No. 324 "On approval of the Procedure for implementing the social order at the expense of budget funds") <https://zakon.rada.gov.ua/laws/show/324-2013-п#Text> accessed 11 April 2022

95 The Law of the Republic of Uzbekistan "On Social Partnership" dated September 25, 2014 // URL: https://www.lex.uz/docs/2468216

96 Dilmurad Yusupov and Oybek Isakov, 'Regulation of NGOs in Uzbekistan: Control or Partnership?' Central Asian Bureau for Analytical Reporting (13 March 2020) <https://cabar.asia/en/regulation-of-ngos-in-uzbekistan-control-or-partnership#_ftn4> accessed 22 February 2022

Key informant interviews and desk research provides evidence that in most countries the creation and/or improvement of new mechanisms of funding occurred wholly due to activities conducted under the SoS project.

Outcomes in all countries, as informed by stakeholder interviews and EHRA analytical reports on transition plans, are summarised in this table:

- Results not achieved
- Results partially achieved
- Results achieved
- Activities were not planned and not conducted due to existing/ functioning mechanisms

TABLE 6:
NEW OR IMPROVED SOCIAL CONTRACTING MECHANISMS FOR HIV PREVENTION IN SOS PROJECT COUNTRIES

	Baseline mechanism of CSO funding (2018)	New mechanisms introduced for CSO funding due to SoS activities	Improvements made to funding mechanism due to SoS activities	Key steps made towards financial sustainability through domestic funding due to SoS activities
Belarus	Council of Ministers Decision No. 1031 of 28 December 2017 "On issues of state social order in the field of preventive measures to prevent the spread of socially dangerous diseases, human immunodeficiency virus"	*Functioning social contracting mechanism.*	*It is unclear whether sustainable reforms were introduced to the funding model.*	*Local funding was secured for funding through the State Social Order*
BiH	No dedicated government funding to NGOs; only funding to public health institutions	*New dedicated NGO budget line for 2023 national budget law (budget had not been voted on at time of interview)*	*No funding mechanism yet*	*Support of parliamentary group on social contracting mechanisms*
Georgia	Electronic tender for a total of one year per application	*Functioning social contracting mechanism.*	*No work done in this area.*	*Harm reduction NGOs will be included in upcoming discussions on budget sustainability.*
Kazakhstan	Law No. 36-III on State Social Contracts, Grants and Awards for Non-Governmental Organisations (2005) and a 2009 Ministerial Order on the Social Development of the Republic of Kazakhstan	*Functioning social contracting mechanism.*	*Document with recommended tariffs and standards for NGO-provided services developed for submission to MOH*	*Roadmap for financial sustainability of HIV programs was co-created with other partners, including USAID.*
Kyrgyzstan	No social contracting mechanism	*Program of the State Social Order from 2021-2023*	*National working group agrees to recommendations by SoS project partners, including co-financing with local budgets*	*National working group agrees to recommendations by SoS project partners, including co-financing with local budgets*

	Baseline mechanism of CSO funding (2018)	New mechanisms introduced for CSO funding due to SoS activities	Improvements made to funding mechanism due to SoS activities	Key steps made towards financial sustainability through domestic funding due to SoS activities
Moldova	Grants through the National Health Insurance entity	*Functioning social contracting mechanism.*	*Comparative analytical exercise conducted between Global Fund mechanisms and National Health Insurance entity. Analysis was discussed with government authorities, but no reforms instituted yet.*	*Dialogues between NGOs, MOH, and National Health Insurance entity increased the budget for NGO activities on HIV prevention.*
Montenegro	Open tender announced annually	*No new mechanism introduced*	*Proposals for improvements sent to Ministry of Health and still under discussion*	*Proposals for improvements sent to Ministry of Health and still under discussion*
North Macedonia	No social contracting mechanism	*Functioning social contracting mechanism.*	*Draft amendments to law approved by MOH and undergoing parliamentary process*	*Draft amendments to law approved by MOH and undergoing parliamentary process*
Romania	No social contracting mechanism	*Functioning social contracting mechanism.*	*Standards of services for key populations document prepared through consultations and presented to the Department of Health*	*Standards of services for key populations document prepared through consultations and presented to the Department of Health*
Russian Federation	Presidential Grants Fund	*Functioning social contracting mechanism.*	*Civil society partners were able to modify state contracting requirements, build awareness of these state funding opportunities, and strengthen the capacity of local organisations to apply for and report on these funds.*	*Work with local officials in 5 project regions as well as critical capacity building efforts with Russian small and often nascent non-profit organisations.*
Serbia	No national social contracting mechanism for HIV	*Contracting mechanism established but only lasts for 9 months and is contingent upon available funding*	*A new social contracting mechanism was established, but still has significant limitations..*	*Sustainability plan developed by Stronger Together to improve legal and regulatory environment for social contracting of NGOs*
Tajikistan	No social contracting mechanism	*Two mechanisms of social contracting for NGOs established*	*Mapping of cost and standards of services provided by NGOs.*	*Advocacy plan created on social contracting mechanism.*
Ukraine	There are several existing social contracting mechanisms, including via the use of public e-procurement system ProZorro.[97]	*Functioning social contracting mechanism.*	*Technical support and training provided to SoS partners*	*Technical support and training provided to SoS partners*
Uzbekistan	The Law of the Republic of Uzbekistan "On Social Partnership"	*No new social contracting mechanism was established.*	*No improvement to the existing social contracting mechanism*	*Capacity building activities for NGOs to apply for grants.*

97 *Olena Nechosina, Oleg Semeryk, and others, 'Social Contracting in Ukrai*ne: Sustainability of Non-Medical HIV Services' Health Policy Plus (2019) < *http://www.healthpolicyplus.com/ns/pubs/15337-15613_SCUkraineanalyticalbrief.pdf> accessed 11 April 2022*

CONCLUSION OF FINANCIAL SUSTAINABILITY SECTION

The SoS project contributed significantly towards increasing financial sustainability in the region. The average annual cost of first line ART reduced to less than US$131 in all countries, with total savings of over USD$147 million, however more needs to be done in countries which were included in Medicines Patent Pool licenses but were unable to unlock generic access to dolutegravir. In addition, more domestic funding was unlocked as a result of advocacy with municipal and national governments. At the end of the SoS project (2021), there was a cumulative increase in domestic funding for HIV prevention and care of USD$ 36 million compared to funding in 2019.

The SoS project was also integral to unlock and to improve new funding mechanisms in the region, with new funding mechanisms founded in Bosnia and Herzegovina, Kyrgyzstan, Serbia, and Tajikistan, whereas 8 other countries achieved or partially achieved activities towards improving existing social contracting mechanisms. In addition, assessments of transition plans were completed for 10 countries, which showed significant progress in a number of countries, including in Kyrgyzstan, where it was assessed that the financing component for the transition and sustainability plan was 78% completed.

2. KEY HUMAN RIGHTS AND GENDER BARRIERS FOR ACCESS TO HIV PREVENTION AND CARE

Across the EECA and Balkan region, numerous human rights and gender barriers exist that compromise access to HIV prevention and care. There remain outdated and stigmatising behaviours and practices towards PLHIV and towards HIV key populations, and in addition to that, people who use drugs and sex workers are criminalised in several contexts. One report states that 'there is a misconception in EECA that prisoners can be cured of their drug problems by temporarily forcing them to stop using once they are inside.'[98] Furthermore, arrests drive key populations away from health services and therefore exacerbate health outcomes. In this section, we examine how SoS project activities collected data on stigma, how the REAct human rights monitoring and response system was implemented, whether stakeholder attitudes improved through the implementation of SoS activities,

BARRIERS AND INEQUALITIES IN-COUNTRY, AS ILLUSTRATED BY STIGMA INDICES

Context:

Many barriers that result in KP not being able to access the quality prevention, diagnosis, and care that they need have to do with inequalities inherent in a country's healthcare and legal systems, as well as the attitudes their society harbours. Understanding the local and national context is important for prioritising programmatic interventions. The Stigma Index is a standardised tool often used for assessing the situational environment that underlies the healthcare and lifestyle choices of KP.

Target:

At least two out of three countries (i.e., the Russian Federation, Tajikistan, and Uzbekistan) complete a Stigma Index Survey.

Outcomes:

During the SoS project, the SoS partner in the Russian Federation commenced collecting data for the Survey, while Tajikistan completed the Stigma Index Survey. In Uzbekistan, work commenced towards conducting a Stigma Index Survey, but due to bureaucratic challenges they were unable to launch the Survey.

98 The Economist Intelligence Unit, 'Drug Control Policies in Eastern Europe and Central Asia: the Economic, Health, and Social Impact' (2021) <https://impact.economist.com/perspectives/perspectives/sites/default/files/eiu_aph_investing_hiv_launch.pdf> accessed 7 June 2022

In **Russia**, as is the case for many EECA countries, implementation of the Stigma Index hit major challenges due to the COVID-19 pandemic. As of October 2020, implementers in Russia had developed the research protocol.[99] Due to extremely high political sensitivities in terms of the human rights context in Russia, the volatile and challenging operating environment for key populations and civil society organisations working in Russia, as well as the lack of access to available data on HIV-related human rights abuses, few formal SoS project related human rights-related activities were recorded in Russia. Despite these challenges, some important human rights related initiatives were started in Russia under the SoS project, including the REAct component. At the end of the project, the SoS partner successfully conducted the Stigma Index Survey and have finalised the report, however at time of this evaluation the results have not been published. The report is planned to be published by GNP+ on the Stigma Index web site, with results to be presented by partners at various national and international conferences.

According to the regional office of UNDP, ongoing legislative and policy barriers continue to impact HIV service delivery in Russia and countries of Eastern Europe and Central Asia.[100] These include: a) homophobic and transphobic laws disguised as "anti-propaganda" legislation; b) re-criminalization of sex work or introduction of increased punitive measures against sex workers; c) forced and coerced HIV testing; d) criminalization of HIV transmission, non-disclosure of status, or exposure to HIV; and e) punitive "prevention" measures against PLHIV as a category of people "more likely to commit crimes."[101]

HIV is highly politicised in Russia as being an epidemic relegated only to vulnerable populations on the margins of society.[102] This creates an important barrier for testing and prevention within the general population for fear of being associated with marginalised groups.[103] As noted in one report, it is more difficult for people who use drugs to access health services due to the stigmatisation of PWUD as having a poor social prognosis and therefore excluded from accessing lifesaving ARV treatment.[104] Within the course of the SoS project, issues of gender and gender-equality were not included within the scope of work of Russian project partners.

Tajikistan implemented the Stigma Index Survey and published the Stigma Index Report in 2021.[105] Major human rights barriers in Tajikistan include the criminalization of HIV transmission (Criminal Code Article 125). The Stigma Index findings, combined with the REAct data, will be instrumental in continuing the education of paralegals and medical personnel to tackle stigma and discrimination in Tajikistan. Stigma and discrimination appear to be particularly strong against the LGBTIQ community. Interviewees also mentioned their importance in building an evidence base for building a constructive dialogue with authorities. According to a 2018 parallel report to CEDAW, Tajikistan had seen an increase in criminal cases and punishment for transmission of HIV, with the application of Art. 125 most often being made for women. Legislation requires that punishment is provided not only for the intentional transmission of HIV, but also for placing another person at risk of contracting HIV, meaning that all PLHIV who engage in sex may be targeted by law enforcement. The law applies regardless of informed consent by the sexual partner, use of condoms, or undetectable viral load. Homophobia is so pervasive that the National HIV Program does not mention MSM. Drug users can be subjected to compulsory treatment; harsh fines and up to 15 days detention are used for sex workers. 100% Life, the SoS partner providing technical support to SoS project partners across EECA countries, told us:

> *"Moreover, over the last two years we have been trying to work actively in Tajikistan and Uzbekistan in terms of criminalisation of HIV transmission. In Tajikistan the situation with this issue has become very acute. And despite numerous investments from (regional coordinators), we are not able to save even some of the people who somehow get into the justice system and end up convicted."*

99 Updates from Country Implementations of the PLHIV Stigma Index 2.0, October 2020.https://www.stigmaindex.org/news/updates-from-country-implementations-of-the-plhiv-stigma-index-2-0-october-2020/
100 UNDP presentation on HIV criminalisation. (2021) Accessed at: https://docs.google.com/presentation/d/15ZI7KOzkYdgArxeCSGKKZXN2RAGmUgma/edit#slide=id.p6
101 Ibid
102 Pape (2022) (note 70 above)
103 Ibid
104 Ibid
105 Spin Plus, 'Analytical Report: The People Living with HIV Stigma Index 2.0: Tajikistan 2021' (2021) <https://www.stigmaindex.org/wp-content/uploads/2022/01/Tajikistan-SI-Report-2021_English.pdf> accessed 4 April 2022

In **Uzbekistan**, the Stigma Index Survey was initiated in 2020. The Survey was planned for 14 regions in a collaboration between three NGOs. The NGOs finalised the research protocol and selected personnel to administer the survey but were unable to launch the study. The Ministry of Information Technologies of the Republic of Uzbekistan and MoH did not approve the study over disagreement whether the data could legally be hosted by an international NGO, which the Stigma Index Survey protocol requires. According to the Ministries, all data regarding PLHIV should be stored within government institution servers. The draft version of the protocol indicated that the study database would be owned and managed by an NGO. This Ministry of Information Technologies stated that according to national standards, the database should be owned and managed by a State organisation (e.g., MoH or Republican AIDS Centre).

Uzbekistan presents a challenging operating environment for civil society. According to a midterm progress report by the Estonian Network of PLWH (EHPV), submitted to the UN as part of the Universal Periodic Review (UPR) for Uzbekistan at the UN, PLHIV and LGBTQ community "have no effective legislative means of enjoying their fundamental rights and freedoms on par with the rest of the State's population," pointing to Criminal Code Article 120, which criminalizes same sex behaviour between men, as "the core foundation for profound systemic discrimination and stigmatization that befalls the mentioned key population groups in all areas of their lives", forcing LGBTQ people to leave the country and seek refuge elsewhere.[106] Negotiations between the regional sub-contractor and the Uzbek government around the implementation for the Stigma Index presented an opportunity to pry open some space for NGO activities with regards to HIV/AIDS. Implementers in Uzbekistan also participated in the REAct component. Sex between adult men remains criminalised.

The regional coordinator from 100% LIFE described the monumental human rights challenges that continue in Central Asian countries:

> *"In the context of human rights for groups such as MSM and sex workers, (it) remains problematic in Asian countries, particularly in Tajikistan and Uzbekistan. In countries like Tajikistan and Uzbekistan, their main problem is just human rights. This is exactly the main barrier to access to testing, to treatment, and to public health services."*

It will therefore be essential to complete and operationalise recommendations from Stigma Indices in these countries.

106 EHPV, 'NGO Submission In Connection with Uzbekistan's Mid-Term Reporting On the Implementation of the 2018 UPR Recommendations' (2020) <https://www.ohchr.org/Documents/HRBodies/UPR/NGOsMidTermReports/EHPV_UN%20UPR_Midterm_Report_Uzbekistan.pdf> accessed 1 April 2022

IMPLEMENTATION OF THE REACT HUMAN RIGHTS MONITORING AND RESPONSE SYSTEM

Context:

Recognition of the negative impact of human rights violations on the ability of KP to access testing, treatment, and prevention services, and live their lives with dignity remains a challenge in many country contexts around the world. Despite ample evidence from around the world on the many ways in which KP encounter discrimination and stigma, harassment and violence, it remains relevant for each locality to collect a qualitative and quantitative evidence base of human rights violations as important step in working with legislative and law enforcement authorities. Without such evidence lawmakers and law enforcement agencies and their individual staff are tempted to brush these barriers to lifesaving services aside. Human rights documentation requires dedicated funding, training, data infrastructure, as well as a referral system for providing cases with legal recourse.

Target:

System of human rights violation reporting (REAct) is available and functional at the city level in 12

program cities (Bishkek, Chelyabinsk, Chisinau, Dushanbe, Ekaterinburg, Kaliningrad, Minsk, Novosibirsk, Osh, Saint Petersburg, Tashkent, Tbilisi). REAct allows data disaggregation of human rights violation cases by gender and key population.

Outcomes:

During the SoS project cycle, six countries and 36 program cities launched the REAct component. Georgia, Kyrgyzstan, Moldova, and Tajikistan launched REAct in early 2020. Russia and Uzbekistan launched REAct at the end of 2020.

REAct has been successful not only in documenting cases and connecting individuals to paralegal support, but in some cases has contributed to bringing tangible, systematic changes in laws and regulations underway. REAct data has enabled critical, data-based analyses of human rights violations against members of specific KP, and enabled NGOs to conduct targeted human rights policy advocacy. A dedicated website provides up-to-date data, as well as analyses and reporting that can be used for continued human rights advocacy. Additional countries are planning to implement REAct in the next SoS project and several countries have included REAct in their national plans. REAct data analysis has led to a multitude of evidence-based advocacy documents for the region, as well as individual countries.

