Science, community and the sustainability of the HIV response in Eastern Europe and Central Asia
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*This report was developed in collaboration with an external rapporteur. The views expressed in the report do not necessarily reflect the views of the International AIDS Society.*
# 2. List of abbreviations and acronyms

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<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>APH</td>
<td>Alliance for Public Health</td>
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<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
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<td>DCT</td>
<td>Diagnostic Counselling and Testing</td>
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<td>DTG</td>
<td>Dolutegravir</td>
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<td>EECA</td>
<td>Eastern Europe and Central Asia</td>
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<tr>
<td>HBV</td>
<td>Hepatitis B virus</td>
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<td>HCV</td>
<td>Hepatitis C virus</td>
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<td>HIV</td>
<td>Human immuno-deficiency virus</td>
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<td>HIVST</td>
<td>Human immuno-deficiency virus self-test</td>
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<td>IAS</td>
<td>International AIDS Society</td>
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<td>KZT</td>
<td>Kazakh Tenge</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NGO</td>
<td>Non-governmental organizations</td>
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<td>OR</td>
<td>Odds ratio</td>
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<td>OAT</td>
<td>Opioid agonist therapy</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PHC</td>
<td>Primary healthcare</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
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<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<td>Q&amp;A</td>
<td>Questions and answers</td>
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<td>SD</td>
<td>Secondary Distribution</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>TEE</td>
<td>Tenofovir, Emtricitabine, Efavirenz</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TLD</td>
<td>Tenofovir, Lamivudine, and Dolutegravir</td>
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<td>UHC</td>
<td>Universal health coverage</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>USA</td>
<td>United States of America</td>
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<td>USD</td>
<td>US dollars</td>
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<td>UVL</td>
<td>Unregistered viral load</td>
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<td>WHO</td>
<td>World Health Organization</td>
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3. Introduction

The International AIDS Society (IAS), in partnership with AFEW International, convened a meeting in Almaty, Kazakhstan on 19-20 November 2019. The meeting, organized as part of the IAS Educational Fund in the form of a workshop, brought together over 65 HIV professionals and community members from Kazakhstan and the Netherlands, as well as across selected Eastern Europe and Central Asian countries (EECA), such as Georgia, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine and Uzbekistan, to share knowledge on HIV science, policy and programming. The participants were diversely representative of the several stakeholders in the HIV and AIDS community, including clinicians, healthcare workers, policy makers, non-governmental organizations, programme implementers, activists and key populations.

The workshop brought together all the participants to discuss topics facing individual countries while building capacity and strengthening research and clinical networks. The meeting focused on topics directly related to EECA. At the same time, participants also familiarized themselves with the best practices in the response to the HIV epidemic in other countries and regions.

The afternoon of the first day (19 November 2019) was jointly convened by EECA INTERACT and the IAS and the programme of the workshop reflected many topics, including innovation across EECA in integration of care and differentiated care, cutting edge science from the 10th IAS Conference on HIV Science (IAS 2019) in Mexico City, and updates on the upcoming 23rd International AIDS Conference (AIDS 2020) in San Francisco and Oakland in July 2020.

On 20 November, the IAS Educational Fund workshop aimed at discussions around how to effectively translate science into local policy and practice in the EECA region context. The topics covered included Fast-Track Cities, sustainability of the HIV response in Eastern Europe and Central Asia, opioid agonist treatment (OAT), latest guidelines on ARV treatment, PrEP, HIV self-testing and integration of HIV/TB/Hepatitis C.

Group picture of participants – Almaty, Kazakhstan – 20 November 2019
4. Background and context

The HIV, tuberculosis and hepatitis situation is very similar in the countries of Eastern Europe and Central Asia. Therefore, it is critical for all the region to have an open platform, where different stakeholders can share lessons learned and successful approaches to address the HIV epidemic. Currently, despite significant progress in treatment and prevention and stronger engagement of the community, many challenges persist. The national programmes and policies in the region are not sufficiently grounded on science, are often developed without the involvement of all stakeholders and, most importantly, the community. Thus, the goal of both EECA INTERACT and the IAS Educational Fund workshops was to attract the scientific community to discuss HIV-related topics, as well as to consolidate the efforts of all involved organizations and experts across the region from diverse backgrounds.

EECA is a region currently experiencing a high pace and extent of the HIV epidemics spread. The socio-economic crisis of the 1990s has created a favourable condition for the rise of HIV and related co-infections. The focus of governments was primarily directed to the urgent economic and social challenges of the transition period. Thus, public health issues, including HIV, stayed in the shadows for decades. With support from the international community, some initiatives were started in the region to strengthen treatment and prevention programmes, and mobilize the efforts to involve key affected populations.

By the 2010s, governments became remarkably more active in this field. The reforms of healthcare systems have been either completed or in process in EECA countries. The cooperation between governments, international organizations and the local non-governmental sector became more prominent and effective. The new approaches successfully applied in other parts of the world were integrated in the region, including pre-exposure prophylaxis (PrEP), prevention of mother-to-child transmission (PMTCT), harm reduction programmes and many others.

However, despite all the progress done, the epidemic is not over. People living with HIV (PLHIV) in the region still face multiple challenges regarding access to the best approaches in treatment, as well as stigma and discrimination, predicated by conservative and traditional views dominating the region. According to the estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS), at the end of 2018, 1.7 million people were living with HIV in EECA. The governments today have to take urgent measures to stop the spread of HIV in the context of the reduction of funding from the international donor community. Therefore, innovative approaches and technologies together with the involvement of all stakeholders are needed to effectively respond to the HIV epidemic regionally.
5. Meeting report

- 19 November 2019

5.1. Discussion and recommendations on Innovation across EECA in integration of care and differentiated care

**Javier Cepeda, University of California, USA**

This session aimed at highlighting the integration of care for HIV, tuberculosis (TB) and hepatitis. Javier Cepeda gave an overview of the possibilities of integration of care for these diseases in EECA.

