

EECA Regional Joint Team Report 09 March_final

Achievements

- Capture key collective results against the relevant priorities
- the regional Joint Team added value
- (sub)regional partnerships beyond the UN system for results,
- Joint Programme's influential and catalytic role (e.g. 'the bigger changes we leverage: policies, HIV funding, elevating the voice of communities etc...')
- Provide a regional summary of key initiatives and main results achieved by the Joint Programme in countries.

- 1. UBRAF outcome: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.**

1000 words limit/ 983

The priorities of the Joint UN Programme of Support on AIDS in the region were revised upon the impact of the ongoing Russian Federation invasion of Ukraine. The Joint Plans of the Cosponsors prioritized humanitarian support, refugees/migrants needs in the region and focused on mitigating the risks of HIV services interruption and losses of the HIV response gains in Ukraine and other countries.

Ukraine has the second largest HIV treatment programme in the region, which was at risk. **WHO**, PEPFAR, the GF, the Ukrainian Public Health Centre (PHC), the Alliance for Public Health and the Ukrainian Network of PLHIV "100% Life", ensured the procurement of 209 000 packs of the antiretroviral drug TLD (tenofovir, lamivudine and dolutegravir) few months after the war started. Prior to the war, nearly 150 000 PLHIV, were on antiretroviral treatment (ART), including more than 2700 children. In collaboration with the PHC, under the GF Emergency Grant, HIV diagnostics for 1M people and ART effectiveness monitoring kits for 200,000 PLHIV were procured through **UNICEF**. By joint efforts of the GF, PEPFAR and the Joint Team in Ukraine all ARV and Opioid Agonist Therapy (OAT) clients were guaranteed treatment for 1 year.

To ensure continued access to medical services UNDP (GF PR in 2 countries) delivered medicines and medical products in the amount of US \$31,4 million, including HIV testing systems (US \$5,1 million) and TB treatment (US \$1,7 million).

At the 72nd session of the WHO Regional Committee, Member States adopted the Regional Action Plans for Ending AIDS and the Epidemics of Viral Hepatitis and STIs 2022–2030 developed by WHO in consultation with Cosponsors (UNDP, UN Women, UNICEF, UNFPA, the Secretariat), national and international partners.

WHO conducted National HIV Programmes reviews in Kyrgyzstan, Ukraine and Uzbekistan with recommendations on needed .

WHO supported EMTCT activities in Georgia and Ukraine and preparation of Kazakhstan and Uzbekistan for validation of elimination of mother-to-child transmission of HIV, with national reports to be presented at WHO Regional Validation Committee meeting in the first half of 2023. In cooperation with the Secretariat, WHO and UNFPA, UNICEF strengthened the PMTCT response to ensure the maintenance of e-MTCT

certification (Belarus, Armenia), run assessments of the validation readiness (Kazakhstan) and technical and financial support to ensure compliance with validation requirements to certification (Kazakhstan, Moldova, Georgia, Uzbekistan, Kyrgyzstan).

Jointly with ECDC, WHO carried out enhanced HIV/AIDS surveillance in countries of the WHO European Region, using European Surveillance System (TESSy) and case-based data for 2021. The annual surveillance report was published prior to World AIDS Day.

WHO conducted an assessment of HIV testing strategies and algorithms in 7 EECA countries and jointly with PAS Center (Moldova) organized a subregional meeting on decentralization of HIV testing services and simplification of testing algorithms in Almaty with participation of representatives of 6 countries.

WHO initiated studies on verification of HIV testing algorithms in Armenia and Kazakhstan to identify the combination of products for the new testing algorithms.

WHO provided technical support in the process of updating national HIV guidelines in Belarus, Tajikistan, Uzbekistan and Ukraine. The National AIDS Programme Reviews in Ukraine, Tajikistan and Uzbekistan were performed by WHO to enable effective up-dates to the new targets and the Global AIDS strategy priorities.

Voices and stories of people living with HIV affected by the war in Ukraine and the Joint Programme's support were made heard via 20 web stories and interviews, 10 int. media outreach, and social media activities, which contributed to awareness raising of the situation and resource mobilization for Ukraine. **The Secretariat**'s poster exhibition on the war impact and key challenges of the HIV epidemic in EECA was presented at the PCB meeting in Geneva (June, 2022) to bring the attention of international communities to the situation in the region.

The Joint Teams were supporting mapping of barriers to treatment and health services for people living with HIV and key populations in emergency/conflict settings to improve coordination of actions. **UNDP** developed IT tool for mapping HIV services in wartime integrated into the Ukrainian PHC portal (https://t.me/zpt_poruch_bot).