The SoS project reported effective implementation of the REAct system. In 2020, the REAct system recorded 1133 cases in six countries (Georgia, Moldova, Tajikistan, Kyrgyzstan, Russia, and Uzbekistan). In 2021, there were recorded 4661 cases in these six countries. As per APH analysis of that data an average 84% of collected cases were classified as human rights violations. The main perpetrators were police, health care workers, and individuals (such as husbands, relatives, clients of sex workers). So-called reactors (paralegals) provide legal consultations, support clients with

primary documents, appeals, complaints preparation or provide mediation between victim and perpetrator. Complex and potential impact litigation cases are transferred to professional lawyers to take forward. National coordinating NGOs use collected evidence for strategic advocacy of systematic changes at the legislative level. According to a 2022 Alliance for Public Health article:[107]

> *"The most common offenses are discrimination, misconduct, law enforcement violence, denial of access to health services, disclosure of health information and stigma from health care workers, physical violence against women by sexual partners and relatives, as well as by police officers."*

REAct is considered functional in **Georgia**. As per program reporting to APH, by the end of 2021, 856 cases had been registered in the REAct database with 32 reactors (i.e., NGO outreach workers and paralegals) working in Georgia. REAct is active in six cities. The National Center for Disease Control in Georgia utilises the data from REAct. Cases collected through the REAct project are transferred to the office of an Ombudsperson. A specific case mentioned in Georgia that benefited from legal support includes a defendant who had been put on detention during a legal proceeding. During case review, the defendant's measure of restraint was reduced to release on bail. In 2021, the REAct component also included a social campaign against stigma and discrimination. Within the framework of the social campaign against stigma and discrimination REAct team created multiple articles, animated short movies and several online webinars on different important challenges that key groups face nowadays in Georgia. Together with specialists from 100% Life, GHRN created information and educational materials for sex workers on their rights. Posters in Georgian are available on the GHRN website. The team working on REAct in Georgia drafted several articles for the international REAct website using data from the REAct tool and contributed five articles towards the SoS summary conference in Istanbul in 2022. They also drafted case studies and collaborated on a short film together with one of the Georgian reactors.

After several attempts at securing external grant funding, the NCDC took up funding for the continuation of the REAct tool. As of March 2022, the national Global Fund grant via the NCDC funds REAct. By the end of the SoS project, the NCDC of Georgia had already planned on including REAct activities in their 2023 social contracting tender, and the NCDC was reviewing a budget proposal. The Tiberius Platform, an additional system for document human rights violations against vulnerable populations is in use in two cities, implemented externally of the SoS project. The respective NGOs set up a referral system between the two platforms.

REAct is fully functional in **Kyrgyzstan** and has been successfully integrated into the national HIV response. During 2020, 503 cases were registered, and in 2021 – 757 cases. Electronic system of documenting human rights violations (REAct) was included in the draft of the new government program to counter HIV, as a reporting tool for the CCM and to inform the government, e.g., members of parliament. The REAct component "graduated" from SoS financial support and is now fully funded through the national Global Fund grant 2021-2023. Overall, implementers report positive activities for interventions among the LGBTIQ community, which are now also supported through the Global Fund country grant. At the same time, obstacles remain. While on a local level progress towards meaningful participation of KP was made, at the same time the Prosecutor General drafted new codes without much opportunity for input by civil society organisations. The fear is that discriminatory provision may remain or become newly included in these codes. This is of particular concern because stigma and discrimination, gender-based violence, and negative influence of religion on human rights are already a major concern.

107 Alliance for Public Health, 'Declaration or Decoration of Human Rights?' <https://react-aph.org/en/declaration-or-decoration-of-human-rights/> accessed February 2022

In Kyrgyzstan, Human Rights were included in the SoS project, but initially not considered a high priority in the original action plan, as per the implementers. Regardless, the component appeared to be quite successful. An analytical report was published based on the data and includes several targeted recommendations for the government, including e.g., standardised training for law enforcement officers, health personnel, and social services providers on the rights of PLHIV and KP, in order to ameliorate stigma and discrimination.[108] Implementers had previously been operating a paralegal program for PLHIV, and successfully integrated these paralegals into the REAct component. By mid-2021, the original paper-based system had been completely integrated into the online system.

> *"We started REAct in a hard COVID year. We registered a lot of facts, reports, and analytics from REAct. Our organizations began to actively use (these) when representing the interests of their groups such as sex workers, drug users and so on. In addition, REAct is now included in the draft of the new government program to counter HIV as a basic tool for monitoring and for reporting to the CCM, to the government, to inform members of parliament and so on. It is no longer supported by the Alliance (for Public Health) but is now supported by a national grant from the Global Fund 2021-2023." (Kyrgyzstan)*

In **Moldova**, REAct monitoring combined with legal support and strategic advocacy has led to tangible results. The REAct component in Moldova managed to integrate with another regional documentation project, 'Tiberius' funded by the Elton John AIDS Foundation (EJAF). REAct cases were presented during dialogues with MOH and parliamentarians to repeal discriminative labour laws and regulations for PLHIV; and for regulations regarding adoption and custody of children regarding PLHIV. The REAct system is operational not only in the program city of Chisinau but was also introduced at the national level in Moldova including the Transnistria region. In an interview, a CCM member stated "A software has been developed, which is called the Discrimination Monitoring Act. It is a very successful software that allows you to enter data about cases of discrimination or (other) human rights violations in an online (platform). And out of these cases this software has already sent three cases for strategic litigation", pointing to the successful beginning of national adoption and localization of the REAct intervention.

In the words of the SoS partner in Moldova:

> *"The issue of documenting cases of such violations is included in the National Programme, i.e., it is already institutionalised, and we have a sustainability perspective on this issue. Moreover, over the past year and a half, we have managed to solve several strategic cases that have influenced regulatory changes. For example, until last year, HIV-positive or discordant couples could not adopt children, obtain guardianship or use artificial insemination services. This barrier was removed by the SoS project. Another case of human rights violation that was fixed and solved: For years, about 30 patients from Orgeev (40 km from Chisinau), had to travel to the capital in order to receive MAT. Every day. It was a real hard labour for them. Our REActors documented everything, followed by an appeal to the Equality Council. And as a result, the issue was resolved! In the Council, we did a reconciliation of the parties and the MAT site was opened in Orgeev."*

108 Ilim Sadykov and Begimai Myktarbekova, 'Violations of Key Populations Rights in Kyrgyzstan. Evidence collected through the REAct tool during 2020' (2021) <https://react-aph.org/wp-content/uploads/2021/07/zvit-reakt-kyrgyzstan-eng-final-06.07.2021.pdf> accessed 4 April 2022

In the **Russian Federation**, REActors, being located in different 5 regions, collected cases and provided legal consultations remotely for clients throughout the whole country. Documented cases happened in 60 administrative units of RF. Russia's inclusion in the REAct initiative occurred during the later stages of the SoS project, initiated in late 2020.

As noted above, REAct can be challenging to implement in unsupportive political environments. Still, implementers succeeded in the creation of an informal network of lawyers providing legal consultation and the high-level tracking of human rights abuses within the REAct online database. Within the scope of the next project, Russian partners intended to formalise the network at a national level and build on the efforts achieved through the SoS project. In Chelyabinsk, because of the SoS project, four legal support offices were opened for key populations to access, and organisational capacity of community groups was increased through training seminars. These activities will not continue in SoS 2 due to complications arising from the ongoing war.

Tajikistan began preparations for implementing REAct in November 2019. The first REAct cases were recorded in January 2020. The component is coordinated by a lawyer and first emphasised educating paralegals and doctors on preventing stigma and discrimination against people living with HIV and at risk groups. As part of the REAct component, for the first-time cases were referred to legal support, resulting in the first strategic litigation cases challenging Art. 125 of the Criminal Code regarding criminal liability for HIV transmission. In addition, there was a breakthrough in human rights protection in Tajikistan when a court fined a husband 20,000 Tajikistani somoni (approximately USD$2,020) for disclosing his wife's HIV+ status.[109] The structured data collection has allowed NGOs to build an evidence base on issues of concern, and develop a constructive dialogue with the respective authorities, including providing training. The country's proposal to the Global Fund includes a request for the continuation of REAct from 2022 onwards, and thus there are opportunities to make further gains.[110]

In **Uzbekistan** REAct was launched at the end of 2020 in Tashkent region. By the end of 2021 there were 487 documented cases and the number of REActors increased from 8 to 13. REActors documented cases and provided legal support to several detainees under Article 113 of the Criminal Code which criminalises HIV transmission and under Article 120 of Criminal Code (criminalisation of same sex relations). These documented cases and data therein was then used by regional networks in submissions of shadow reports to UN treaty bodies.

Several countries (Georgia, Moldova, Kyrgyzstan and Tajikistan) plan to continue REAct in 2022 from other sources funding. Within the SoS project 2.0, REAct work will continue to be supported in Uzbekistan, and will be initiated in Balkan countries, Armenia, Azerbaijan, and Belarus.

109 REAct, 'Breakthrough in human rights protection in Tajikistan: court fined 20,000 somoni from husband for disclosing wife's HIV+ status' <https://react-aph.org/en/breakthrough-in-human-rights-protection-in-tajikistan-court-fined-20000-somoni-from-husband-for-disclosing-wifes-hiv-status/> accessed 24 June 2022

110 Status as of interview in January 2022.

Table 7: REAct Implementation in SoS project countries during 2020 – 2021

Country	Start of documentation	# of cases registered[111]	# of participating organisations	# of 'reactors' (paralegals)	# of cities with reactors
Georgia	December 2019	856	17	32	7
Kyrgyzstan	April 2020	1304	15	29	6
Moldova	January 2020	734	14	23	8
Tajikistan	January 2020	758	12	12	8
Russian Federation	December 2020	1757	5	9	5
Uzbekistan	December 2020	487	1	13	1

Through setting up a standardised system of reporting human rights violations and providing legal support for each case, the SoS project intended to use the collected data for sensitisation of lawmakers and law enforcement agencies to the existing human rights violations encountered by KP. The SoS project utilised strategic partnerships to bring the REAct data into the public domain. Materials and recommendations derived from REAct data analyses were presented in a variety of forums and on a variety of different levels. On the national level, NGOs were able to conduct targeted, evidence-based policy advocacy with MoH and the legislative branch (see e.g., Moldova). Jointly with the Eurasian Harm Reduction Association (EHRA), data on violations against KPs was presented to UN mechanisms. For example, with data from Georgia, Kyrgyzstan, Moldova, Tajikistan and Ukraine, the human rights situation of women who use drugs was presented during the 64th UN Commission on Narcotic Drugs.

The ability to collect standardised data and subsequently differentiate the data by specific KP groupings, provides civil society with a very powerful tool when advocating with officials. One challenge in human rights advocacy is that too often policymakers and law enforcement authorities are able to refute cases as individual, anecdotal evidence rather than recognizing a systematic problem. The REAct tool has made a vital contribution to documenting human rights violations, providing deeper knowledge of specific issues in each country, while also providing recourse for many individuals whose cases were collected. It has also shown to be an important part of sensitising members of the government on human rights and gender equality.

111 Note: In one single case, several types of violations and perpetrators may be recorded. For example, the victim experiences domestic violence through intimate partner violence and does not receive protection from law enforcement agencies when they are contacted. Therefore, the number of violations can exceed the number of cases reported. (https://react-aph.org/en/statistic/uzbekistan-2021-half-year/?country_id=2543)

CAPACITY BUILDING AND SENSITISATION OF GOVERNMENT AUTHORITIES AND HEALTHCARE WORKERS ON HUMAN RIGHTS AND GENDER EQUALITY

Context:

A big concern with Global Fund transition is that as national governments take over funding of civil society activities, governments may choose not to give similar funding priorities towards human rights and gender interventions, which are required components of Global Fund grants. In many cases, this may directly result in limited to no funding for KP in countries that criminalise behaviours, e.g., same-sex behaviour, sex work, drug use. Sensitization and training of government officials across all levels, as well as healthcare providers and other policy implementing agencies are important to preserving – or establishing – a human rights-based response to HIV/AIDS.

Target:

An overall increase in capacity building and sensitisation of government authorities and healthcare workers on human rights and gender equality.

Outcomes:

While there was no set indicator for this in the SoS project Performance Framework, we asked interviewees for qualitative insights around capacity building and sensitisation of government authorities and healthcare workers on human rights and gender equality. Overall, the SoS project enabled important sensitisation sessions with this demographic – and allowed for the establishment of a number of online courses on human rights sensitisation.

Several key informants commented on the novelty of human rights and gender training provided by non-governmental organisations for governmental actors, and the building of relationships as key components. Despite challenges, many trainings were successfully delivered. Several key informants commented on what they understand to be a generational shift among healthcare providers in particular, based on new training protocols for current or recent doctor students.

Several activities were regionally coordinated by the Eurasian Key Population Health Network (EKHN). Six online sessions of the Gender Academy were offered during 2020 in Belarus, Georgia, Kazakhstan, Russia, and Tajikistan. The Gender Academy reached over 80 participants. EKHN subsequently awarded seven sub-grants and one individual contracts in EECA and SEE countries focused on advocating for safeguarding the human rights of transgender people, and ensuring their access to HIV-related services.

One tangible result includes the registration of one new transgender NGO in **Belarus**. The establishment of the organization included consultations within the trans community, a foundational assembly for a new transgender organization, and the official constituent assembly of the new Charitable Consulting Public Association “Transition” on 3 December 2020. At the same time, sensitisation remains a “complicated issue”, based on implementer interviews. State orders are generally implemented at the Oblast level but differing regional priorities may compete. Governors appear disconnected from HIV issues and engagement is lacking. Many communities are also geographically remote.

A second regional partner, EHRA, had developed a methodology and transition monitoring tool to enable civil society to assess their country’s performance on fulfilling HIV-related sustainability commitments. When countries transition from Global Fund funding to national funding, contributions for human rights and gender equality may lose priority

and positive gains may be eradicated, especially in contexts where government officials and healthcare entities lack understanding of the importance and implementation of a human-rights and gender-sensitive AIDS response. With this is mind, EHRA and some local SoS implementing partners strategically chose to utilise UN mechanisms and special procedures to hold governments accountable and educate government officials and authorities on the status of their commitments. UN-based advocacy can be of great importance for countries in which direct civil society advocacy with the government on human rights issues may not be possible or less likely to have impact. In 2020, EHRA and local partner organisations submitted the following documents:

1. Submission on **Ukraine** to the UN Committee on Economic, Social and Cultural Rights (CESCR).
2. Letter to the Special Rapporteur on the right to the highest attainable standard of physical and mental health on protecting and promoting the health of people who use drugs during the COVID-19 emergency.
3. Submission on **Russia** to the UN Human Rights Committee and to UN Committee on the Elimination of all forms of Discrimination against Women (CEDAW).
4. Submission on **Russia** to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and to the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression.
5. Submission to the Committee against Torture for the 70th session on the Third Periodic Report of the **Kyrgyz Republic**.

As a necessary step to educating government officials, EHRA in 2020 conducted an online regional workshop for 20 people in BiH, Montenegro, North Macedonia, Romania, and Serbia.

In the Balkans, key informants from **Bosnia and Herzegovina** raised stigma and discrimination overall, but specifically in healthcare settings and employment as major barriers for people living with HIV/AIDS and KP in the context of HIV/AIDS prevention and treatment services. When asked about perceived changes in attitudes, interviewees in BiH pointed towards a significant difference in behaviour and attitudes between “younger doctors” and “older doctors”, i.e., those providers that are currently undergoing or have recently graduated from physicians training, as compared to those who have been working in their profession for a long time and who have not been trained as doctors in the last few years. As part of their activities, 200 healthcare professionals were trained by BiH implementers. Through the use of regular and diverse communication campaigns, implementers said that healthcare professionals were able to more easily access reliable information, and that training activities were well-received.

In **Georgia**, implementers reported that they conducted sensitisation trainings for primary healthcare providers specifically about the needs of the transgender community, entry points for collaboration, and referrals between NGOs and healthcare providers. Between October and December 2021, 105 people participated across 12 online sessions. Similar training had been planned for law enforcement agencies; however, they were not possible due to political sensitivities and the recent election. Primary healthcare providers that were part of the sensitisation training reported interest in the subject matter and implementers experienced these trainings as successful activities. There is the expectation from implementers interviewed that similar training should become a best-practice and become a sustained, regular activity in the future. However, future research especially among e.g., the transgender community is needed to assess whether the behaviour of those providers that participated in the trainings has indeed changed. While implementers commented favourably on the building of relationships between civil society and public institutions via these trainings, they pointed towards the challenge of staff turnover in entities they train. More sustainable would be to integrate this training content into the formal professional education of healthcare providers, law enforcement officers etc.

Implementers in **Kazakhstan** operated an interactive online course on human rights[112] and in specific the right to health, targeted at PLHIV, staff of HIV/AIDS organisations, but also accessible to human rights activists, social workers, and government administrators including members of the National Preventive Mechanism on Torture and Ill-Treatment (NPM). The aim of the online course was to build the capacity of KPs, PLHIV, people who use drugs, LGBTIQ, and sex workers) in Kazakhstan to understand human rights and be able to apply their knowledge. Therefore, the online course was free of charge. It consisted of three modules, each with different subtopics developed by HIV experts from Kazakhstan and Ukraine. The course incorporated reflection and review questions at the end of each model, and at the end of the course, and used a variety of delivery methods, including video lectures, assignments, live discussions, and online meetings. The course was well-attended and reflected in interviews as a positive activity. 111 participants completed the course and graduated with a certificate. One graduate is a member of the National Preventive Measure on Torture and Ill-Treatment (NPM) and the CCM. A challenge remained that the trainings were in Russian, preventing some people who are less fluent to participate. Training content in Kazakh would be ideal.

