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EASTERN EUROPE/CENTRAL ASIA ADVOCACY GROUP SEEKS GLOBAL FUND SUPPORT TO PUSH NATIONAL FINANCING OF HIV TREATMENT

A regional network of people living with HIV (EUCO) on 1 May submitted an expression of interest in applying for Global Fund support for advocacy to encourage governments across Eastern Europe and Central Asia to commit to paying for anti-retroviral therapy (ART) and other treatment for HIV.

The \$7 million proposal aims to improve and expand ART around the region, emphasizing outreach into vulnerable populations. If approved, the program would run regionally from 2015-2017.

Under the provisions of the new funding model (NFM), regional programs have been allocated some \$200 million for the period 2014-2016. These regional programs are supposed to emphasize cohesion, cross-border promotion of behavior change and integration rather than service delivery.

Outcome indicators for regional programs, assessing impact instead of money spent, that will be applied to country-specific programs will also be applied to successful applicants for regional initiatives.

ECUO executive director Dr. George Mataradze told Aidspan that part of the impetus for this regional initiative was the realization that due to economic classification, many countries in EECA will ultimately no longer be eligible for Global Fund support, despite the fact that today the region has the fastest growing HIV epidemic globally. Part of the responsibility of the network, therefore, is to provide tools at the regional and country level for advocates to urge governments to develop plans and set aside budgets to assume the financial responsibility for prevention, treatment and care programs that had been paid for in the past by the Global Fund. Above all, he emphasized, this includes the cost of ART.

Guidelines released by the World Health Organization in 2013 recommend that all people living with HIV with a CD4 count of 500 cells/mm³ or fewer be enrolled in ART programs. The implications for countries across EECA, according to Dr. Mataradze, may mean an increase in the number of people needing treatment of up to 40%.

For countries with currently low incidence rates — fewer than 3,000 people currently living with HIV — this increase may not have a huge financial price tag. For others however, such as Russia and Ukraine, a 40% increase in coverage could have significant financial implications.

Expanding testing and counseling services around the region is another important component of the ECUO proposal. While the number of tests conducted in health care settings around the region has increased, there has not been a commensurate improvement in access by key populations to HIV Testing and Counselling (HTC) and other HIV services. What this means, according to Dr. Mataradze, is that most tests are not being conducted among the key populations who need them the most. A considerable number of people living with HIV across the region do not know their status; furthermore, one in three people who does get tested is lost to follow-up as there is a shortage of post-test counseling and treatment adherence/retention services available.

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