The Secretariat mobilized the Health Advocacy Coalition (HAC), regional networks (ECOM, EHRA, SWAN) and GNP+ to develop the platform *dostup.health*– digital CLM tool to monitor access and barriers to services of Ukrainian PLHIV and KPs to ARV, OAT, hormone replacement therapy and other services in host countries. The HAC analyzed access to HIV-treatment and services for Ukrainian refugees in 32 host countries to advocate for access and improve coordination of efforts among communities and health systems.

PrEP was in the focus of 6 Joint Teams workplans: PrEP in Moldova is a sustainable GF/state funded service for all key populations administered by CSOs (90%) and health system (10%) (**the Secretariat**) and 4 youth clinics started PrEP services for young people (**UNICEF**) with 1K most at-risk adolescents consulted on HIV/PrEP and tested. Ukraine developed the PrEP Scale up Plan (with 5711 clients on PrEP as the baseline). The first project on PrEP for 138 MSM was implemented in Minsk, Belarus (WHO). PrEP for MSM and PWID was initiated in 6 regions of Kazakhstan (**what Cosponsor?**). MSM and TG PrEP coverage increased 4 times (147 persons) with the GF/UNDP support in Kyrgyzstan.

ILO focused on scale up HIV voluntary and confidential counseling and testing in maritime sector in Odessa Fast Track city, Ukraine in cooperation with sectoral Trade Union and local NGO. 172 women

and men workers were sensitized on HIV testing and 78 took HIV test at the organized space for HIV related counseling and testing in the employer office. With **ILO** support Trade Unions in Kyiv region, uniting 100K workers from over 10 sectors, adopted Violence and Harassment Policy which has a HIV component prohibiting HIV stigma and discrimination at work as well as promoting HIV testing. The action plan for 2023 developed. 40 union members were trained on V&H by the ILO and 60 more were trained at their workplaces as a follow-up.

2. UBRAF outcome: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

1000 words limit/ 1062

The Secretariat supports advancing community led monitoring (CLM) in the region. Legal and structural barriers for CLM, experience and capacity gaps of 51 CSOs&communities were analyzed in Kazakhstan, Kyrgyzstan, Tajikistan to pilot CLM. The Secretariat mobilized coalitions with CSOs, governments and international partners to join efforts on CLM institutionalization.

Teenergizer Union, supported by **the Secretariat**, developed 2023-2024 Mental Health Strategy for adolescents and young people in Ukraine/Kyrgyzstan, Kazakhstan. 2180 online peer-to-peer counseling services on mental health issues were provided for youth and adolescence.

Adolescents living with HIV and their networks were mobilized by **the Secretariat** through 3 empowerment programmes in Armenia, Germany and the Russian Federation: 5 country Teenergizer teams capacitated (KAZ, KYR, RUS, TAJ, UKR), Uproot Youth Scorecards 2.0 piloted in Kyrgyzstan by RHAK with the support from Y+, PACT; study on HIV status disclosure of children in Russia conducted by Svetlana Izambayeva Foundation.

Over 4 million young people in the region improved their knowledge/attitudes on HIV/SRHR/gender equality issues and were empowered to stand up for their rights thanks to **UNESCO**-supported youth-led digital media in 5 languages. One of these media TEENS.KG was presented at the UNAIDS 50th meeting of PCB as an example of harnessing the power of education to end HIV related stigma and discrimination, empower young people and provide a comprehensive HIV response (link).

UNICEF supported community-led organizations work on scaling up of integrated package of YFHCs services tailored to the needs of the most vulnerable and at-risk adolescents. 5,323 children and adolescents living with HIV were reached by UNICEF-supported organizations in 7 countries (Belarus/Georgia/ Moldova/Kazakhstan/Tajikistan/Uzbekistan/Kyrgyzstan).

“Positive Learning” toolkit developed by GNP+ and **UNESCO** informed decision makers, educators, youth workers about comprehensive approaches to protect from discrimination and support children living with HIV in educational settings.

5 countries of the EECA (Ukraine/Moldova/Tajikistan/Kazakhstan/Kyrgyzstan) are members of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. **The Secretariat`**s regional launch of the Global Report ‘In Danger’ in Kazakhstan

(Russian version) brought together UNAIDS partners to discuss key messages on inequalities in the region and ways to address them, resulting in commitment to integrate inequality lens/data to national HIV strategies and join the Global Strategic Initiative on Decriminalization.