In Kazakhstan, implementers chose to advocate against discriminatory legislation and practices via UN submissions. While this can be a time-consuming endeavour, many civil society organisations working in an environment where they face challenges in working with the government directly on human rights, choose this route successfully. The UN process brings human rights issues into the global public record, and when specific issues get picked up by other member states, can result in specific recommendations towards the country under review. The implementers submitted a parallel report to CESCR titled "Impact of Discrimination on Access of People Living with HIV to Prevention and Treatment of HIV".[113] And one parallel report to CEDAW titled "Shadow Report of Civil Society Organizations on Discrimination and Violence against Women who use Drugs, Women Living with HIV, Sex Workers and women in prison in Kazakhstan".[114] In the case of Kazakhstan, the CESCR review produced specific reporting requirements with regards to women PLHIV; as did the CEDAW review[115]. Implementers reported that they promoted several issues of concern for PLHIV and KPs. A new parliament was elected in 2021 and implementers pursued meetings with parliamentarians and deputies. During the meeting titled "Strengthening forms of interaction and cooperation of civil society with the Parliament of the RK", 16-17.09.21, a resolution was adopted, which included the decision to allocate funding under the Strategic Plan for Social Services (SPSS) to create comprehensive support centres for women from KPs. This recommendation is for local authorities to execute. While this hasn't yet solved the legal issue of PLHIV being denied access to seek shelter in crisis centres, it has elevated an issue that implementers have been advocating for. Under current law, PLHIV but also people with disabilities, the elderly, and women with children cannot access crisis centres. Advocacy is ongoing, but challenges in communication with the Ministry of Labour, for example, persist.

According to the SoS partner in Kazakhstan:

> *"The rights of people living with HIV are often violated because their perceived or known HIV status places both the burden of disease and the consequent denial of other rights on them. Stigma and discrimination against these people can impede access to treatment and affect their employment, housing and other rights. This, in turn, contributes to vulnerability to other infections, as HIV-related stigma and discrimination prevent people living with and affected by HIV from accessing treatment and social services. As a result, those who are most in need of information, education and counselling will not receive them, even when services are available."*

112 Stepik, 'Права человека в контексте ВИЧ (Human rights in the context of HIV)' <https://stepik.org/course/84152/promo> accessed 4 April 2022
113 Central Asian Association of PLHIV, 'Civil Society's Alternative Report to the Follow-up Report of the Government of the Republic of Kazakhstan' (25 August 2021) <https://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/KAZ/INT_CESCR_NGS_KAZ_46530_E.pdf> accessed 4 April 2022
114 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fICO%2fKAZ%2f31511&Lang=en
115 CEDAW report. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fKAZ%2fCO%2f5&Lang=en

Interviewees stated that they felt human rights and gender had been widely promoted during the project cycle. In terms of sensitisation and accountability, they pointed in particular to the recommendations for Kazakhstan under the CESCR and CEDAW reviews. Under the committee rules, countries raise specific issues with the country under review, and much of their information stems from parallel submissions as submitted by the SoS implementers. In the review process, the country under review needs to respond to the questions, and also follow up on recommendations made at the end of the review process.

In **Moldova**, a representative from the NGO Positive Initiative became a member of the National Preventive Mechanism (on torture) in December 2021. This is considered a tangible result of SoS advocacy on the right to health for people in prison, and sensitisation of government officials toward the representation and meaningful participation of KPs.[116]

In **Montenegro**, informants commented on perceived positive change on stakeholder attitudes during the SoS project. They see "stakeholders as pretty much more open towards dialogues on (human rights, HIV, and KPs) issues." Regardless, strong stigma against PLHIV in the country remains a barrier for more public-facing education using e.g., media channels. In the words of the SoS partner:

> *"We still have a problem that, for example, people who live with HIV are highly stigmatised. We still don't have a person who would go to the media and say, 'I am a person living with HIV, and these are my challenges.' I don't believe that it is an environment which is fully supportive, which is why we need to work more on that."*

Education efforts focused first mainly on medical providers. Their statements would have a positive influence on local leaders, mayors, and their staff. Implementers also worked with government officials and advisors from government ministries. Overall, they reported they were met with sensitivity towards the needs of KP and greater understanding of their circumstance. What remains missing as a next step, according to informants, is a more proactive willingness to open additional services for KP, i.e. to not only express understanding, but also take concerted steps to ameliorate the situation. One positive example is a mayor, who, after advocacy meetings, signed the Paris Declaration. As follow up action, several months later the city established a new "House of Health", that includes newly established social services including free psychological support, public lectures, and counselling. According to a CCM member, as a result of SoS project advocacy, three cities signed up as Fast Track Cities - Podgorica, Bijelo Polje and Bar.

In **Romania**, the SoS partner worked on stigma from a different angle. They focused education efforts on mayors and city hall staff. Implementers commented on limited understanding of systemic issues for and existence of KPs, exemplified by the question of one mayor if sex workers still existed in the city, because they had "not noticed" them in a while. This point of limited understanding, in fact limited ability to relate to KPs, came up several times. On the one hand, several mayors engaged in Romania as part of the SoS project were recently elected. Several were also new to politics. While mayors may understand the public health significance of targeted support for KPs and PLHIV, they may not be ready to "pour their heart into this", but may continue communications with the NGO, e.g., through their personal counsellor, as in one given example. From one informant's point of view, the challenge is that usually NGOs are the ones to bring the issues of vulnerable groups to the attention of local decision makers. They don't arrive in their office with an existing understanding of HIV prevention. On the one hand, this makes NGO communications an important channel of knowledge. But it also makes educating local officials time-consuming. Therefore, sensitization of mayoral candidates began prior

116 http://ombudsman.md/news/rezultatele-concursului-de-selectare-a-membrilor-consiliului-pentru-prevenirea-torturii-2/

to the actual election. In Romania, but also mentioned in other implementing countries, elections can be a sensitive period and the recurring elections on different administrative levels can be disruptive to advocacy. The following quote from the SoS partner illustrates:

> *"For some of the mayors who are really libertarians and not into the subject (of HIV prevention and budgeting for KP services), they acknowledged the importance of the subject, and they just delegated the social services department to work with (us). The ones who were sensitive to the subject were close to us all along. But I am really convinced that for the mayors and vice mayors that allocated funds, the previous year we brought the subjects on their table."*

In Serbia, capacity building for government officials was an important component of the SoS project. One large component centred around technical and program management capacity building, including Global Fund grant management. After Global Fund support for Serbia had ended in 2014, it only resumed in the 2017-2019 grant cycle. Analysis showed that Global Fund withdrawal "led to the collapse of both NGO-led services, and a coherent dialogue among HIV stakeholders around HIV", because NGO funding collapsed and as a result services for KP suffered.[117] At the same time, activities also included sensitization on human rights and gender equality. Much more remains to be done to affect actual change in attitudes and behaviour. The Serbian SoS partner elaborated on this:

> *"Human rights is a general problem, not only for HIV, but for other diseases. And a supportive environment in the healthcare system, in countries like Serbia, and also countries (in the region), because of the overburden of doctors, and medical technicians, the low salaries in general, when you compare with Western countries and USA and somewhere else. And due to that they're sometimes in this burnout syndrome, and they're not satisfied themselves to create a supportive environment for other people. That's why some of the people that were sensitised to some issues, some diseases, it can be said, that (the situation) has improved. For example, there are several examples from Belgrade from the students and polyclinics, where people are really sensitised. And they are also performing education for the students related to HIV prevention, testing etc."*

In Serbia, interviewees commented that while the laws on discrimination may exist on paper, implementation of laws is not a given. Wide-scale sensitisation remains important as a preventative and educational measure to contribute to practice of non-discrimination. In one case, sensitisation efforts responded to specific incidents: a healthcare worker marked 'HIV+' in large red lettering on a patient's hospital bed; a medical technician experienced stigma and discrimination by their colleagues after receiving a positive HIV test. In the latter case, implementers organised a roundtable event in the anaesthesiology department where the incident had occurred. Over the course of three hours, KP educators spoke with over 20 medical personnel. For broader impact, SoS partners engaged in a media campaign and presented at a national conference in Belgrade, where they presented on human rights, HIV services in Serbia and the region. To reach more officials on the city and local levels, a new mobile app will be introduced in 2022 with the goal to enable more easy communication and establish contact between civil society service providers and KP. The SoS partner illustrated how SoS activities resulted in positive feedback:

> *"I know that there was very good feedback from the conference because two persons, one from the Ministry of Education, came to me and said, 'Now I know what I'm working on in the CCM'. 'Now I know what a key population is, what are the services"*

117 Open Society foundation, 'Lost in Transition' (December 2017) <https://www.opensocietyfoundations.org/uploads/cee79e2c-cc5c-4e96-95dc-5da50ccdee96/lost-in-translation-20171208.pdf> accessed 23 March 2022

EECA REGIONAL COMMISSION ON DRUG POLICY

Context:

Drug policy based on harm reduction principles and human rights is essential for an effective national and regional response that will end AIDS. People who use drugs remain criminalised in many countries in the region and are subject to grave human rights violations. A regional platform would provide a designated entity to promote positive change across the region and support implementation on national and sub-national levels. Urgency of addressing drug policy is high. About ¼ of the world's population of people who use drugs (injection drug use) live in this region and HIV prevalence is rising.

Target:

Creation of Eastern and Central European and Central Asian Commission on Drug Policy (ECECACDP). By end of the program, the regional Drug Policy Commission engages in a high-level, political regional dialogue on the benefits of national financing of harm reduction interventions.

Outcome:

Upon the establishment of the ECECACDP in 2021, the Commission used research briefs to establish a joint advocacy agenda, published three research reports, and conducted its first country visit in the region to conduct high level advocacy to promote human-rights based drug policy.

The establishment of a regional entity to focus on drug policy in Eastern Europe and Central Asia had been identified as the missing link for better drug policy outcomes in the region some time ago. Based on the positive influence of the Global Commission on Drug Policy, which was established in 2011 as "a group of personalities [...], including former Heads of State and Government wishing to inspire better drug policy globally",[118] Professor Michel Kazatchkine, Commissioner of the Global Commission on Drug use and former head of the Global Fund, had been advocating for a regional commission in the past. However, according to Professor Kazatchkine, the SoS project was a "determining factor" in realizing this entity: "we just couldn't put it together until we could have the financial support from the ground." Olena Kucheruk, from the Secretariat of the ECECACDP, said in an interview for this evaluation:

> *"It was very crucial to have some support, surely financial support and organizational support, for the establishment of the Regional Commission. I have been working on drug policy 22 years already and I would say that the establishment of the Regional Commission is very great for the region to be focused on the regional needs and challenges and to be able to engage high level political leaders, opinion makers, experts, scientists, philanthropists. That was made possible with the support from this grant."*

As an early step towards the ECECACDP, a 'nucleus group' made up of former presidents, leadership of businesses, and European Council members was established to shape the operations of the regional commission on drug policy body. Several of these early members of the Commission had been involved in the Global Commission on Drug Policy.

118 Global Commission on Drug Policy, 'History and Purpose' <https://www.globalcommissionondrugs.org/about-usmission-and-history> accessed 18 May 2022

Because the principal role and mandate of commission is high level advocacy, the nucleus group expanded to include regional leaders, some of whom had limited practical experience in drug policy or were new for this field, the first activities of the Commission focused on internal processes to "provide information, share experience, and to discuss the issues because drug policy is quite a special topic, and sometimes a sensitive topic."[119] Due to the travel restrictions following the outbreak of COVID-19, the Commission congregated in three online meetings in 2021. A first meeting of the nucleus group took place in spring 2021 and the first official Commission meeting was held in September 2021. In November 2021, the CPA was formally established under the name Eastern and Central European and Central Asian Commission on Drug Policy (ECECACDP).[120]

The meeting content and internal learning process of the Commission was supported by three originally internal research briefs, which were reformatted and published on the Commissions website in late 2021. The topics of these research briefs were focused on 1) perception of drugs in Central and Eastern Europe and Central Asia; 2) production, trafficking and consumption of illicit drugs, and 3) an overview of drug Laws and policies in four geographic areas in the region.[121] These reports combined with the meetings allowed the Commissioners to reach a shared understanding and vision for the Commission, which according to an interview with Olena Kucheruk for this report places its main role on high level advocacy:

> *"(High level advocacy) is an unbelievably strong, efficient way to approach the issue because as we know, drug policy is not a major topic. It's very much influenced by populism and by the political situation. It's not an easy topic to speak about. It's unbelievably difficult to get political support and commitment for such issues. Everyone is ready to say, 'say no to drugs', advocating for a zero-tolerance approach or the war on drugs. Even those who understand the real issues and may understand that zero tolerance actually does not work (need to learn) an alternative approach, more programmatic approach, more balanced approach."*

The Commission has resources and expertise to follow political commitment with technical support and experts on specific issues. Per its own description, the ECECACD is a "new high-level, independent body that was established by high level leaders to bring an informed, evidence-based debate about humane, effective and sustainable drug policies to the region."

Concurrently In 2021, based on APH and SoS project data, the Economist Intelligence Unit published a report on drug policies in EECA and their economic, health and societal impacts.[122] The report outlines major challenges and country profiles about current drug policy practices. In particular, the report introduced data on financial savings that a non-punitive drug policy could contribute to the region.[123] The report was accompanied by a communication campaign both for the region, as well as four target countries (Belarus, Kazakhstan, Kyrgyzstan, Russia).

The ECECACDP operates largely autonomously from the SoS project, though APH participates in coordinating commission activities and ensures linkages to country portfolios. Several country-level implementers participated in commission-related activities through access to treatment components, budget advocacy, and on human rights.

The high-level work of the commission is urgently needed. Access to substitution therapy in the Eurasian region is extremely difficult. Countries in the region have vastly different approaches to drug policy. The ECECACDP will be able to support a high-level exchange of data and experiences with OST. The ECECACDP report on perceptions on drug use reiterates the many challenges that communities working on harm reduction and evidence-based policies face: "Drug prevention, palliative care and drug dependence care are the areas which very foundations have been influenced by the misconceptions and fears. As the result, those foundations often are based on what some believed to work and not necessarily what science and beneficiaries see as effective and needed… Opposing drugs is an easy communication message that can score political popularity; therefore, it continues to be exploited. In contrast, expression of alternative ideas, moving beyond emotional and ideological rhetoric towards rational, fact-based analysis is stigmatized but is occurring

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119 Olena Kucheruk, interview 12 May 2022

120 Asia Plus, 'New regional commission for drug policy in Eastern Europe and Central Asia set up' (22 November 2021) <https://asiaplustj.info/en/news/tajikistan/society/20211122/new-regional-commission-for-drug-policy-in-eastern-europe-and-central-asia-set-up> accessed 23 March 2022

121 For the three resulting publications please see http://ececacd.org/publications/

122 The Economist Intelligence Unit, 'Drug control policies in Eastern Europe and Central Asia. The economic, health and social impact.' (2021) <https://impact.economist.com/perspectives/sites/default/files/eiu_aph_investing_hiv_launch.pdf> accessed 23 March 2022

123 see for example: Dr Chrissy Bishop, 'The case for investing in harm reduction in Eastern Europe and Central Asia' (10 March 2021) <https://impact.economist.com/perspectives/healthcare/case-investing-harm-reduction-eastern-europe-and-central-asia> accessed 23 March 2022

more frequently and offer important lessons how to break misconceptions, open new debates on drug policy and show that people who use drugs can and should be meaningfully involved in discussing policy."[124]

As examples on how the ECECACDP and country-level implementers work can interact and provide mutual support with local knowledge and coordination of high-level engagement and community work, in **Belarus**, meetings with the Ministry of Internal Affairs were included in the SoS project country-level activities. In **Kazakhstan**, community mobilisation was an important component for the community of PWUD. Implementers established a forum of PWUD. While it is not a formalised organisation, the forum received financial support from other NGO sources and is active in the CCM, especially after the CCM adopted a regulation on electing community members. In **Tajikistan**, there is some provision of harm reduction programs, including MAT in prisons and in the communities. However, these operate with international donor support only and are not yet nationally funded.

Due to the COVID-19 pandemic, the ECECACDP has only been able to conduct one in-person country visit so far. In December 2021, the ECECACDP's first official visit was to Kyrgyzstan, where it met with representatives of the Cabinet, Ministry of Health, Ministry of Internal Affairs, and the head of the penitentiary system. During the visit, meetings discussed the "current status of drug policy" in Kyrgyzstan, and decided on three items for follow up work, including a) access to opioids for palliative care, b) national registry of drug users and compulsory treatment, c) responses to new drugs.[125] The Commission deems its first visit successful. Says Dr Kazatchkine: "I found them really receptive. And I was not surprised, because I have been a few times to Kyrgyzstan on issues of HIV". According to Professor Kazatchkine, Kyrgyzstan is "ready to change the thresholds between trafficking and possession but follow up is necessary".

Other interactions of the ECECACDP include officials in Belarus and Georgia. While Lithuania was working on a draft of the new drug law which included decriminalization, the ECECACDP provided technical support and information via the secretariat and individual commission members.

The main challenges that the ECECACDP has encountered so far, aside from the COVID-19 pandemic, include political instability and personnel turnover in high-level government positions, e.g., the Minister of Health, that lead to slow pace of reforms. These challenges are quite similar to those reported by other SoS project implementers when asked about challenges for their advocacy. The ECECACDP has one specific advantage that allows them to keep drug policy conversations going even when commissioners are not traveling as part of the Commission. Says Professor Kazatchkine, "Commissioners wear many hats and are known to counterparts in countries in several capacities", e.g., through their prior or ongoing UN positions or positions within the EU or country governments.

124 Raminta Stuikyte, 'Perception of drugs in Central and Eastern Europe and Central Asia: overhaul needed' (11 November 2021) <http://ececacd.org/perception-of-drugs-in-central-and-eastern-europe-and-central-asia-overhaul-needed/> accessed 18 November 2022

125 ECECACDP, 'Members of the ECECACDP have visited the Kyrgyz Republic' (2 December 2021) <http://ececacd.org/members-of-the-ececacd-have-visited-the-kyrgyz-republic/> accessed 4 April 2022

MONITORING OF HIV SERVICES ACCESS IN KAZAKH PRISONS

Context:

Law enforcement and prisons in Kazakhstan have been under special monitoring from the National

Preventive Mechanism (NPM) since 2013. Serious allegations of torture and ill-treatment remain common. In 2021, 665 torture cases were pending under the Criminal Code Art. 146. However, 75% of these were not resolved due to purported lack of evidence.[126] PLHIV and KP organisations should be relied upon as partners in providing oversight and access to HIV services of those incarcerated.

