



Independent observer  
of the Global Fund

## EECA INITIATIVE IS IMPROVING THE CONTINUUM OF HIV CARE ACROSS THE REGION

The EECA region saw the launching of an initiative improving the effectiveness of HIV treatment. The initiative addresses the high HIV incidence, the maintaining of the HIV care cascade, which remains a problem in most EECA states. According to WHO data from 2014, 55% of HIV-positives are aware of their status, while only 71% of those who know their status are officially registered. 39% of registered patients are involved in ART and on average 23% achieve viral suppression.

Earlier this year the Global Fund approved its [new policy on sustainability, transition and co-financing](#). The fund provides strong support to countries in transitioning and the EECA puts significant efforts on increasing program sustainability. Therefore, the improved continuum of care is the basis of improved access, coverage, and quality of care at all stages and also means increased value for money invested in the services and a solid contribution to stabilizing and decreasing HIV epidemics.

The first step of the initiative is the development of the “Regional Community Action Plan on Increasing Access to Quality and Uninterrupted Care in Connection with HIV-infection for All Those Who Need It”, complemented by the national action plans of seven EECA countries: Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Russia, Uzbekistan and Estonia.

On October 11-12, Kiev, Ukraine hosted a regional consultation meeting to discuss the background, content and process of the regional action plan. The main goal of the meeting being to achieve a consolidated position for all partners in regards to content and implementation of the initiative. Up to 80 participants involved in the consultation representing regional community networks, the ministries of health, international organizations (UNAIDS, UNDP, UNICEF, UNFPA, GF and MSF), got together with staff of different GF supported projects and CBOs from many EECA countries. The two-day consultation

facilitated presentations, thematic discussion sessions and group workshops with active the participation of KAPs communities.

East Europe & Central Asia Union of People Living with HIV (ECUO) led the project with the implementing partner, Eurasian Harm Reduction Network (EHRN). The initiative is a part of the Global Fund supported regional program entitled: “Partnership for equitable access to HIV care continuum in Eastern Europe and Central Asia region”. GFO has written about this project [here](#) and [here](#).

The three-year project with an approximate EURO 4 million budget. started in November 2015 and covers 15 countries of the region, with special focus on the afore-mentioned seven countries. During its life span, the project aims to fully contextualize and operationalize the regional and national plans and start implementation from 2017. The regional project partners believe that increased effectiveness, access and sustainability of ARV treatment are common objectives uniting all KAPs communities.

One of the strengths of the regional plan is its evidence-based grounding: the project has conducted reviews of the barriers preventing access to the HIV care continuum. During the consultation, ECUO presented preliminary findings of the study describing main system barriers, such as legal, political, organizational, medical, social and cultural issues. Findings, conclusions and recommendations of this review will serve as a starting-point for developing mitigation measures. The last stage of the process will be costing of the care protocols that should inform budgeting process of services. The complete report of the review will become accessible to the public by the end of 2016.

The President of the ECUO, Vladimir Zhovtyak, has summarised what is unique with this regional consultation and how it relates to the sustainable transition of the region towards domestic funding, in addition to what the roles of the communities are in the process. According to Mr. Zhovtyak, “The ECUO has consolidated all communities around one objective: to decide which packages of care have to be included in costed transition plans and within which timeframes. In general, communities have reasonable concerns about the rapid transition to domestic funding and realize risks for KAPs services to be left out from state budgets. On the other hand, within 12-13 years of support by the Global Fund, countries have as yet, still not managed to get ready for taking over the programs, to develop effective systems and approaches, and have not resolved legal and human rights challenges. Now, the reality is that countries can take over just part of the programs, and during this meeting, we have discussed the principles of the decision criteria of what to include into the state program, while not undermining services for KAPs, the need to address opportunistic infections such as TB and hepatitis-C and problems determining highest mortality rates among HIV positive individuals”.

On the question posed by Aidsplan on what the most important element of the regional consultation was, Nicolas Cantau, EECA regional director, the Global Fund, said: “In my opinion, the good coming out of the meeting in Kiev was that it enabled all the different networks representing various key population around EECA to meet and exchange opinions around common challenges related to access to care and human right issues. I am hopeful that the expected outcome, a regional community prioritised action plan to increase access continuum of services, will serve as strong base for community response to scale up the response through increased domestic co-funding against HIV and TB.”

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