With 312,000 USD of financial support mobilized by **the Secretariat** from the Grand Duchy of Luxembourg, gender transformative AIDS interventions have been initiated by adolescent girls and women organizations and gender-disaggregated data collected under **the Secretariat** lead (Gender Assessments in Armenia/Uzbekistan, assessment of needs of WLHIV in Kazakhstan).

The first digital sexuality education festival in Central Asia (TartynbaFEST) organized by **UNESCO, UNFPA and the Secretariat** amplified the voices of young people, especially adolescent girls, and enabled over 250 content creators, youth leaders and volunteers to consolidate approaches for robust online HIV and sexuality education with a particular focus on needs of young key populations, gender equality, elimination of violence

About 1 million people learned about HIV prevention/testing/treatment, sexual and reproductive health and relationships through **UNESCO/UNAIDS** landmark regional HIV awareness raising platform OK.RU\TEST.

200,000 school students in 9 countries benefit from improved HIV/health education thanks to 8,500 teachers trained by **UNESCO**. Over 2000 young people in Kyrgyzstan, Kazakhstan, Belarus were capacitated to protect their SRHR thanks to “Journey 4 Life” knowledge and skills building project, supported by **UNESCO, UNFPA and the Secretariat**.

The EECA Regional Judges Forum under **UNDP** support focused on HIV decriminalization (Tajikistan, Kyrgyzstan), legislation around adoption by PLWHIV couples and in-vitro fertilization (Belarus, Moldova). In Ukraine the Forum and **UNDP** generated a Compendium of HIV law cases, elucidating the role of judiciary practitioners in the response to HIV. 569 cases of human rights violation were documented through the REAct system of the regional GF funded SoS project, 50% of these cases were related to PLHIV rights violations.

UN Women conducted a rapid survey of women`s SCOs to advocate for the support of civil society during the war “Rapid assessment: impact of the war in Ukraine on women`s civil society organizations”. The Assessment concluded that such CSOs face a variety of intersecting vulnerabilities and have a large focus on internally displaced women (82%), women with disabilities (72%) and rural women (64%), while female veterans, women from ethnic minorities such as Roma, LGBTI and HIV-positive women are not in the priority for support.

UNFPA supported regional youth network Teenergizer to strengthen community-based youth engagement, expand peer-to-peer online learning and counselling, and promote healthy lifestyles and HIV awareness, including through out-of-school CSE. Teenergizer-led youth-friendly online information campaign on promotion of sexual health and HIV prevention, with a focus on condom use, has reached 582,534 young people across EECA. 8,456 young key populations and youth in EECA received peer-counseling services on HIV/SRH and mental health through 3,327 Teenergizer-led online consultations including referrals services. 1,652 most-at-risk young people covered by peer-to-peer out-of-school CSE training delivered by Teenergizer peer counselors in Kazakhstan/Kyrgyzstan/Tajikistan/Ukraine.

UNFPA provided support to online platform for complex support to survivors of GBV in Ukraine and is coordinating with 10 shelters, 8 crisis rooms, 3 day-care centers and 9 service delivery points, prepositioning supplies and distributing dignity kits and essential packs and ensuring psycho, legal and medical support. Three mobile reproductive health teams were deployed (Kyiv and Lviv regions). 27 GBV partners have provided GBV prevention and response services to 178,000 people. Across EECA, UNFPA supported GBV prevention initiatives in Belarus, Georgia, Kazakhstan and Uzbekistan

UNHCR mainstreamed GBV in their programmes and conducted 6 in-person workshops on GBV prevention, risk mitigation and response to partner organisations and NGOs, operationalized GBV referral pathways in Moldova and other countries hosting Ukrainian refugees.

UNFPA strengthened capacities of regional networks ECOM and EWNA. Their best practices collected and shared among partners: ECOM “Blogger QUEERathon” for LGBT youth and community support in Armenia/Georgia/Moldova/Kyrgyzstan/Ukraine; ECOM tool for assessing effectiveness of cascade of HIV/STI services for transgender people; EWNA guidelines on community-based monitoring of SRH services for women living with HIV and EWNA study on mental health of women living with HIV in EECA.

UNODC, jointly with UNAIDS/AFEW/GF, trained 250 representatives from community-led organizations and medical professionals on web-outreach HIV service delivery in Belarus/ Moldova/ Kazakhstan/Kyrgyzstan/Tajikistan/Ukraine/Uzbekistan. 3000 people who use new psychoactive substances (NPS) were provided with individual consultations and offered HIV/HepC/STI/TB testing.