Target:

Facilitate strengthening of civil society organisations to monitor the situation in prisons with regards to

access to HIV services and human rights (specifically, the right to access to health) in Kazakhstan and to establish a monitoring system.

Outcome:

The Ombudsman established a new working group on HIV/AIDS and TB issues in prisons. A new questionnaire to monitor access to HIV treatment and other health-related aspects in closed settings was developed with NGO participation and NGOs provided training for medical personnel.

At time of writing, the National Preventive Mechanism against Torture and Ill-Treatment (NPM) in Kazakhstan has been operating for almost nine years (2013-2022). In the past, the NPM and its Ombudsman have been criticised for not having sufficient independence to operate effectively or to conduct regular oversight through site visits[127] In its 2019 report to the UN Committee Against Torture (UN CAT), Kazakhstan reported several legal changes that govern torture, conditions of arrest, and prison processing. Among these was a new stipulation in the criminal code that now requires "a compulsory medical examination at the time of arrest and placement in a temporary holding facility with the results of the examination to be attached to the record of arrest."[128]

The 2019-2020 Kazakh NPM Report included more information than previously about violations regarding HIV in closed settings and made specific recommendations to solve them.[129] Reportedly, the number of appeals from people in prison has increased. According to media reporting, in 2020 63 criminal offences were registered under the Criminal Code Article 146 "Torture" and 13 people were convicted.[130] This analysis of data is an important milestone towards a comprehensive monitoring system of HIV services in detention settings. Activities that contributed towards this initial change were reportedly training for NGO representatives to the NPM under the SoS project.

For illustration, the NPM report describes in a case study one challenge that was identified with regards to migration and access to HIV services. An Azerbaijani citizen in a pre-trial detention facility (UG-157/1, Atyrau) submitted a complaint about the lack of HIV treatment. The lack of treatment had derived from the recommendation of the Atyrau AIDS Centre, which stated that people who are not citizens of Kazakhstan are not provided with access to ARV therapy.

126 UNDP. The National Preventive Mechanism against Torture and Ill-Treatment: stepping up to the plate of protecting those in closed institutions. 2021. Accessed 20 February 2022. https://www.kz.undp.org/content/kazakhstan/en/home/stories/2021/npm-kazakhstan.html

127 See for example, World Organization Against Torture (OMCT). Follow-up to the United Nations Committee Against Torture's Concluding Observations on Kazakhstan. 25 February 2016. https://www.omct.org/en/resources/reports/follow-up-to-the-united-nations-committee-against-tortures-concluding-observations-on-kazakhstan (accessed 27 March 2022).

128 CAT/C/KAZ/4. 14 March 2019. Accessed at: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc= 6QkG1d%2

129 https://www.gov.kz/memleket/entities/ombudsman/documents/details/210090?directionId=1030&lang=ru

130 Analytical Center for Central Asia. Kazakhstan: prisoners are treated as "second class" people. 29 September 2021. https://acca.media/en/kazakhstan-prisoners-are-treated-as-second-class-people/

Therefore, the AIDS Centre had recommended isolating this person from other detainees instead. The NPM Report put forward a recommendation that authorities consider a special addition to the current penal code to include non-citizens into the provision of ARV therapy in detention settings.

Of significance is also the formation of a new working group that will focus on HIV/AIDS and TB issues in detention settings. While this working group was still in formation during the interview period for this evaluation (December 2021 through February 2022) and details on its functionality remain outstanding, a representative of the SoS partner Central-Asian Association of People living with HIV illustrated successes achieved despite political instability[131] in Kazakhstan:

> *"Against the backdrop of all of this (i.e., the political instability in Kazakhstan), we were able to create an interdepartmental working group (under) the Ombudsman, on HIV infections in prisons... We are now waiting for the final list from the Ombudsman. We had received a prior letter from them that they are in the process of forming this group. It has already been confirmed that this group has been established and that it will work."*

Progress on torture in Kazakhstan and implementation of new legislation has been slow. As recently as February 2021, the European Parliament adopted its fifth resolution on human rights in Kazakhstan which recommended sanctions against persons found guilty of torture, but with local human rights groups expressing scepticism about real change. [132]Through this period, SoS project partners were able to provide training sessions on HIV service access in prisons for medical personnel, albeit with some challenges owing in part due to the evolving domestic situation and unrest in Kazakhstan,[133] and also due to local challenges with language differences. In the words of the SoS partner:

> *"On prisons we held trainings by region... This is a very big barrier in fact, because when I went to Turkistan I was there, I learned that the young doctors do not speak Russian."*

CONCLUSION OF HUMAN RIGHTS AND GENDER SECTION

The SoS project utilised a variety of approaches to promote the protection and guarantee of the human rights of PLHIV and KP. This is a sensible approach because a) not all countries are receptive to the same ideas at the same time, and b) human rights advocacy by its very nature requires a multi-pronged approach. A large portion of the SoS project focused on building the capacity of NGOs to recognize, monitor, and document human rights violations. Some countries implemented a Stigma Index, some countries implemented the REAct component. Both components were quite successful, despite the challenges brought about by the COVID-19 pandemic, and the operating environments for PLHIV and KP organisations in several of the countries. Notably, REAct has been integrated into national proposals and HIV programmes in several countries. Countries that did not implement a systematic human rights monitoring mechanism are excited at the prospect of doing so in the new iteration of the APH regional project.

A focus on systematic data collection is challenging and requires a lot of technical support, which APH was able to consistently provide throughout the project duration. At the same time, the importance of having disaggregated data available became apparent quickly in the SoS project implementation. The data proved of high importance for policy advocacy and for developing and delivering training opportunities to officials. Often, reports of human rights violations are refuted by authorities because the main source of data is anecdotal evidence and individual case work; that does not, however, mean that KP and the civil society organisations don't generally understand what human rights violations are and what type of violations happen. However, disaggregated data provides additional gravity to allegations of human rights violations, i.e. which ones appear more often, and which ones happen less frequently.

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131 See for example: Kazakhstan's Instability has been Building for Years. In: Foreign Policy Magazine. 10 January 2022. https://foreignpolicy.com/2022/01/10/kazakhstan-instability-protests-nazarbayev/ (accessed 23 March 2022)

132 Central Asian Bureau for Analytical Reporting, 'Torture in Kazakhstan: Beyond Some Cases' (1 March 2021) <https://cabar.asia/en/torture-in-kazakhstan-beyond-some-cases> accessed 28 March 2022

133 https://www.crisisgroup.org/europe-central-asia/central-asia/kazakhstan/behind-unrest-kazakhstan

The human rights component, though it could have accommodated a larger budget portion, was important in generating space for NGOs working on HIV and with KP even, if not especially, in restrictive states:

> *"It was striking that when interacting with the state in any country that has been considered, to put it mildly, not very democratic, and not very interacting with the NGO sector, we still found understanding. We saw that (officials) understand that we want to help… and often if you help them, they are actively going to meet you halfway. And that's probably the main thing, I'll say it again, the synergy within this project was probably the main thing."*

Despite the profound evidence produced over years of the global AIDS response, meaningful participation of communities and community organisations still is not universally supported. In some countries, as suggested in the quote below from the SoS partner in Serbia, a lack of trust contributes to lack of partnerships between governments, the health sector, and NGOs. Targeted sensitization and advocacy by NGOs, complemented by higher-level expressions of support, can make a difference.

> *"Three years ago, when we started this work within the government, I was among several people from the governmental sector who supported the regional projects. Colleagues didn't want to rely on the NGO that performed the original project. In the three years, the capacities of the (SoS project partner) and other NGOs were really increased. And the level of influence and participation in the decision making has increased. Now the situation is different, a lot of people can now believe in NGO a little bit more. And in their capacities and that they are now an organisation that they can rely on to be good partners. I think this is the added value of this project and the influence in Serbia on the stakeholder map related to HIV prevention."*

Many activities in the SoS portfolio were directly or indirectly geared towards ameliorating the dire human rights and gender equality situation for KPs in the project countries. However, interviewees pointed out that significant challenges remain and more financing for sustained, multi-pronged advocacy for human rights and gender equality remains just as important as it was at the start of the SoS project. In some countries, changes in government and unrest have led to backtracking on human rights.

Central Asia was specifically mentioned as a region where the situation for all PLHIV remains difficult. In the case of the LGBTIQ community, while their situation remains one of persecution (and especially so in Central Asian countries), regional networks and the SoS project have been able to provide some support. However, this support is not sufficient for affecting systemic change. In the eyes of one commentator interviewed for this evaluation, this is part of a broader challenge with implementing human rights advocacy combined with lack of sustainable funding for human rights advocacy in the region.

> *"Certainly, in the countries of Central Asia, those who first fall under the hammer of condemnation and persecution are members of the LGBTIQ community. But again, thanks to existing interventions by regional networks, we understand that at least we can help. But in general, the resources and efforts that are directed towards the elimination of legal barriers (e.g.,) in Central Asian countries, in Russia, are negligible. They are not full-fledged and certainly one regional grant is not enough… human rights are one of the most important basic conditions for ensuring the sustainability of services for PLHIV. This is one of the basic conditions for almost all goals set by the Global Fund… I very much hope that the situation with funding for the whole group of activities aimed at the elimination of legal barriers will somehow be corrected in the near future. Otherwise, I am afraid that we will not see significant progress and will not come close the 95-95-95 goals in the coming years."*

Of significance is also the formation of a new working group in Kazakhstan that will focus on HIV/AIDS and TB issues in detention settings. This resulted from SoS project activities conducted by the Central-Asian Association of People Living with HIV that elevated an issue where an Azerbaijani citizen did not receive HIV treatment, and as a result the National Preventive Mechanism against Torture and Ill-Treatment (NPM) recommended that non-citizens should be provided ARVs.

In addition, the Regional Commission on Drug Policy underwent its first high level visits in the region to Kyrgyzstan – signalling high-level advocacy towards rights-based advocacy reforms, including on responses to new drugs, thresholds on trafficking and possession, and on access to opioids for palliative care. While shifts in leadership and roles may require further visits to ensure momentum and impact, both of these formal mechanisms (work with the National Preventive Mechanism in Kazakhstan, and high level visits of the Regional Commission on Drug Policy) are enabling mechanisms aimed towards systematic and institutional change for the rights of HIV key populations.

3. IMPROVE EFFICIENCY AND AFFORDABILITY OF HIV SERVICE DELIVERY MODELS (TESTING/CARE CONTINUUM) FOR KPS

The efficiency and affordability of HIV service delivery models depends on increased coordination at local levels on HIV prevention, treatment protocols that integrate the best internationally recommended treatments, and that improve HIV case finding and testing. The following section examines the impact of the SoS project on all of these elements of HIV service delivery models, including how city-level HIV prevention activities can fast-track achievement of 90-90-90 (updated to 95-95-95 goals) on testing and treatment.

FAST TRACK CITIES – INCREASING LOCAL GOVERNMENT COMMITMENTS TO 90-90-90 GOALS*

*(*In 2021, these goals were updated to become 95-95-95 goals. For the purpose of this evaluation, we retained the 90-90-90 terminology used at the start of the project)*

Context:

City-level service provision can result in numerous improvements to HIV targets. In fact, Fast-Track Cities efforts have been noted to leverage 'political will and commitment, facilitate meaningful community engagement, and have deployed data-driven approaches to equitably achieve single- and double-digit percentage point increases across the three 90 targets'.[134] At the start of the SoS project (2019), the EECA and Balkan regions were still a long way from reaching the 90-90-90 treatment targets, with only 53% of people who knew their HIV status receiving treatment (the 'second 90'), and only 77% of people receiving treatment having suppressed viral loads.[135] In the Russian Federation, for example, treatment regimens continue to have insufficient patients on dolutegravir regimens and insufficient individuals on fixed dose combinations. As such, there was and continues to be an urgent need to optimise strategies on treatment and testing.

Target:

- 280,000 PLHA know their status in 12 cities/regions (Chelyabinsk region, Dushanbe, Kaliningrad region, Minsk, Novosibirsk region, Osh, Samarkand region, Soligorsk, St Petersburg, Sverdlovsk region, Svetlogorsk, and Tashkent).
- 90% of PLHA knowing their status on treatment.
- City/Regional Task Forces or City/Regional Coordinating Councils which include KP representatives are established and functional in all 12 cities (corresponding decrees and minutes of meetings are available).
- City/Regional improvement plans capturing increased city/regional commitments to cover gaps to HIV response are developed and approved by City/Regional Task Forces or City/Regional Coordinating Councils in all 12 cities.
- System of HIV care cascade monitoring will be functional in all 12 cities/regions.

134 HIV Policy Brief: Best Practices for Attaining and Surpassing 90-90-90 for Select Fast-Track Cities (1 December 2021) <https://www.iapac.org/files/2021/11/HIV-Policy-Brief-113021.pdf> accessed 23 March 2022

135 UNAIDS, 'AIDS Data 2019' <https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf> accessed 19 February 2022, p. 343

Outcome(s):

- 259,559 PLHA knew their status in all 12 cities/regions, with highest absolute numbers recorded in Sverdlovsk region (68,000 individuals) and Saint Petersburg (61,149 individuals)
- 161,816 people who know their status were on treatment at the end of the SoS project, an increase of 99% from baseline.
- City/Regional Task Forces or Coordinating Councils with integrated KP representatives exist in all 12 Fast Track cities.
- All cities have city/regional improvement HIV plans in order to implement adequate measures to improve HIV responses and reach fast-track goals.
- As a result of SoS project activities, systems for HIV care cascade monitoring were functional in 12 cities/regions (Chelyabinsk region, Dushanbe, Kaliningrad region, Minsk, Novosibirsk region, Osh, Saint Petersburg, Samarkand region, Soligorsk, Svetlogorsk, Sverdlovsk region, Tashkent). In Russian cities, an SoS project consultant said that without SoS project funding they would not have been able to collect official data on the cascade due to secrecy around HIV-related data in Russia. On the one hand, the fact that reporting on HIV care is not transparent and it cannot be said that there are functional systems for care cascade monitoring. On the other hand, regional and federal AIDS Centers time after time publicize some general data about the epidemics, prevailing transmission route, newly reregistered cases disaggregated by sex, and this confirms that the cascade is monitored.

In **Belarus**, several activities were carried out as a result of the Fast Track Cities initiative under the SoS project. In Minsk, for example, in collaboration with the City Clinical Hospital, visits were conducted to key drug use hotspots and known places of residence for people who use drugs to ensure that individuals who have received results of tests were linked to care. According to the SoS partner (the Republican Scientific and Practical Centre for Medical Technologies, Informatization, Management, and Economics of Public Health), these activities allowed for team members to 'go to PWUDs places of residence, work with him, and assess (risks) in his immediate environment. Thus, he receives a comprehensive integrated service.' As a result of activities in Minsk, 5,437 individuals were diagnosed and knew their status. In Svetlogorsk, activities were conducted to search for individuals who had come off treatment for whatever reason and bring them back onto ARVs. These individuals were offered free Hepatitis C testing and as a result of these interactions were able to be recruited back into ART. In the words of the SoS partner:

> *"Our pilot initiative that was implemented in Svetlogorsk worked well. It was aimed at finding people who were disconnected from HIV treatment - either those who started ART and then was interrupted, or those who (were diagnosed but) never started ART. These individuals were tested for Hepatitis C and offered treatment for it. In November (2021) for example 41 people received treatment for Hepatitis C and these same 41 people resumed their ART and showed their adherence to treatment."*

Hence these city-based initiatives showed that diagnosis and treatment of Hepatitis C can be important levers or stimuli for ARV treatment or reinitiation into ARV treatments. City-level activities also increased the number of PLHIV who were diagnosed and knew their status. In all three Belarusian cities involved in the project (Minsk, Soligorsk, and Svetlogorsk), 9,615 people were diagnosed and knew their status as a result of activities conducted during the SoS project and increase from the start of the project (8,358 individuals).

At the start of the project, only 53% of people eligible for ART in Minsk, Soligorsk, and Svetlogorsk were on treatment. Activities conducted during the SoS project contributed to these numbers going up in the cities, with Minsk registering 73.04% of people eligible for treatment receiving ARVs, 86.45% in Soligorsk, and 78.86% in Svetlogorsk. While these cities were unable to reach the 90% target, these are important increases.

City-based activities were supported by the establishment of City Coordinating Councils and Task Forces in all three cities, with key populations on each of these bodies. In addition, at the end of the project, cascade monitoring systems were functional in all three Fast Track cities, with the ability to disaggregate data by gender, age, and the type of key population. However, according to the SoS partner, barriers remain to optimising the HIV care cascade for all, as in some remote territories there are only 5-10 PLHIV living in the village and due to remoteness of regions there still were issues with access to treatments.

In Svetlogorsk, the local government established the City Task Force to oversee the HIV action plan in July 2019.[136] Minsk established the City Task Force in 2018, and later amended the original Directive. Members of KPs are represented in the City Interagency Council that established the Task Force. City Improvement Plans to cover gaps in current municipal responses were drafted across all cities and include an increased commitment by cities to close gaps in the HIV response. Draft city plans are available.

