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of the Global Fund

Eastern Europe/Central Asia network chooses in-country partners for its regional harm reduction project on HIV in EECA

The Eurasian Harm Reduction Network issued a tender in September 2013 for in-country partners to implement the regional programme, "Harm Reduction Works. Fund it!" Developed as part of the network's concept note for the transition phase of the new funding model, the programme seeks to facilitate effective regional advocacy for harm reduction among injected drug users across five countries in EECA.

The three-year, \$6 million programme is a central component of the draft project concept note that the EHRN has submitted to the Global Fund for review. It was at a 13-14 June regional dialogue meeting in Lithuania that the open competition to select the national partners was first announced to support the initiative. Submissions followed a tendering period from mid-September until mid-October.

The national partners chosen from among nine country proposals submitted are: Positive Movement, in Belarus; Georgian Harm Reduction Network, in Georgia; Moldova's Union for HIV/AIDS Prevention and Harm Reduction; the Kazakh Union of People Living with HIV, in Kazakhstan; and SPIN Plus, in Tajikistan.

A sixth proposal, tendered by the I Can Live Coalition of Lithuania, was placed on a waitlist.

The harm reduction concept note developed by the EHRN fits squarely within a new regional strategy to respond to the expanding HIV epidemic in Eastern Europe/Central Asia being launched by the Global Fund.

The Fund's EECA regional team held a consultation in September to begin to plot how to achieve success in responding to the markedly different profiles and needs of countries across Eastern Europe and Central

Asia grappling with a mounting HIV epidemic. According to the 2013 “AIDS by the Numbers” report released by UNAIDS, the region is facing a disproportional surge in infections, as compared to the rest of the world.

The development of a differentiated regional HIV/AIDS strategy with integrated TB components will seek to establish regional investment priorities that will be sustainable beyond Global Fund funding. This is particularly important in countries that will, under the new eligibility benchmarks for average per capita gross national income, no longer be able to access Global Fund grants because of their middle or upper-middle income status.

The consultation in September began to shape the regional strategy, resulting in what a statement from the EECA regional office called “broad consensus that the vast majority of Global Fund investments in the region on HIV should follow the UNAIDS regional strategy to prioritise scaling up anti-retroviral treatment (ART) and enhancing access to comprehensive harm reduction, prevention, and treatment and care services for people who inject drugs (PWID).”

Other regional targets established during the consultation included: expanded testing, treatment referral and adherence programmes; sustainable access to quality-assured and cost-efficient ART; and increased access to harm reduction interventions and their inclusion into national drug policies.

Some of the elements of the proposed regional strategy have prompted concern from civil society groups in EECA. In an open letter to those who attended the September consultation, 24 regional and national-level organizations cautioned the Fund against being too ambitious in expecting great leaps in the level of coverage by ART therapies funded domestically. The proposed transition timeline away from Global Fund-supported programmes towards state-funded programmes is too short, the CSOs said, and could widen the gap of unmet needs in many newly identified middle-income countries.

No strategy will be effective without better attention to a smooth transition, they said, urging greater flexibility in the development of allocation formulas under the new funding model that considers existing and potential barriers to access across the region – including, but not limited to, the ability and willingness of governments to fund these programmes in the future.

“Advocacy work at the national level and additional resources must be allocated and made available for civil society if the Global Fund expects UMICs such as Azerbaijan, Belarus, Kazakhstan and others to fully cover harm reduction programmes and ART treatment with domestic funding in the next 12 months,” said Dasha Ocheret, EHRN’s Deputy director for policy and advocacy in an emailed statement to Aidspace.

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