UNDP supported access to OAT for 174 PWID in Tajikistan and initiated new digital programming for support of access to serviced in Moldova (people on OAT) and in Kyrgyzstan (users of NSPs)

3. UBRAF outcome: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses 1000 words limit/748

Nearly one-third of Ukrainians have been forced from their homes, creating one of the largest human displacement crises in the world since the World War II: 8 million refugees from Ukraine are registered across Europe (UNHCR) and 5.9 million people are internally displaced (IOM). 17.6 million people, or 40% of the Ukrainian entire population, require humanitarian assistance. There were 833 verified attacks on health facilities in Ukraine, including 34 HIV-treatment sites.

Within the current context, key populations and people with HIV/TB, are particularly vulnerable, exacerbated by displacement, poor shelter, and overcrowded living conditions caused by the conflict, as well as at risk of treatment interruptions. 30% of people living with HIV and receiving antiretroviral treatment had episodes of treatment interruption since the beginning of the war.

As the Global Health Cluster Lead, **WHO** is coordinating the overall response of health partners for the refugees and internally displaced persons access to health services: estimating needs, ensuring access to same treatment regimens, coordination of care, technical guidance and support for the receiving countries and information management.

UNAIDS Secretariat Emergency Fund (200K) to Ukraine was used to enable about 30 HIV service providers for humanitarian support and maintaining HIV prevention for key populations in 10 cities during the first months of the war.

UNFPA addressed humanitarian needs in Ukraine by providing 105 metric tones of reproductive health emergency kits (including for HIV/STI management and PEP) to 50 maternity hospitals supporting 7,5 million persons. UNFPA built capacities of healthcare workers in Minimum Initial Service Package (MISP) for SRH in Crisis Situations and clinical management of rape (CMR). to effectively respond to GBV/SGBV, enabling access to CMR in all regions of Ukraine, including to key populations and PLHIV.

UNDP equipped HIV service delivery partners in Ukraine with generators and tents to host key populations and continue essential health and social services.

With Germany's provision of Euro 1M **the Secretariat** enabled its emergency programme in 3 countries. In Ukraine work of 14 community-based and 15 government HIV service providers and operation of shelters with humanitarian and HIV prevention services in 11 cities were maintained for key populations, LGBTQI and PLHIV. 5 CSOs in Moldova served >5000 Ukrainian refugees with prevention, mental health, SRH and GBV referral, and >200 were referred and received ART (state funded). In Poland **the Secretariat** supported 8 CSOs servicing PLHIV and key populations: >3500 people received information about availability of services and referral support and 800 received services. **WHO** enabled donations of ARVs and DR TB medicines to Poland. Poland, hosting the biggest number of Ukrainian refugees, passed legislation to ensure that drugs from Ukraine treatment protocols.

In total 23 temporary shelters/ 700 beds were run by HIV service organizations in Ukraine with support from volunteers, UN, national and international CSOs (AFEW, Caritas Germany, Alliance for Public Health, 100% Life) and local budgets.

In Moldova and Kazakhstan, **UNODC** supported crisis rooms/shelters that provided services for 250 women who use drugs (WUD) and their children with medical and psycho-social services, food, hygiene packages, clothing, employment opportunities, legal advice, support for their children.

UNHCR linked refugees to medical services to enable access to health services, including continuation of treatment persons living with HIV, through Blue Dots, internet portals and hotlines (Moldova and other Ukrainian refugee hosting countries).

UNODC programme on HIV prevention among people who use drugs and people in prison settings in Ukraine was supported with German funding: 412 people released from prisons in Ukraine received comprehensive HIV harm reduction and social services and a network of shelters run by community-led-organization accommodated 500 evacuated ex-prisoners.

In partnership with the Burnet University and the Global Fund **the Secretariat** mobilized national expertise for the Optima Allocative Efficiency study in 13 countries of the EECA. The Optima studies are used by the CCMs in prioritization, transition plans and the GF Funding Requests development and by CSOs in budget advocacy.