In the city of Osh in **Kyrgyzstan**, a Fast Track working group at the city level was created and was composed of representatives from the mayor's office, civil society groups, and key populations. This working group met on 1 November 2019 and developed priorities of the city workplan and an action plan to achieve 90-90-90 targets. Subsequently, with the onslaught of COVID, the city's plan for HIV in the context of COVID (2021-2022) was approved. As part of the implementation of this plan, over 4,000 people were tested at mobile points with high concentrations of key populations on the city's streets, such as markets. In addition, food and ARVs were delivered to homes of PLHIV, including migrant populations. Furthermore, with the support of the mayor's office, voluntary counselling and HIV testing became available at all hospitals in the city of Osh, with training sessions and information campaigns being carried out in six local offices. In the words of the SoS partner: "In the city of Osh, under the city's (Fast Track) program, access to these tests have expanded." In addition, for the first time, funds (approximately USD$13,000) were allocated from the city budget for HIV and TB programs in 2019-2021.[137] In addition, at the end of the project, a system of HIV care cascade monitoring was established in Osh.

Sensitization efforts in **Kyrgyzstan** have yielded some tangible results. The city of Osh signed the Paris Declaration. Budget advocacy was successful in opening a broad dialogue with local governments and led to the development of a city HIV program to improve HIV detection. The program includes personal visits to everyone who discontinues HIV treatment. Kyrgyzstan already had an ombudsman structure and a committee to combat torture, which are funded by the state. However, human rights issues of HIV and KP require a lot of sensitisation of the responsible officials and systems on national and local levels, in order to be recognised. Implementers commented that attitudes of medical personnel towards PLHIV had changed for the better. They conducted training and seminars for PLHIV, so-called Patient School and Rights Training. They published case studies on rights violations that were used in communication with law enforcement and the ombudsman system.

The SoS project included work and subgranting to KP community organisations. In Kyrgyzstan, implementers for example financially and programmatically supported a transgender community organization called INDIGO. The collaboration, according to interviewees, prompted a lot of involvement and information sharing about the transgender community. They attributed sensitisation for support of transgender organisations to the SoS project, in particular programming in 2021. The collaboration and focus on KPs also resulted in substantiated data on the HIV prevalence among the transgender population. In the words of the SoS partner:

136 Directive 148-p from 12.07.2019

137 Alliance for Public Health, 'Speed and results: Osh city received the #InYourPower regional award for its contribution to the fight against the HIV/AIDS epidemic' (6 October 2021) <https://aph.org.ua/en/news/osh-city-received-the-inyourpower-regional-award/> accessed 22 March 2022

> *"Based on the results of this study, first, we included (transgender-focused interventions) in a new application and now the transgender community is getting a separate project. Secondly, I think it's also pushed a lot of detection and involvement in treatment. The activation and the sensitization of support for transgender groups has happened because of this year's project. We have very good, substantiated data on the prevalence of HIV among transgender people. In some cases, up to 14% and 23%, we had that kind of high data, especially (among) trans women who provide sex services."*

In the **Russian Federation**, as a result of the SoS project, a public information campaign called 'In Your Power' was established and was initiated and developed by several community-led civil society organisations including Humanitarian Action (Saint Petersburg), Humanitarian Project (Novosibirsk), Source of Hope (Chelyabinsk) and New Life (Sverdlovsk).[138] It is estimated that 200,000 PLHIV live in these four cities, which constitute 20% of all registered HIV cases in the country. As mentioned above in Section 7(c) and elsewhere in this report, these cities were the target of the In Your Power campaign.

At the Fast Track city level, the implementing partners together with local stakeholders developed and approved HIV plans in Saint Petersburg, Novosibirsk, Sverdlovsk and Chelyabinsk regions. In Krasnoyarsk, a city that joined SoS project belatedly in 2021, the activities of HIV prevention and treatment were part of 'Health Program' that was updated in 2021. In SoS project regions across Russia, partners worked on building cooperation with NGOs and regional administrations, including through participation in HIV regional coordination councils to mobilize stakeholders to achieve the 95-95-95 goals.

Also as part of the SoS project, the Russian regions initiated Fast-Track activities to fill the gap in the HIV care cascade. The region of Chelyabinsk provided support to 3 low threshold sites to find new HIV cases and conducted case management for new PLHIV and for those lost to follow-up, Sverdlovsk region initiated case management to start/restart ART in 37 Probation Service facilities. Novosibirsk region conducted self-testing, optimized case finding and innovative online support to KP and PLHIV to start ART. In addition, Novosibirsk established low-threshold sites in a pharmacy and in the AIDS Centre to bring services closer to the clients during COVID-19 pandemic. In Saint Petersburg, peer consultants were trained on HIV detection and adherence, whereas Krasnoyarsk carried out case management for individuals who were lost to follow-up in order to link them back into care and ART.

Monitoring of the care cascade occurs at the regional and federal level monthly, informed by a combination of monthly, quarterly, semi-annual, and annual analytical documents. However, according to the SoS partner, reporting data is often secret and only general data can be obtained publicly on some government websites. This data is collected from form № 025-4/y (Personal card of the patient with HIV) which the staff member fills in and entered into various different databases including the Federal Registry[139] and the Rospotrebnadzor (Federal Service for the Supervision of Consumer Rights and Human Wellbeing), where analytical reports and annual bulletins[140] are published. Some regions publish data on the HIV care cascade such as Sverdlovsk,[141] but updates are not routine.

According to the SoS project consultant in Russia, HIV care cascade monitoring at CSO level 'would have been impossible' without the technical and financial support of the Alliance for Public Health through the SoS project as it does not rely on government statistics, but rather through research work done in collaboration with doctors within cities who were able to access medical records and tally figures.

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138 UNAIDS, 'Community-led campaign encourages people living with HIV to start treatment' (21 October 2020) <https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201021_vsilah> accessed 23 March 2022

139 'Постановление Правительства РФ от 8 апреля 2017 г. № 426 "Об утверждении Правил ведения Федерального регистра лиц, инфицированных вирусом иммунодефицита человека, и Федерального регистра лиц, больных туберкулезом (Decree of the Government of the Russian Federation of April 8, 2017 No. 426 "On Approval of the Rules for Maintaining the Federal Register of Persons Infected with the Human Immunodeficiency Virus and the Federal Register of Persons with Tuberculosis)' <https://www.garant.ru/products/ipo/prime/doc/71554250/> accessed 5 April 2022

140 Rospotrebnadzor, 'Информационные бюллетени «ВИЧ-инфекция» (Fact sheets on HIV infection)' <http://www.hivrussia.info/elektronnye-versii-informatsionnyh-byulletenij/> accessed 5 April 2022

141 'Единый информационный портал профилактики и борьбы со СПИД (Single Information Portal for the Prevention and Control of AIDS) <https://livehiv.ru/biblioteka/epidsituatsiya> accessed 5 April 2022

In **Tajikistan**, the SoS partner (Spin PLUS) worked in the Fast Track city of Dushanbe to try and close the gap on the 90-90-90 targets. A coordination group was created at the city level, and for the first time NGOs that work with key populations were included in the group to plan interventions. This group was created under the health department of the city of Dushanbe. At the initial stages, a workplan or city program was developed to prevent the spread of HIV among key populations at the city level, and this workplan was approved by the mayor of Dushanbe in 2021. A major component of this workplan were educational activities for medical professionals. In the words of the SoS project partner:

> *"As part of this program (of work), we conducted educational activities for doctors in primary health care and doctors providing hospital services. It was really powerful work and was such a powerful resource for educating healthcare professionals on things such as rapid saliva testing, pre-test counselling, assisted testing, index testing and self-testing. The information that was provided to medical workers - they had not received this anywhere before. Thus, these sessions raised their educational level. In addition, we conducted training sessions on use and implementation of PrEP, and issues arising around ARV treatment."*

Subsequent to this, a new treatment protocol for primary health care workers was discussed at the Dushanbe city level, and in addition, leaflets for doctors were developed and disseminated to healthcare centres. These developments were particularly salient due to the role of primary health care staff in referrals of PLHIV to the AIDS centre. A tangible result was the development in the Fast Track City of Dushanbe. The city created a working group under the Health Department and for the first time included NGOs representing PLHIV, TB, and drug users in the working group. A municipal HIV programme was developed and approved by the mayor of Dushanbe in May 2021. Tajikistan also signed onto the Global Partnership to Eliminate all Forms of HIV Stigma and Discrimination promoted by UNAIDS.[142]

In **Uzbekistan**, the SoS partner said that working groups on fast-tracking HIV targets were created in *khokimiyats* (regional administrations) of Samarkand and Tashkent, and in Samarkand, three civil society representatives were included in the *khokimiyat* working group. However, because of quarantine measures during the COVID response, face-to-face meetings were limited and most interactions occurred virtually. In addition, due to SoS project activities, HIV care cascade monitoring for SWs, PWID, MSM and PLHIV were redesigned into an online platform and at time of interview was functioning in all regions of the country. In addition, electronic tracking of HIV cases had begun in all regions of the country. The three-year plan of the health department of the Samarkand regional Khokimiyat was approved on December 24, 2019. The three-year action plan of the Tashkent city Khokimiyat was developed and approved by the secretary of the Khokimiyat working group.

During negotiations for the SoS project implementation in **Uzbekistan**, implementers developed an opportunity to open a small additional space for NGOs to work on human rights, KPs, and HIV. Despite challenges with the national registration law for NGOs, project implementers were able to gain concessions based on an "understanding that this is important". Regional sub-contractors pointed to the fact that in countries that are considered not democratic and which place restrictions on civil society activities and criminalise KP behaviour, you can still "communicate with the state, you cannot be afraid of it, and often if you help them they are actively going to meet you halfway."

142 *UNAIDS, 'Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination' (10 December 2018) <https://www.unaids.org/en/resources/documents/2018/global-partnership-hiv-stigma-discrimination> accessed 23 March 2022*

The project also catalysed dialogues with municipalities in Eastern Europe, Central Asia, and South-eastern Europe aimed at mayoral signings of either the Paris Declaration (to reach HIV 95-95-95 goals by 2030) or the Zero TB Declaration. As a result of this advocacy, during the lifetime of the SoS project, 22 municipalities in SoS project countries signed the Paris Declaration and 3 municipalities signed the Zero TB Cities Declaration with Stop TB Partnership.

TABLE 8: TOTAL PROPORTION OF PLHA ON TREATMENT IN 12 FAST TRACK CITIES (THE 'SECOND 90')

Total proportion of PLHA on treatment out of those who know their status in 12 Fast Track cities (the 'second 90') (Outcome Indicator 4)		
	Baseline (2018)	At the end of the SoS project (2021)
Chelyabinsk region, RF	11,916 (25,60%)	26,544 (56,12%)
Dushanbe, Tajikistan	1,014 (43,41%)	2,002 (81,85%)
Kaliningrad region, RF	5,000 (50%)	
Krasnoyarsk, RF		8,013 (76,76%)
Minsk, Belarus	1,943 (47,19%)	3,971 (73,04%)[143]
Novosibirsk region, RF	12,000 (35,29%)	32,324 (70,28%)
Osh, Kyrgyzstan	340 (32,41%)	470 (65,55%)
Samarkand region, Uzbekistan	1,445 (41,99%)	3,051 (75,50%)
Soligorsk, Belarus	1,026 (66,88%)	1,391 (86,45%)
St Petersburg, RF[144]	30,000 (58,66%)	22,909 (37,46%)
Sverdlovsk region, RF	10,000 (36,86%)	51,340 (75,50%)
Svetlogorsk, Belarus	1,668 (61,62%)	2,026 (78,86%)
Tashkent, Uzbekistan	4,800 (47,38%)	6,960 (72,55%)[145]
TOTAL	**81,152**	**161,816**

143 From Belarus Q4 2021 Programmatic Report

144 During the course of project implementation, the approach to reporting on the people knowing their status and people receiving ART changed for the city of Saint Petersburg due to reporting changes at the government level. In particular, since 2020, Saint Petersburg statistics do not include residents of other regions of RF who test HIV-positive and receive treatment in Saint Petersburg, and nor to they include patients with HIV who are on treatment in penitentiary institutions in St Petersburg.

145 From Uzbekistan Q4 2021 Programmatic Report

REVISION OF TREATMENT PROTOCOLS AND GUIDELINES TO REFLECT THE 90-90-90 STRATEGY

Context:

At the start of the SoS project (2019), the EECA and Balkan regions were still a long way from reaching the 90-90-90 treatment targets, with only 53% of people who knew their HIV status receiving treatment (the 'second 90'), and only 77% of people receiving treatment having suppressed viral loads.[146] In the Russian Federation, for example, treatment regimens continue to have insufficient patients on dolutegravir regimens and insufficient individuals on fixed dose combinations. As such, there was and continues to be an urgent need to optimise strategies on treatment. Under the SoS project, national SRs in Belarus, Kazakhstan, and the Russian Federation will be reporting on this activity.

Target:

Current treatment protocols are assessed based on recommended ART regimens and three countries (Belarus, Kazakhstan, Russian Federation) have optimised ART regimens endorsed by the authorities.

Outcome(s):

New treatment protocols with optimised ART regimens were endorsed by authorities in Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, and the Russian Federation. In Belarus, the SoS project had a direct impact on influencing the content of a new draft protocol as well as practice of ART prescription, although at time of writing the protocol is still being reviewed by authorities.

In **Belarus**, according to the SoS partner, in 2017 the treatment protocol was very progressive, and in 2018 plans were announced to transition to universal access to treatment. However, while budgets were scaled up, due to insufficient outreach and case management, there were insufficient numbers of patients in improved treatment regimens. Hence case management interventions and social follow-ups were needed to build adherence to treatment, but there was a lack of support from the government, and the Global Fund had halted funding for peer consultants. In addition, the country decentralised provision of ART, resulting in 135 sites across the country providing ART. According to the SoS partner, it is difficult to attribute the Ministry of Health's decision to develop a new treatment protocol to SoS activities as there was broad support for a new protocol, however the SoS project had a direct impact on the content of the protocol. In the words of the SoS partner, "it was thanks to this SoS regional project that we overcame resistance from the Ministry of Health to include PrEP in the clinical protocol, and I would say this is a direct impact of the SoS project." On March 3, 2021, a working group was created

146 UNAIDS, 'AIDS Data 2019' <https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf> accessed 19 February 2022, p. 343

to develop a draft clinical protocol "Diagnosis and treatment of patients with HIV infection", followed by a roundtable discussing proposed amendments in December 2021.[147] At time of writing, this clinical protocol has not yet been approved.

In **Bosnia and Herzegovina**, new treatment guidelines and a new VCT protocol were developed as part of the SoS project (even though these were not initially planned). Once approved, it will be the first time that BiH has a unified treatment system rather than a fragmented system of differential treatment regimens depending on where a person lives. The SoS partner, Partnerships in Health, collaborated with WHO staff who provided technical assistance in developing the guidelines. These guidelines include specific attention to KP, including people in prison, and are broad to include provisions on eliminating sexual harassment.

In **Kazakhstan**, SoS project advocacy resulted in the revision of treatment protocols and subsequent adoption in June 2020. This new guideline had an expanded list of antiviral drugs and changed the preferred regimen of ART in adults from TDF/FTC/EFV (tenofovir/emtricitabine/efavirenz) to TDF/FTC/DTG (tenofovir/emtricitabine/dolutegravir) or TDF/FTC/BIC (tenofovir/emtricitabine/bictegravir) and changed also changed the regimen for pregnant women.[148] While these updated guidelines are an important first step, further work must be done to enable access to generic dolutegravir in Kazakhstan.

In **Kyrgyzstan**, at the start of the project, the country had a clinical protocol approved in 2017, where dolutegravir was included in alternative first-line regimens, subject to availability in-country. In 2020, with SoS partner input and advocacy, a new clinical protocol was approved where dolutegravir and fixed dose combinations including dolutegravir such as TLD (tenofovir/lamivudine/dolutegravir) were included as preferred first-line regimens. In 2021, the clinical protocol was further updated with doses and regimens for paediatric dolutegravir. By 2021, 80% of PLHIV will switch to a TLD treatment regimen, which bodes well for adherence given reduced side effects.

In the **Russian Federation**, the SoS partner, Humanitarian Action, stated that PLHIV/patient communities wrote to the Ministry of Health and that there were some changes in the ART regimens, but expressed concern that the APH targets set within SoS project indicators on this were unrealistic and posed challenge for Russian NGO partners given the Russian context in relation to HIV and access to services. New clinical recommendations for HIV infection among adults and children were released in Russia in 2020 and were developed in line with WHO recommendations on optimising ART regimens. Some of the key modifications made to Russia's clinical recommendation included:

- early ART initiation;
- iselection guidance for ART regimens; and importantly,
- the exclusion of earlier recommendations for delayed ART/PrEP/PEP initiation for people who use injection drugs.

147 ITPCru, 'Доступ к лечению ВИЧ-инфекции и гепатита С в Беларуси: подведение итогов и планы на будущее (Access to HIV and hepatitis C treatment in Belarus: taking stock and plans for the future)' (23 December 2021) <https://www.itpcru.org/2021/12/27/dostup-k-lecheniyu-vich-infekczii-i-gepatita-s-v-belarusi-podvedenie-itogov-i-plany-na-budushhee/> accessed 5 April 2022

148 HIV Infection in Adults: Клинические протоколы МЗ РК - 2019 (Clinical Protocols of the Ministry of Health of the Republic of Kazakhstan) (2020) <https://diseases.medelement.com/disease/вич-инфекция-у-взрослых-2019/16435> accessed 22 February 2022

METHODS TO IMPROVE CASE FINDING/TESTING

Context:

At the inception of the SoS project (2019) only 72% of people living with HIV knew their HIV status in the EECA region, with Georgia, the Republic of Moldova, and Tajikistan registering the lowest figures in the region (59%, 54%, and 58% respectively).[149] While there was no 2019 data for Russia and testing/knowledge of HIV status, an ultraconservative environment with restrictions upon NGOs mean that it remains difficult to deploy HIV services, although a 2020 documentary film and reactions thereafter resulted in some optimism.[150] Given that there is a long way to go to reach the 90-90-90 targets for many EECA and Balkan countries, indicators set in the SoS project centred around provider-initiated testing (Georgia, Kyrgyzstan, Moldova and Uzbekistan), optimising case finding (Belarus, Georgia, Kyrgyzstan, Moldova and Uzbekistan), self-testing (Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, Ukraine), and testing campaigns in fast-track cities in Belarus, Kyrgyzstan, Russia, Tajikistan, Uzbekistan.

Target:

Nine (9) countries introduce new HIV case detection strategies focusing on key populations.

Outcome(s):

Nine (9) countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Russian Federation, Tajikistan, Uzbekistan) undertook activities to improve the testing and care continuum and reported successes in introducing new HIV case detection strategies focusing on key populations.

In **Belarus**, in 2019, the cities of Soligorsk and Svetlogorsk became part of the Fast Track Cities program, resulting in NGO-based testing starting in 2020 and an increase in the average monthly number of NGO-based HIV testing during the first nine months of 2020 compared to the same period in 2019, with increases in Minsk (+5.4%), Svetlogorsk (+13.7%), and Soligorsk (+98.7%)). These increases were linked to SoS activities to sensitise city mayors and developing fast-track plans subsequent to the signing of Paris declarations, but also were attributed to 1) the national HIV programme setting higher testing indicators; and 2) ongoing work on a bio-behavioural survey and incentives provided to individuals for getting tested.[151]

As 2020 progressed, due to the COVID-19 pandemic, there was a reduction of testing in Belarus due to declining frequency of visits to public health centres. Joint initiatives with NGOs, the health sector, police and the probation service were implemented to find new HIV cases and individuals lost to follow-up. SoS project partners organised motivational information campaigns for PLHIV to enrol on treatment and provided case management to start/restart ARV treatment. In Minsk, SoS partners implemented self-testing for MSM via the delivery of HIV saliva tests to homes. During this project, 532 tests were distributed, with 7 people diagnosed with HIV and subsequently receiving case-management for starting ARV treatment. Also in Minsk, the city's clinical infectious diseases hospital carried out work towards detecting PLHIV lost to follow-up and as a result of these activities, 274 PLHIV started/restarted ARV treatment.

149 UNAIDS, 'AIDS Data 2019' <https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf> accessed 19 February 2022

150 Marc Bennetts, 'The epidemic Russia doesn't want to talk about' Politico (11 May 2020) <https://www.politico.eu/article/everything-you-wanted-to-know-about-aids-in-russia-but-putin-was-afraid-to-ask/> accessed 19 February 2022

151 Alliance for Public Health, <https://aph.org.ua/wp-content/uploads/2021/05/Otsenka_dinamiki_testirovaniya_na_VICH_RRR.pdf> accessed 20 February 2022, p. 51

In Svetlogorsk, 800 HIV tests were done and 78 PLHIV started/restarted ART. In addition, 52 clients were treated for HCV and 32 self-help group meetings for PLHIV were held. In Soligorsk. 520 HIV tests were done with12 PLHIV started/restarted ART. 1 client was treated for HCV and 11 self-help groups for PLHIV were held – illustrating the extent to which Belarussian SoS project activities spurred recruitment back into care.

Additional to this was the introduction of incentive payments for outreach and social workers of HIV service organisations, a new approach intended to incentivise the testing of representatives of key groups who were not tested during the last 6 months and not recorded in SyrEX2+ positive HIV test results, as well as for 1) Self-testing for HIV in the general population through sales express tests for saliva and blood in the pharmacy network, 2) In the algorithm for diagnosing HIV infection as a screening test introduced rapid testing instead of ELISA. These efforts saw the proportion of identified PLWH from the estimated number living in the Republic of Belarus, has increased from 80.6% in 2018 to 85.3% in 2021.

In **Georgia**, stakeholders perceived that there was a 'desperate need' for innovative solutions in HIV case finding and testing, such as digital solutions, peer-driven innovation, and state funding that is optimised for case finding. Work in Georgia began with work to increase the evidence-base for HIV self-testing through operational research. This work produced two study reports, one focused on HIV self-testing acceptability among MSM and PWID, and the second focused on trans people. Operational research among MSM and PWID in Georgia involved the distribution of 805 HIV self-testing kits (401 oral fluid and 404 blood-based test kits) between February 2020 and June 2020, and found that 93.9% of respondents said that they would recommend HIV self-testing to others, 91.8% stated that they would use HIV self-testing again in the future, and 91.6% of respondents considered it acceptable to introduce HIV self-testing for nationwide implementation.[152] Pursuant to publication of the operational research tools, the SoS partner in Georgia, the Georgian Harm Reduction Network (GHRN), developed a protocol for HIV testing for use in GHRN-operated harm reduction centres, and linked their work to online platforms for the individual purchase of HIV self-tests. At the end of the SoS project, key populations are able to order HIV self-tests online and have them couriered to their homes. A mobile application "HIV Test" was developed, showcasing HIV prevention service centers operating throughout the country. In addition, tests can be ordered through the www.selftest.ge website and delivered through GLOVO courier service and are available through vending machines; HIV self-testing guideline and other info materials have been developed; self-testing is included in National Strategic Plan for 2019-2022 (reflected in the NSP).

Regarding access to self-testing in **Kazakhstan,** the SoS country partner, Central-Asian Association of People Living with HIV, stated that work had to be done first on improving the regulatory framework, such as defining who key populations are, and increasing the evidence base for self-testing. While NGOs in general were advocating on self-testing and that there are a number of self-testing pilots occurring in different regions including an ongoing (2020-2023) project to assess acceptability, feasibility, and cost of peer-based HIV self-testing among women who inject drugs in Kazakhstan,[153] there is no government funding presently for self-testing. The SoS partner plans to continue working on self-testing in SoS 2, starting with broadening the information base, creating linkages between individuals and self-test provision platforms via specialised websites with online counselling, and enabling surveillance through

152 Georgian Harm Reduction Network, 'Study Report: Operational Research of HIV Self-Testing Acceptability among MSM and PWID in Georgia' (2020) <https://ghrn.ge/img/file/Self-testing_Study%20report_Georgia_final%20R_compressed.pdf> accessed 19 February 2022, p. 16

153 Columbia University Social Intervention Project, 'Peer-based HIV Self-testing Among Women Who Use Drugs' <https://sig.columbia.edu/research-projects/peer-based-hiv-self-testing-among-women-who-use-drugs> accessed 19 February 2022

a network of pharmacies where self-tests will be sold.[154] Changes of legislation were made to scale up access to NGO-based HIV testing, and the Order was signed On Approval of the Rules of Holding Measures on HIV Infection Prevention (Order of the Minister of Health of the Republic of Kazakhstan dated October 19, 2020 No. ҚР DSM-137/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on October 21, 2020 No. 21467), which enables provision to key affected populations of treatment and prevention services on the basis of Trust Cabinets (mobile and on-site), friendly offices situated in healthcare facilities as well as in non-governmental organizations, including HIV prevention activities with involvement of outreach workers and social workers - HIV and STI testing; The project contributed to this success through coordination of Working group on introduction of HIV testing on the basis of NGOs.

In **Kyrgyzstan**, as part of the SoS project, for the first time in the country, a general population testing initiative was launched, with mass testing campaigns occurring in markets where internally displaced persons/migrants and poor communities are concentrated. The reason for this shift to new locations for testing was due to information that the groups were concentrated in these previously overlooked locations. In May 2019, HIV testing campaigns were conducted at three major markets in the capital city Bishkek with rapid saliva tests. As a result of these campaigns taking place over four hours in these markets, 284 people were tested and five new cases were identified. In November 2020, the city of Osh in the southern region of the country joined the testing initiative as part of the month-long World AIDS Day campaign, however due to the COVID-19 pandemic, no mass testing campaigns occurred in markets, but was instead organised in large shopping centres in Osh city and Osh oblast. In 2021, as part of the month marking World AIDS Day, testing was organised in three large hypermarkets in the city, as well as at various testing points throughout the country. As a result of these initiatives, according to the data from the Bishkek Republican AIDS Centre, 400 people were tested and one positive case was identified. As a result of the nationwide HIV testing campaign, 3,656 people were tested, with 17 new cases detected. These results demonstrate the continued need for case detection work among migrant workers and new places where KPs gather. As a result, the issues of increased testing among migrants were included in a new state program to overcome HIV in 2022-2026.

The SoS partner, the Partnership Network Association, stated that as a result of the SoS project, testing around areas with extremely poor key populations such as bazaars 'has become routine'. The Partnership Network worked in collaboration with ITPCru and 100% LIFE to prepare a report[155] analysing the barriers to introduction of HIV self-testing, and found through an analysis of test purchases by regional centres should that the cost of some items were more than twice the cost of similar tests purchased by some organisations,[156] and that in some regions such as Naryn oblast there are no representative offices or branches of private laboratories, hence medical staff transport biological samples on their own to Osh or Bishkek.[157] These findings created an evidence base to substantiate the Partnership Network's activities towards expanding access to self-testing in the country. However, pursuant to negotiations between Partnership Network and the manufacturer of OraQuick HIV self-tests, the organisation established that the monopoly of supply and high pricing was 'quite a serious barrier', and that there was a need to reduce pricing from US$4.50 per test to US$2 per test.

154 Alliance for Public Health, 'ОЦЕНКА ДИНАМИКИ ТЕСТИРОВАНИЯ НА ВИЧ И ВОВЛЕЧЕНИЯ ЛЮДЕЙ, ЖИВУЩИХ С ВИЧ, В ПРОГРАММЫ АНТИРЕТРОВИРУСНОЙ ТЕРАПИИ В РЕГИОНЕ ВЕЦА (Evaluation of the Dynamics of HIV Testing and Involvement of People Living with HIV to Antiretroviral Therapy Programs in the EECA Region)' (2021) <https://aph.org.ua/wp-content/uploads/2021/05/Otsenka_dinamiki_testirovaniya_na_VICH_RRR.pdf> accessed 20 February 2022, p. 91

155 100% LIFE and ITPCru, 'Анализ диагностики ВИЧ в Кыргызской Республике (Analysis of HIV diagnostics in the Kyrgyz Republic)' (2020) <https://aph.org.ua/wp-content/uploads/2021/09/Kyrgystan_AnalysisOfHIVDiagnostics.pdf> accessed 22 February 2022

156 100% LIFE and ITPCru, 'Анализ диагностики ВИЧ в Кыргызской Республике (Analysis of HIV diagnostics in the Kyrgyz Republic)' (2020) <https://aph.org.ua/wp-content/uploads/2021/09/Kyrgystan_AnalysisOfHIVDiagnostics.pdf> accessed 22 February 2022, p. 42

157 100% LIFE and ITPCru, 'Анализ диагностики ВИЧ в Кыргызской Республике (Analysis of HIV diagnostics in the Kyrgyz Republic)' (2020) <https://aph.org.ua/wp-content/uploads/2021/09/Kyrgystan_AnalysisOfHIVDiagnostics.pdf> accessed 22 February 2022, p. 51

An analysis of the legislation of the Kyrgyz Republic on the possibility of introducing test systems for self-testing for HIV into circulation of medical devices was carried out - the conclusions and recommendations have been developed that will allow the introduction of self-tests in the Kyrgyz Republic. On September 12, 2019, the Ministry of Health and Social Development of the Kyrgyz Republic approved order No.678 on the introduction of testing at the initiative of a medical worker; mass actions and campaigns were carried to draw the attention of the general population to the importance of testing for HIV; an analysis was made of the availability of HIV diagnostics - the conclusions and recommendations made it possible to include the purchase of diagnostic equipment in the GF grant to overcome COVID-19.

In **Moldova**, HIV testing is available in primary health care settings and is integrated in the national HIV guidelines.[158] However, scale-up of testing was still necessary as only 54% of people living with HIV in Moldova know their status. Under the SoS project, multiple stakeholders testified as to the multipronged expansion of HIV testing due to the SoS project and successful mobilisation on self-testing through a nationwide testing campaign called JUST TEST introduced by the SoS partner, Pozitive Initiative Association. The nationwide campaign included a website[159] and other informational tools to support communities and to popularise self-testing. This campaign involved numerous governmental authorities including the Ministry of Health, Ministry of Justice, the Ministry of Interior Affairs, and municipal authorities, and included messaging on non-discrimination towards key populations. The project then progressed to the introduction of deliveries of self-tests at home and increasing access to HIV self-testing through an expanded network of private pharmacies, developments which CCM members tagged as 'very important interventions within the SoS project'. One such example of the latter included an Pozitive Initiative Association announcement following negotiations with the Farmacia Familiei chain of pharmacies that HIV self-tests would be provided in their centres for free.[160]

In addition, access to HIV self-testing was provided and expanded[161] at mobile COVID-19 vaccination sites in the municipal area of Chișinău, as well as for free for delivery through the iTaxi app also facilitated with the cooperation of the Chișinău city hall.[162] Through JUST TEST advocacy, HIV self-test vending machines were introduced, providing even more options for key populations. Finally, the SoS partner together with other local NGOs conducted advocacy for the introduction of a bonus system for detected cases, i.e., that the Global Fund would provide an incentive of approximately US$50 to the NGOs for every case detected.

In **North Macedonia,** there was an operational research survey carried out on self-testing acceptability among MSM. This study informed on high levels of acceptability as well as gave some insights on how self-testing interventions should be adapted and proposed to achieve best results. As a result of the survey, project partner organisations, in collaboration with the Ministry of Health, started preparations for implementation of a self-testing pilot project with the aim to further scale up HIV self-testing. Part of these preparations involved the development of materials such as a brochure and video manuals which were approved and supported by the MOH. The MOH also trialed carrying out self-tests procurement for the purposes of the pilot, however when no one applied, APH coordinated negotiations with OraSure for a donation of self-testing kits to North Macedonia for implementation of the pilot. Promotion strategies to reach and attract clients included advertising on MSM dating apps, presentations at community events, distributing leaflets at LGBT friendly venues, and through engaging MSM focal points in cities across North Macedonia. At time of publication, the implementation stage of the pilot is underway, and will likely lead to the formulation of evidence-based messages and advocacy for scale up at the national level.

158 National HIV Guidelines <https://msmps.gov.md/ru/legislatie/ghiduri-protocoale-standarde/ghiduri-clinice-nationale/ghid-national-de-diagnostic-de-laborator-al-infectiei-cu-hiv/> accessed 21 February 2022
159 JUST TEST <https://justtest.md/> accessed 20 February 2022
160 Initiativa Pozitiva, (30 September 2021) <https://www.facebook.com/initiativapozitiva/posts/4400304070087641> accessed 19 February 2022
161 Initiativa Pozitiva (26 November 2021) <https://m.facebook.com/initiativapozitiva/posts/4576773975773982?_rdr> accessed 19 February 2022
162 Initiativa Pozitiva (4 November 2021) <https://www.facebook.com/initiativapozitiva/posts/4507498709368176> accessed 19 February 2022

In the **Russian Federation**, during the final year of project implementation, concentrated efforts were put in place under the SOS project to find PLHIV who were lost to care. The project was implemented in 3 of the 5 project regions: Chelyabinsk, Yekaterinburg and Krasnoyarsk. The aim of the initiative was to support PLHIV return to HIV care, including HIV treatment and adherence. This initiative involved strong collaboration with AIDS Centres and NGO staff, including community representatives and peer workers.

Several initiatives were launched to support case detection (HIV testing) among key populations and an uptake in treatment access in the 5 project regions identified as Fast-Track Cities. First, in the final quarter of 2020, a series of regulatory updates were published by the Russian state to help get the country back on track to ending AIDS as a public health threat by 2030. These state decrees from the Ministry of Health also included revisions to procedures/guidance with regards to the provision of medical care to PLHIV; mandatory testing; delivery of medical care in the areas of obstetrics and gynaecology (which included updates on the provision of medical care to women living with HIV during pregnancy); and mandatory medical examination for persons in detention centres.

Project partners in Chelyabinsk and Novosibirsk created what is known now as "*the green corridor*" to overcome barriers to treatment access due to internal migration. In Russia, as in many countries of the former Soviet Union, there is an internal state enforced registration system called "propiska" that allows individuals to access free state-run health and social services. However, people are only able to access these free services in the town/city where they are registered. For someone travelling from one Russian region/city to another for work, they would usually be required to return to their place of registration in order to access free state provided services. Procurement numbers (and allocation of the state procurement budget) are usually informed by the number of patients registered for treatment in a specific region. For PLHIV, this is particularly difficult and often complex, particularly if they are a member of a key population group such as people who use drugs, or a sex worker and registered in a different region/town. The principle of "*the green corridor*" offers an innovative work-around to a heavily laden bureaucratic system. This initiative allowed PLHIV from cities and towns in the Novosibirsk and Chelyabinsk regions to be able to access ART and medical care in their neighbouring region without requiring an appointment, without a 'propiska' as long as they were accompanied by a case manager from the SoS project. This initiative was successful in ensuring linkages to care and reduced the potential for loss to treatment follow-up among PLHIV.

As a direct result of the SoS project, partners in the region of Chelyabinsk opened 3 low-threshold points in 2020. These low-threshold sites continue to work today providing rapid HIV testing services, pre-and post-test counselling, prevention materials as well as peer support for PLHIV, people who use drugs, and discordant couples. This work has enabled greater support and access to HIV services in the neighbourhoods where they live and in towns outside of the region's city centre.