UNDP commenced a project aimed at rolling-out of the social return on investment methodology, applied in the context of HIV-related activities financed through social contracting, in

Kazakhstan/Kyrgyzstan/Moldova/Ukraine/Tajikistan. Preliminary results are available for Kazakhstan and Kyrgyzstan where socially contracted NGOs provide (a) support of PLHIV (e.g. linking them to ART, socio-economic and psycho-social support of PLHIV); and (b) testing and counselling of marginalized communities (e.g. sex workers, men who have sex with men) in order to reduce the likelihood of transmission. The analysis shows 5 USD in return for each 1 USD invested in Kyrgyzstan; 6.5 USD in return for each 1 USD invested in Kazakhstan

Contribution to the integrated SDG agenda. 300-word limit/ 350

Zero Hunger – During the war access to food was among the key basic humanitarian need, especially among vulnerable groups. With support of the All-Ukraine Network of PLHIV, food packages/vouchers were distributed among more than 780,000 persons, including around 210,000 PLHIV, TB, and key population groups. 58,926 people living with HIV were served with food assistance. WFP established partnerships with Ukrainian community-based organizations targeting people living with HIV, TB-patients, LGBTQI+ community, Roma community, and persons with disabilities. All-Ukrainian network of people living with HIV ‘100% Life’ became WFP’s key cooperating partner with comprehensive geographic coverage.

Health and Wellbeing.

UNDP conducted a COVID-19 vaccine equity study in the EECA region to assess national digital readiness for equitable vaccine distribution and the regional assessment on integrity, transparency and accountability of the health sector during and post-COVID 19. The plan of actions under development with partners.

UNDP, Sustainable Health in Procurement Project (SHiPP) developed Sustainable Procurement Index for Health digital platform as an interface platform between manufacturers, suppliers and buyers, including governments, UN agencies, GAVI and the Global Fund. To address the challenges to environment associated with pollution from the war and support the government of Ukraine in managing medical waste, SHiPP conducted an analysis to determine the level of uncollected waste and pollution levels.

UNDP released a report on progress in EECA around social contracting and collaborative work of civil society partners with parliamentarians, underlying challenging legal environments for civil society to ensure progress on 95-95-95 and 10-10-10 goals.

Gender Equality.

The Rapid Gender Analysis of Ukraine: Secondary Data Review produced by **UN Women** and CARE International, drew attention to the gender dynamics in the war in Ukraine. Within the Emergency Response Window of Women’s Peace and Humanitarian Fund, (grants for CSOs Ukraine and Moldova) a Partnership project of UN Women with the Positive Women helped strengthening security, protection and mental health of 100 women and 40 children.

The report by the EECA Regional Gender Task Force with participation of the UNAIDS Secretariat and the Cosponsors provides gender analysis of the regional humanitarian response to the war in Ukraine - Making the Invisible Visible.

Challenges and lessons learned (500-word limit) 431

Geo-political dynamics due to the war in the region change the priorities, trigger new migration waves, erode “social fabric” of the societies. Degrading human rights and rule of law policy environment, polarization and hateful speeches, shrinking civic space and finance are the new realities for the Global AIDS Strategy implementation by the countries.

The Russian invasion of Ukraine, creates constantly changing context and changing priorities of partners preventing from timely implementation of the planned activities. The humanitarian situation in Ukraine impacts the programmatic focus, funding priorities and donors investments, what requires stronger HIV integration in broader humanitarian donor requests.

The war affected the work of UNJTs operations in the region and made it shift priorities and adjust working modalities. In Ukraine some UBRAF CE 2022-2023 activities planned to be implemented in the territories, which are currently occupied by Russia, had to be reprogrammed. Targeted air attacks on the power supply system and civilian objects in Ukraine caused long power outages, which significantly complicated work and communication among partners. Only in Kyiv air-raid alerts alarms went off 678 times and lasted for a total of 32 days in 2022, during which the UN staff was expected to be in bomb shelters.

Timely delivery of humanitarian relief items, particularly to hard-to-reach areas, remains a challenge due to ongoing lack of security and logistics constraints.

High level of stigma in the societies and criminalization of HIV transmission results in restrictions to PLWH and key populations access to shelters.

All countries in the EECA criminalize HIV transmission, what fuels stigma and discrimination. The new wave of restrictive laws on LGBTQI, civil society (“foreign agents laws”), freedom of speech and information space in Russia, Belarus, Caucasian and Central Asian countries of the region impact work of the civil society organization and activists and make advocacy work on legislative change particularly difficult.

Civil society organizations providing HIV services to people living with HIV and key populations in Ukraine and in other countries are lacking human and financial resources and are in critical need of extra capacity and require financial assistance to continue services provision. Prevention and protection from gender-based violence, trafficking, sexual exploitation and abuse remain key concerns.

Strong partnerships with community-based organizations, their empowerment and One UN approach in terms of planning, implementing, and reporting is a strong key towards efficiency of the Joint UN Programme of Support on AIDS in providing support to the most left behind during the war related crises. Flexibility of the UN procedural and operational modus operandi and optimization of practices and procedures are important during implementing programmes in emergency crises.