The creation of 3 low-threshold harm reduction points significantly supported project goals to improve case finding/HIV testing among key populations. Innovative low-threshold services included, for example, mobile medical services with a doctor(s) from the AIDS Centre and peer support worker from an NGO that would drive to different neighbourhoods delivering user-friendly medical, treatment and HIV prevention services for members of key populations in places where they live on the outskirts and outside of city centres. The SoS partner described politico-social barriers to individuals accessing testing, in particular, certain government stakeholders using derogatory words like 'junkie' to address the person who uses drugs, and that tensions like these can be mitigated with peer counsellors are present at government facilities.

In the Fast-Track City of Dushanbe in **Tajikistan**, the health department created a working group that for the first time included civil society organisations working on HIV, TB, and addiction, including the SoS country partner SPIN Plus. As a result of this working group, a municipal HIV programme was developed and approved by the Mayor in May 2021 and included training activities for doctors on HIV testing and on new treatment pathways. According to stakeholders in Tajikistan, there have been national reforms on testing algorithms and the introduction of several pilots on testing models, with SPIN Plus lobbying extensively to introduce testing at the NGO level. Since 2015 by Order of the Ministry of Health, NGOs were only permitted to use saliva-based HIV testing,[163] and in 2019 the Ministry of Health authorised the use of self-testing,[164] and approval of the Order is attributed to activities in the SoS project. This is particularly due to the fact that while the guidelines were developed in 2018, the approval was pending/delayed for approval until SoS activities catalysed adoption.

The document, titled "Methodological guide for conducting rapid tests for HIV by self-testing" was developed and approved by the Order of the Ministry of Health and Social Protection of the Republic of Tajikistan No. 657, 09/05/2019. From this, the PLHIV Training Guide "School of ART patients" was developed and was focused at educating all relevant stakeholders on up-to-date approaches, including self-testing. self-introduced testing, and index testing was carried out. As part of these activities, 120 doctors were trained on the usage of these new saliva-based testing modalities.

In their recent country application to the Global Fund, the Tajikistani government has included self-testing as one of the components. Given that the application and components therein were approved by the Country Coordinating Mechanism (CCM), this is an indication of governmental support of novel self-testing strategies. Based on information provided by UNDP in Tajikistan, at time of writing the practice of assisted community-based testing has been introduced and covers 20% of KPs, with plans for the introduction of autonomous self-testing planned for 2022.

In **Uzbekistan**, the SoS partner supported the development of self-tests guidelines that will be used in activities under the Global Fund grant.[165]

163 Order of the Ministry of Health and Social Protection of the Republic of Tajikistan No. 832 of 30.09.2015 on the implementation of rapid testing based on CSOs

164 Ministry of Health and Social Protection of the Republic of Tajikistan Order No. 657 of 05.09.2019 on the introduction of self-testing for HIV by saliva biomaterial, Eurasian Harm Reduction Association, 'РЕСПУБЛИКА ТАДЖИКИСТАН: Оценка устойчивости ответа на ВИЧ среди ключевых групп населения в контексте перехода от поддержки Глобального фонда на государственное финансирование (REPUBLIC OF TAJIKISTAN: Assessing the Sustainability of the HIV Response Among Key Populations in the Context of the Transition from Global Fund Support to Public Funding)' (2021) <https://harmreductioneurasia.org/wp-content/uploads/2021/12/final-TMT-Assessment-Report-Tajikistan-EHRA-2021-RUS.pdf> accessed 20 February 2022

165 Uzbekistan Q4 2021 Programmatic Report (APH Internal Document)

METHODS TO IMPROVE ART ENROLMENT

Context:

At the start of the SoS project (2019), the EECA and Balkan regions were still a long way from reaching the 90-90-90 treatment targets, with only 53% of people who knew their HIV status receiving treatment (the 'second 90'), and only 77% of people receiving treatment having suppressed viral loads.[166] In many countries across the region, there continues to be repressive environments that can hinder ART enrolment. As such, innovative approaches are needed to improve ART enrolment. Under the SoS project, countries were asked to conduct Case Management (Belarus, Georgia, Kyrgyzstan, Uzbekistan), Campaigning in Fast-Track Cities (Belarus, Kyrgyzstan, Russian Federation, Tajikistan, and Uzbekistan), and increase in country obligations on ART (Russian Federation).

Target:

7 countries introduce new ART initiation strategies focusing on key populations.

Outcome(s):

Seven (7) countries (Belarus, Georgia, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Uzbekistan) undertook activities to improve ART initiation and reported successes in introducing new HIV treatment strategies focusing on key populations

In **Belarus**, three city-level initiatives were supported as part of the SoS project. These included innovative measures to identify and engage individuals lost to follow up, visiting them at their homes to offer services, including blood testing, and to motivate them to initiate ART. In addition, the city conducted innovative case management strategies, and "green corridors" to initiate treatment, meaning that individuals would be able to skip certain formalities to access ART. These formalities included intensive testing regimes that take up to 2-4 weeks without access to ART.

Over 1,000 patients in Minsk alone reported losing contact with the health system and/or had interrupted treatment. Activities were undertaken during the SoS project to identify these individuals and attract them back into treatment. This was further supported by activities conducted under a State Social Order and involved intensive visits to hotspots across the country to encourage and accompany individuals back into ART programmes. The SoS partner procured portable equipment with them to ensure that tests could be conducted on these visits and ensured rapid transition into treatment reinitiation. As a result, approximately 300 patients reinitiated treatment. In addition, 'prevention rooms' with NGO representatives were opened in the UZOs (state healthcare institutions), to assist in peer support of people being initiated into ART, including in Svetlogorsk and Soligorsk.[167] From 2020, all 19 prevention rooms based within UZOs have become part of the state system. Apart from that, mobile stations were introduced (visits of mobile teams of medical workers to home to PLHIV, blood sampling for VL/CD4, delivery ART), and delivery of ART to patients' homes contributed to increased coverage of ART.

166 UNAIDS, 'AIDS Data 2019' <https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf> accessed 19 February 2022, p. 343
167 <https://aph.org.ua/wp-content/uploads/2021/05/Otsenka_dinamiki_testirovaniya_na_VICH_RRR.pdf> p. 52

In **Georgia**, the SoS partner, GHRN, conducted 16 information meetings across the country with representatives with primary health care doctors, nurses, and managers to sensitise them on key populations and their needs, including on existence of low threshold centres across the countries. GHRN developed flyers[168] that were printed and distributed to primary healthcare centres which included information of existing HIV prevention services, and could be used by primary health care practitioners to refer key populations to low-threshold services and social support that could improve their uptake and adherence to ART. The SoS partner suggested that an assessment on Linkage to Care for key populations be done every four years as a standalone survey, that specific psycho-social services should be developed to support adherence, as well as innovative approaches with digital applications. In addition, the new strategies piloted within the SoS project (CITI and CIRI) were included in the new GF country grant during the community dialogue, which was carried out within the SoS project.

In **Kyrgyzstan**, several approaches were operationalised to deliver ARVs to patients, including the introduction of mobile teams. These mobile teams were able to deliver ARVs to internally displaced people and migrants, and protocols were revised to enable take home medications for 6-12 months' supply. Furthermore, in 2021, a mobile application[169] for PLHIV was launched, containing specific services on testing, HIV treatment, information on HIV prevention, a diary for PLHIV, and a map highlighting key locations where PLHIV can attend for support.

In **Moldova**, treatment schemes were optimised (reflected in the list of needs for the purchase of ARVs for the purposes of the National Program for the Prevention and Control of HIV for the purposes of 2021). Apart from that, in 2021, HIV treatment protocols were updated (experts were funded through SoS project).

In **Russia**, in 2020, an information campaign was developed and implemented designed to address three objectives: a) to increase the uptake in HIV treatment among people who know their HIV status; b) to provide support to overcome the fear of HIV testing; c) to provide support to individuals when receiving an HIV positive diagnosis, linking them into treatment. The campaign was largely peer-based meaning that the messages and the support provided were driven by the community of PLHIV. The campaign reached 10 million people and remains active today through the campaign website and Instagram page. It's worth mentioning that federal budget expenditures were increased in order to organize the provision of antiretroviral drugs for medical use, included in the list of vital and essential drugs for PLWHIV, including in combination with hepatitis B and C viruses, the list of vital and essential drugs was also expanded, including antiretroviral drugs; strategies to return lost-for-follow up patients back to treatment had been supported; "green corridors" as a part of an information campaign are functioning aimed at ensuring easier access and attracting people with HIV to medical and social care programs and easier ART initiation processes.

The "green corridor" approach, i.e., that individuals could skip certain formalities such as intensive testing and access ART while tests are ongoing rather than waiting for conclusion of tests, was extensively advocated for as part of the SoS project. At time of writing, the "green corridor" approach is accepted in the Russian Federation and is supported by the Presidential Fund grants.

Case management conducted during the SoS project was integral towards improving the HIV care cascade. In Novosibirsk, in southern Russia, with the help of assisted testing and case management

168 Georgian Harm Reduction Network (3 November 2021) <https://www.facebook.com/geohrn/posts/3028890404105245> accessed 21 February 2022
169 <https://play.google.com/store/apps/details?id=com.kg.HIVApp&gl=gh> accessed 22 February 2022

conducted within the SoS project, 300 people were identified as HIV positive in 2021, and were subsequently linked to the AIDS Centre to begin treatment. Additionally, a chat bot was developed and tested as an alternative and innovative option for remote self-testing assistance and case-management. Another innovation was piloted in Krasnoyarsk (about 800 kilometers east of Novosibirsk) in 2021, where one thousand individuals lost to follow up were returned to treatment with the help of case management interventions. The clients were proactively reached out to through the AIDS Centre with NGO collaboration initiatives, and supported to reinitiate to treatment.

Also in Russia, two operational research projects (optimized case finding and community-initiated treatment interventions) were completed, with one focused on MSM (St. Petersburg) and the other focused on PWUD (Chelyabinsk). In each city, over one thousand people were reached and tested, over 300 were taken on case-management and approximately one hundred individuals in each city started ART as a result of these pilots. Through the operational research component, additional topics were assessed such as depression, chemsex, and knowledge on PrEP, as well as qualitative "portraits" of MSM and PWUD in the RF that 1) dropped out of treatment; 2) agreed or declined case management, etc. These portraits and examination of demographics that affect service uptake provides governments, civil society, and regional/global stakeholders with data and evidence for future programme planning on service uptake.

In **Tajikistan**, the "School of the Patient" guidelines were developed and approved by the Ministry of Health and Social Security of the RT to be implemented by various NGOs, that includes an aspect of developing adherence for PLHA, as well as emphasizing the importance of the use of tertiary prevention approaches that have proven their effectiveness in practice, aimed at improving the effectiveness of treatment and social adaptation of HIV-infected patients; Government Decree Republic of Tajikistan dated February 27, 2021, No. 50 approved the National Program to combat the spread of the HIV / AIDS epidemic in the Republic of Tajikistan, for the period 2021 - 2025; Ministry of Justice of Tajikistan Main Department for the Execution of Criminal Punishments had issued an order "On approval of the Technical Guidelines for the provision of medical care to convicts in connection with HIV, drug addiction and tuberculosis" - these guidelines ensure more effective treatment access for people who are in the penitentiary system, including access to proper treatment and care opportunities within the institution, where they are being held; a Strategy for the development of innovative services in HIV epidemics response in Tajikistan was developed.

In **Uzbekistan**, since 2019, the "Treat everyone" strategy has been gradually introduced, with the initiation of ART regardless of the number of CD4 cells, ART regimens are being optimized, decentralized prescription of ART to the district level is planned. These changes are reflected in the draft National Protocols for the Treatment of HIV-Infected People; a working group has developed a draft National Protocols, which also advocates for its approval by the Ministry of Health and further implementation (reflected in National Protocols for the treatment of HIV-infected people approved by the Order of the Ministry of Health No. 206 of August 19, 2021. Within the framework of the SoS, the working group developed a draft of National Protocols.

DEVELOPMENT AND IMPLEMENTATION OF OPERATIONAL RESEARCH ON KEY POPULATION COVERAGE AND TREATMENT CASCADE

Context:

In some countries, there were evidence gaps preventing governments from adopting policies that could help further improve HIV case finding and linkage to care. For example, in Georgia, where there is a concentrated HIV epidemic among MSM, only 64% of PLHIV know their status hence the need to overcome disparities in access. Self-tests were not registered in Georgia at the beginning of the project. Hence the need for operational research to assess acceptability of self-tests among key populations to expedite policy adoption, registration, and subsequent deployment. Whereas in Kyrgyzstan, due to widespread transphobia and thereon barriers for trans people to access care,[170] there was an evidence gap on trans people in general, including socio-demographic data, access to hormone therapy, access to testing, among others.

Target:

At least 7 operational research projects implemented. These pertain to operational research projects on PrEP (Belarus and Moldova), services for transgender people (Georgia and Kyrgyzstan), and linkage of key populations to care (Georgia, Uzbekistan, and Russia).

Outcome:

9 operational research projects were conducted across six countries (Georgia, Moldova, North Macedonia, Kyrgyzstan, Russia, and Uzbekistan) and resulted in meaningful impact, including specific funding for transgender populations, and integration of results into national clinical protocols.

In **Belarus**, a research protocol was designed, and ethics approval was obtained for the study. The drugs were procured for the research and provision of PrEP started in late 2021, however the SoS partner was unable to complete operational research during the lifetime of the project. At time of writing, the operational research is ongoing with the support of WHO and a Global Fund country grant. At the end of 2021, 117 individuals were receiving PrEP under the operational research project, with 41 individuals taking PrEP on demand versus 76 individuals taking PrEP daily.

In **Georgia**, operational research among MSM and PWID in Georgia involved the distribution of 805 HIV self-testing kits (401 oral fluid and 404 blood-based test kits) between February 2020 and June 2020, and found that 93.9% of respondents said that they would recommend HIV self-testing to others, 91.8% stated that they would use HIV self-testing again in the future, and 91.6% of respondents considered it acceptable to introduce HIV self-testing for nationwide implementation.[171] Pursuant to publication of the operational research tools, the SoS partner in Georgia, the Georgian Harm Reduction Network (GHRN), developed a protocol for HIV testing for use in GHRN-operated harm reduction centres, and linked their work to online platforms for the individual purchase of HIV self-tests. GHRN also completed operational research among trans people in Tbilisi.[172] In this study conducted among 95 trans individuals,

170 UNFPA, 'For Kyrgyzstan's LGBTQI community, risks escalate under COVID-19 pandemic' (9 July 2020) <https://www.unfpa.org/news/kyrgyzstans-lgbtqi-community-risks-escalate-under-covid-19-pandemic> accessed 25 March 2022

171 Georgian Harm Reduction Network, 'Study Report: Operational Research of HIV Self-Testing Acceptability among MSM and PWID in Georgia' (2020) <https://ghrn.ge/img/file/Self-testing_Study%20report_Georgia_final%20R_compressed.pdf> accessed 19 February 2022, p. 16

*172 Georgian Harm Reduction Network, 'Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia' (2021)*

76.3% of respondents stated that they had used a condom during their last sexual intercourse,[173] 75.8% stated that they had been subject to some type of discrimination,[174] and that 81.1% indicated that they had heard about PrEP.[175] GHRN also completed an assessment of current care cascade practices to improve linkages to HIV care, available only in Georgian by request to GHRN.

In **Moldova**, operational research on PrEP[176] was finalised in 2021, and was aimed towards developing recommendations to address or reduce identified socio-behavioural and other barriers faced by beneficiaries in accessing and taking PrEP, and to improve PrEP delivery mechanisms.[177] Interviews were conducted among 111 individuals who had been on PrEP for at least three months, and found that, inter alia, that were was a need to improve the skills of all persons involved in the provision of PrEP,[178] that the majority (69.3%) of respondents received PrEP within six days of testing,[179] and that 89.1% of respondents preferred to obtain PrEP through a 'public association' or NGO rather than through doctors.[180] 43.2% of respondents stated they felt uncomfortable telling doctors details of their sex life.[181] Results of the study were taken into account in the updated HIV treatment clinical protocols.

In **Kyrgyzstan**, the SoS project supported Kyrgyz Indigo, an LGBT rights organisation to conduct research to expand the reach of testing and treatment specifically for transgender people. Research findings were compiled and published in 2020, and specifically stated that the results would be taken into account when planning HIV prevention programs for trans people in Kyrgyzstan.[182] The research found, inter alia, that the majority of respondents were between 19-30 years old and were trans women,[183] that more than half took hormone therapies and that almost half of respondents did so without the supervision of a medical professional.[184] The report also found that the majority of respondents used internet resources such as the "VKontakte" app to search for sexual partners,[185] and from this recommended that popular social networks be used for prevention programs.[186]

According to the SoS partner, the study catalysed increased detection among transgender populations, and led to increased funding on transgender communities:

> *"Based on the results of this study, we included the trans community in another grant application and as a result they are getting funding on a separate project. It has also pushed a lot more case detection and involvement in HIV treatment, perhaps not 100% (due to the SoS project) but at least 50%."*

173 Ibid, p. 18
174 Ibid, p. 25
175 Ibid, p. 32
176 Positive Initiative, 'Операционное исследование по оценке эффективности предоставления доконтактной профилактики ВИЧ (ДКП/PrEP) в Республике Молдова: ОТЧЁТ (Operational study to evaluate delivery performance pre-exposure prophylaxis for HIV (PrEP/PrEP) in the Republic of Moldova: REPORT)' (2021)
177 Positive Initiative, 'Операционное исследование по оценке эффективности предоставления доконтактной профилактики ВИЧ (ДКП/PrEP) в Республике Молдова: ОТЧЁТ (Operational study to evaluate delivery performance pre-exposure prophylaxis for HIV (PrEP/PrEP) in the Republic of Moldova: REPORT)' (2021), p. 11
178 Ibid, p. 21
179 Ibid, p. 26
180 Ibid, p. 35
181 Ibid
182 Kyrgyz Indigo and Partnership Network, 'ВЫХОД НА НЕОХВАЧЕННЫХ ПРОФИЛАКТИЧЕСКИМИ ПРОГРАММАМИ ТРАНС ЛЮДЕЙ В КЫРГЫЗСКОЙ РЕСПУБЛИКЕ, Г. БИШКЕК С ПОМОЩЬЮ МЕТОДИКИ «ВНЕДРЕНИЕ СИЛАМИ РАВНЫХ» И ОЦЕНКА ЭФФЕКТИВНОСТИ ЭТОГО МЕТОДА (Report: Operational Research on Trans People not Covered by Prevention Programs in the Kyrgyz Republic)' (2020) <https://indigo.kg/uploads/File/2021/09/27/TG-PDI-KG-report-R2.pdf> accessed 25 March 2022, p. 22*
183 Ibid, p. 30
184 Ibid, p. 37
185 Ibid, p. 50
186 Ibid, p. 75

In **North Macedonia**, the SoS project supported two operational research projects that were not initially planned, namely on HIV self-testing acceptability (2020) and on PrEP (finalized in 2021). A demonstration project to determine feasibility and acceptability of PrEP provision as part of strengthening sexual health services was carried out. This pilot marked the introduction of PrEP in North Macedonia. PrEP was offered both as a daily regimen and as 2-1-1 to MSM, TG and SW. There were minor delays to launch the operational research project due to multiple factors, but once launched the project attracted a lot of interest and 100 clients were recruited within a short space of time.

On self-testing, a survey was carried out among 126 MSM to assess the acceptability and readiness for self-testing as a service as well as to collect crucial insights for future advocacy and implementation. The operational research found that after seeing the informational video, 57.1% of respondents felt confident to self-test, and importantly, that 87.3% of respondents found that the HIV self-test kit contained sufficient information (including illustrated instructions) on how to read the results. On pricing, 23% of MSM reported that they would perform HIV self-tests only if they were provided free of charge. Overall, the operational research found that factors that could influence HIV self-testing acceptability include doubts in the accuracy of results, the fear of receiving positive test results, and the lack of information about further support (post-test counselling), and should be addressed prior to introducing the new model within the health care system. In late 2021, the self-test pilot progressed into an implementation phase.

In the **Russian Federation**, two operational research projects were completed, with one focused on MSM (St. Petersburg) and the other focused on PWUD (Chelyabinsk). In each city over one thousand people were reached and tested, over three hundred were engaged into case-management and approximately 100 individuals in each city started ART as a result of this pilot. The research also assessed a number of additional topics such as depression, chemsex, knowledge of PrEP, and produced portraits of MSM and PWUD in the Russian Federation that either dropped out of treatment and/or agreed/disagreed to engage with case management. These insights and resulting recommendations provided the country and regional/global stakeholders with data and evidence for future test and treat program planning and tweaking in Russia.

The SoS partner in **Uzbekistan** reported that operational research on Validation of the new HIV testing algorithm was held using ELISA and rapid tests instead of the currently used immunoblot (western blot). The aim was to create context-specific reliable evidence for advocacy on relevant changes to the standard national recommendations and protocols as well as compare the effectiveness and usability of tests registered in Uzbekistan to identify the best options to be scaled up for usage. As a result of the study, the new algorithm for using ELISA-ELISA-rapid test or rapid test-ELISA-ELISA was recommended on the national level.

SUSTAINING COUNTRY INTERVENTIONS DURING THE COVID-19 PANDEMIC

Context:

The COVID-19 pandemic threatened regular provision of healthcare services during 2020 and 2021. At the project beginning it could not be envisaged that the COVID-19 pandemic will endanger provision of in-person services, and how this might have an impact on the HIV response in project countries, as the majority of HIV-related services are usually provided face-to-face.

Target:

Rethinking of planned project activities and adapting to ensure sustainability of HIV-related services during the COVID-10 pandemic while minimising infection risks for KPs

Outcome:

SoS partners undertook several activities to adapt to the COVID-19 pandemic, including via the increased use of telemedicine and mobile support for key populations, and increased volume of take-home supplies for ARVs. In Georgia, for example, during the pandemic, PLHIV were provided three-month supplies to prevent COVID infection, and five-day take-home doses for opioid substitution therapy.[187] In Kyrgyzstan, online group discussions via social messaging applications such as Whatsapp were established by community groups so patients all over the country could ask questions and participate in discussions with clinicians and experts from the Republican AIDS centre. Overall, adaptations to the HIV response due to COVID-19 have resulted in lasting improvements to provision of HIV services, and may lead to more national governments rethink their ways of providing HIV services, such as increasing access to telemedicine, reducing exclusive reliance on in-person provision of medications, and re-thinking testing models.

Two years of the SoS project were overshadowed by the COVID-19 pandemic. In all countries that were part of this regional project, restrictions were placed on movement and public services provision. This had effects on the implementers' ability to proceed with their activities. As an infectious disease, the COVID-19 response meant that infectious disease doctors may need to reallocate part of their work to COVID-19 response, rather than their regular work on HIV/AIDS. COVID-19 movement and congregation restrictions additionally reduced access to healthcare providers for all people, including KP. KP and in particular PLHIV found themselves at high risk of infection and serious illness from COVID-19. Restrictions also stifled organisations' ability to conduct regular outreach activities among KP and provide mobile and in-community testing. HIV testing and case finding numbers reduced in a few countries, due to these changes in service delivery possibilities. One public health provider told us:

> *"As an epidemiologist I'm (currently) spending almost 70% of my working time on COVID control or vaccination. With only 30% (of my work) related to TB and HIV, we are performing only necessary activities that are really that we have to do, but advanced and development activities, we are not doing enough. And this is not systematic work. I have 20 years of experience in disease programs, and it has to be organised a little bit more, and the human resources are not enough. And so we are all divided into so many programs and issues. That's why I think the quality has decreased (and) number of activities, because we cannot do so much."*

187 Alliance for Public Health and Matahari Global Solutions, Georgia: COVID-19 Response and Impact on HIV and TB Services (2021) <https://aph.org.ua/wp-content/uploads/2021/04/georgia-red.pdf> accessed 28 March 2022

APH also had to pivot their programming and adjust to provide support to SoS program partners. APH quickly produced a number of research reports to document the impact of COVID-19 on the region's HIV and TB programs. Reports for individual countries and regional analysis are available on the APH website https://aph.org.ua/en/covid/. APH also published a "Guide for Contingency Planning for KP HIV Services", that draws on the experiences of SoS project partners.[188]

On the programmatic front, APH supported in-country COVID-19 responses of SoS project partner through procurement of rapid COVID-19 tests, Over 76,780 SARS-CoV-2 rapid test kits for key populations and their contacts were delivered as humanitarian aid to 8 countries in EECA region (Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Ukraine, Uzbekistan) – and were used in both state medical institutions and at NGO facilities). In addition, the SoS project supported the implementation of a telemedicine platform in BiH; and contributed to changing HIV service delivery models based on best practices.

As part of the program, APH supported the work of women's shelters in Kazakhstan, North Macedonia, Serbia, the Russian Federation, and Ukraine. Activities were coordinated by the Eurasian Harm Reduction Association, and partner organisations implemented both advocacy activities and direct provision of services to clients. As result of project activities, partner organisations widened the spectrum of services for women who use drugs and women who had experienced violence via building partnerships and via the strengthening of existing services. In total, 16 cases of women who use drugs and experienced violence were documented, and 25 female clients of these shelters were referred to services that correspondent to their specific needs. Crucially, partners reported general reluctance of women to document their cases due to stigma and discrimination of drug use, raising questions about the need for more comprehensive support for women with multiple vulnerabilities, including criminalisation.

One positive note is that mobile testing units, not a common practice in many countries yet, were highlighted during the pandemic response. Mobile testing units for HIV were piloted in several countries and their added value is clear. Even in smaller countries, access to hospital-based testing can be challenging. Stigma and discrimination are major deterrents in smaller settings in particular, for fear of having one's status exposed. NGO-administered community-based testing and self-testing would similarly increase access to testing, and with connected support could lead to closing the gap on starting HIV treatment. This is an opportunity to use the experiences from the COVID-19 pandemic to advocate for policy changes with regards to mobile testing, community-based testing, and self-tests. Some positive approaches are summarised below, and more information can be found in the dedicated chapters on testing and operational research.

In **Belarus**, communities lacked information about the location of testing services. An initiative supported by the SoS project in Minsk produced favourable results via the city's infectious disease hospital providing home visits, especially for PWID with a positive HIV rapid test. The visit was conducted by an NGO social worker, nurse and infectious disease doctor, and without police interference. Minsk also allows self-testing for the MSM community, with tests being either available through the mail or "on the spot". This intervention utilised 450 rapid test boxes and 11 PLHIV enrolled in and started ARV treatment. This intervention is receiving additional support from the Global Fund country grant.

These models have relevance for other locations. Another innovation included in the Global Fund grant is mailing of ARV rather than requiring in-person pickup. In Svetlogorsk, an initiative to search for people who have discontinued treatment yielded results. The SoS project as part of this initiative provided testing for hepatitis C. By the end of November 2021, 41 people had resumed ART and at the same time treatment for hepatitis C. The SoS project showed that diagnosis and treatment of hepatitis is a stimulus for ARV treatment. Unfortunately, hepatitis C diagnosis and treatment will not be available from the next GF grant.

188 https://eeca.aph.org.ua/wp-content/uploads/2021/11/Guide-for-Contingency-Planning-for-KP-HIV-Services-ENG.pdf

In **BiH**, a major barrier to increased testing is lack of funding for mobile services, while HIV counselling provided by NGO staff at hospitals alongside testing goes largely underutilised. NGO staff relayed anecdotally that while they may see very few PLHIV from KPs during their hospital-based hours, as soon as they are able to go into the communities, e.g. a sex work establishment or bars and clubs, stigmatized communities like sex workers and MSM are much more willing to seek counseling, receive condoms, and refer their colleagues and friends to seek the same services. This clearly shows that community-based interventions are of dire need.

> *"We have good examples from one of our colleagues, a counsellor. When she sits in her office in the hospital, she never gets someone who will tell her 'I am a sex worker'. But when she made a deal with the owner of a local hotel and went to his hotel, she found about 20 sexual workers. In the hotel, they are ready to take a test, to have counselling, to get condoms, to find other people from their colleagues. We have the same situation with the MSM population. If you are waiting in the hospital, in the city centres, you will get one man per month, but if you go to the local pub where you could make arrangements with the owner, you will find more people than you might see in a health institution in a whole year."*

In **Georgia**, during the pandemic, PLHIV were provided three-month supplies to prevent COVID infection, and five-day take-home doses for opioid substitution therapy.[189] Prior to the pandemic, the government had resisted providing five-day take home doses for OST, but the pandemic saw these attitudes change in the interests of reducing COVID risk among key populations.

In **Kyrgyzstan**, part of this project, for the first time in the country, a general population testing initiative was launched. Testing of the general population is usually conducted as part of the World AIDS Day months, as well as World AIDS Memorial Day. Testing initiatives under the SoS project, e.g. in May and November 2019 produced positive outputs.In 2020, in view of the COVID-19 pandemic, no mass testing campaigns were conducted in the markets but picked up again in 2021. In addition, mobile teams for HIV and TB care were deployed across the country to ensure delivery of ARVs and TB medications to patients, and due to quarantine and self-isolation requirements community groups created online groups in Whatsapp and other social messaging applications which included doctors from the Republican AIDS Center, enabling patients even in rural areas to access quality advice from medical experts that they would not normally have access to.[190]

Moldova introduced HIV self-testing and introduced HIV testing into primary care (i.e., provider-initiated testing). In one case in Chisinau, HIV self-testing was made available through a mobile COVID-19 vaccination site. Self-testing was also expanded through the taxi service. Access to free HIV self-testing through a network of commercial pharmacies documented 45 new positive HIV tests in its first month.

In **North Macedonia**, implementers expect that the piloting of PreP will also lead to additional case findings. Participants in the PreP pilot will need to undergo regular testing. A major barrier to more effective testing on KP has been that NGOs have not been allowed to offer community-based testing. All HIV testing must be conducted by certified medical personnel, who are not regularly available to accompany NGO staff on outreach activities in order to provide testing in a community setting. The piloting of PreP under the SoS project provided new, important points of contact with the MSM community.

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189 Alliance for Public Health and Matahari Global Solutions, Georgia: COVID-19 Response and Impact on HIV and TB Services (2021) <https://aph.org.ua/wp-content/uploads/2021/04/georgia-red.pdf> accessed 28 March 2022

190 Alliance for Public Health and Matahari Global Solutions, 'Kyrgyzstan: COVID-19 Response and Impact on HIV and TB Services' (2021) <https://aph.org.ua/wp-content/uploads/2021/04/kyrgyzstan-red.pdf> accessed 28 March 2022

In the **Russian Federation**, the project provided HIV and COVID-19 prevention services to at least 2,500 PLHIV and key populations. Masks, gloves, disinfectants, hygiene kits were purchased and distributed. Also, 3 syringe- and 8 condom-vending machines were installed in NGO facilities, within communities, and in medical institutions, with over 30,000 condoms and 75,000 syringes distributed through these machines.

In **Serbia**, SoS partners also reported a lot of delays in planned programming due to COVID-19. However, they recognized that a new advocacy opportunity arose when the government requested that specific public health action plans must be developed on the local level. According to the SoS partner:

> *"A lot of local municipalities, cities and towns don't yet have a local action plan for public health, this is one chance (i.e. opportunity). If we look right now, according to our law, every municipality, every city and towns must have a sustainable local action plan. And our law states that every local municipality must finish (it) by the end of 2020. Now only maybe 25% of the local municipalities have that action plan. The Standing Conference can start to develop a local action plan with the municipalities."*

Implementers in **Tajikistan** documented best practices of community monitoring across several of the SoS project countries in a dedicated publication.[191]

CONCLUSION TO HIV SERVICE DELIVERY CHAPTER

Across the region, SoS project investments resulted in notable gains in affordability and efficiency in HIV service delivery. These included through case management initiatives and operational research which reached individuals lost to treatment with reinitiation into treatment, and documented demographics of MSM who were likely/unlikely to take up PrEP, providing useful insights towards service improvement and design.

From 2019 to 2021, the biggest increase in the number of registered PLHIV was in the Sverdlovsk region (an increase of 250%), followed by Novosibirsk region (135%), Minsk (132%), Samarqand region (125%) and Saint Petersburg (120%). Further, during the SoS project, there were increases in the number of PLHIV receiving ART, with the biggest increase in Sverdlovsk region (513%, i.e. from 10,000 individuals receiving ART to 51,340), followed by Novosibirsk region (an increase of 269%), Chelyabinsk region (223%), Samarqand region (211%), Minsk (204%) and Dushanbe (197%). Cumulatively, during the SoS project, HIV care cascade improvements in the project's target regions filled the HIV diagnostics gap in EECA by 20% and the ART gap by 11%.

In both Belarus and Russia "green corridor" approaches enabled people who test positive for HIV to begin ARVs quickly rather than wait for a barrage of tests prior to test initiation, the latter approach of which had previously constituted a barrier towards initiation and reinitiation of ART. In a number of countries partner organizations went to homes to detect individuals lost to follow up and to introduce them to care. In Kyrgyzstan, testing was done in previously overlooked locations such as markets to fill the gap in HIV testing. In addition, the SoS project ensured that with the onslaught of COVID-19, innovative approaches were introduced to ensure continuity of HIV services and to provide COVID-19 services in parallel including masks, sanitisers, and rapid tests.

191 Central Asian Association of People Living with HIV, 'Successful Community-Led Monitoring Practices in the EECA Region' (2020) <https://caapl.org/wp-content/uploads/2021/04/clm-in-the-eeca-region.pdf> accessed 4 April 2022

4. CONCLUSION

Overall, the Sustainability of Services project achieved its targets, resulting in significant progress across the region, including on ARV pricing, reducing the gap on the HIV care cascade, systematising human rights monitoring mechanisms and practices in several countries, sensitising local government partners, increasing social contracting for CSOs, and increasing domestic funding for community-based HIV services. Nine SoS countries (Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, and Uzbekistan) saw budget increases to finance HIV prevention and care services for key populations and PLHIV, with a cumulative increase of US$36 million at the end of the project. Four countries saw new social contracting mechanisms to allow CSOs to deploy community-based HIV prevention and care services with government funding. New operational research findings, including on acceptability of HIV self-testing in Georgia, and on barriers to uptake of PrEP in Moldova, were able to offer crucial insights to inform programmatic updates in SoS project countries. Overall, 9 operational research projects were conducted across six countries (Georgia, Moldova, North Macedonia, Kyrgyzstan, Russia, and Uzbekistan) during the SoS project. Importantly, the project resulted in a mass reduction of ARV prices across the region, with the average cost of first line ART(TDF/XTC/EFV, recommended by WHO) of all SoS countries reaching the target price of below US$131, resulting in total savings of more than US$147 million across all project countries. In addition to these quantitative findings, the SoS project also saw the establishment of the EECA Regional Commission on Drug Policy and the publication of essential research briefs, signalling high-level efforts towards reform of drug policy in the region - work that will continue in the Sustainability of Services 2 project running from 2022-2024. In conclusion, in achieving its targets, the SoS regional project has demonstrated value for money and impactful policy and pricing changes affecting HIV communities across all project countries that will last long into the future.