People who inject drugs (PWID) are more likely to become infected with HIV, hepatitis C (HCV) and TB than the rest of the population in the region. Amongst the three million PWID\(^1\) in EECA, approximately 25% are infected with HIV. HCV co-infection among people who inject drugs with HIV is estimated at 70-90%. In PWID who are HIV+, the risk of contracting TB is also two to six times higher. The speaker noted that there are opportunities for integration of medical services provided for these patients and such integration should be based on evidence from prevention and treatment programmes and reduce both morbidity and mortality from HIV, TB and HCV.

Javier Cepeda highlighted that people who inject drugs on opioid substitution therapy (OST) had a 54% increase in the chance of antiretroviral therapy (ART) use compared to those not receiving it. Moreover, in people who inject drugs on OST, virus suppression also increased by 45% compared to those who did not receive it. The results of two centres in Ukraine\(^2\) shows that the efficiency of the treatment for patients receiving integrated HIV and TB services were 2.5 times higher than those receiving disintegrated services.

The speaker also discussed the use of mathematical modelling of infectious diseases among PWID. The purpose being to develop a model of population diseases that can help elaborate more effective public health policies by serving as “testing laboratories” to assess the potential impact of various parameters. There are statistical models that describe the relationships between variables in the absence of a specific mechanism, for example, to test the hypothesis that HIV acquisition is associated with unprotected sex. There are also models that provide a mechanistic for a relationship between factors to predict the dynamics of a complex system. Javier Cepeda also shared the examples of the modelling application in Russia, Belarus, Kazakhstan, Moldova and Tajikistan.

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general, there are numerous problems associated with integration, which will require significant changes at the structural, social and individual levels.

Questions from the audience concerned the parameters of one of the studies. It was mentioned, for example, that the results of the model cannot be replicated in Russia, where methadone is officially banned for use. Javier Cepeda emphasized that this model is based on a hypothetical scenario that includes the hypothetical most effective parameters, which is methadone in this case.

Participants also inquired about existing publications on integrated approaches in the treatment of TB and HIV. Kazakhstan has been using mobile and online technologies to monitor TB treatment and experts have discussed the possibility of extending this approach to the treatment of HIV. Although opportunities for such integration exist, theoretical ground is still missing. Considering the different lengths of treatment of the two conditions (six to nine months for TB and lifetime for HIV) solid research is needed to ensure an adequate integration of service and additional research is currently missing.

The participants in the discussion noted that an integrated approach has been used in Central Asia since 2014 and its effectiveness is also associated with improved ART regimes. An important element is the transition to a combination of drugs, not prescribing additional ones.

**Recommendations:**

- Training of a new generation of doctors with integrated treatment approaches of patients is necessary.
- Ensuring political will to promote integrated HIV approaches.
- Conducting economic integration assessments to show the economic value.
- Fostering coordination of clinical staff to achieve integration of medical services for HIV, TB and HCV.
- Increasing knowledge in the community level about the advantages of integrated services.
- Increasing funds for critical preventive measures.
- Developing effective mechanisms for the transition from donor programmes to national funding.
- Using existing technologies such as telemedicine or smartphones to integrate successful treatments for patients with concomitant diseases and maintain the provision of medical services.

5.2. Discussion and recommendations on Oral abstract presentations III (abstracts 9 and 10)

**Sophiko Gogochashvili, Civil society organization “Hepa plus“, Georgia**

*Countering Fear, Phobias, Stigma and Low Awareness: Developing and Implementing Strategies and Measures in the Field of HIV Information and Testing for People with Hepatitis C - Georgian Experience*

The aim of this study was to examine the knowledge, attitudes and risk behaviours related to HIV among people who inject drugs (PWIDs) infected with HCV. Within seven months,
60 people with HCV who inject drugs participated in a series of interactive discussions, focus groups and 30 individual in-depth interviews. Findings of the study indicated that participants consider HCV to be a condition not prone to stigma ("it can be cured"), while HIV is perceived as a death sentence strongly prone to stigma in society. The belief that someone who looks healthy "most likely does not have HIV" still prevails, as does the fear that if someone finds out about the HIV-positive status, the person will be expelled from the PWID community. The sharing of drug use equipment, although reduced, is not entirely absent. Moreover, there are significant gaps in the knowledge about HIV transmission, access to products and strategies necessary to maintain good sexual health practices.

**Ainura Kurmanalieva, AIDS Foundation East West Kyrgyzstan, Kyrgyzstan**

*How men with opioid use disorder incarcerated in Kyrgyzstan collectively manage their HIV risk*

According to the Kyrgyz Ministry of Health, less than 1% of the general population lives with HIV. In prisons, however, this figure reaches 11.3%. Nationally, syringe exchange and substitution therapy programmes were introduced in prisons as part of a reduction of HIV transmission risks. Nevertheless, prison social hierarchy also affects HIV risks. Prisoners who inject drugs tend to underestimate it. The study was conducted using in-depth interviews with 40 prisoners who inject drugs (interviewing were still ongoing by the date of this presentation). Preliminary results suggest that prisoners assess health as an important element of life. The stigma regarding people who inject drugs complicates access to a syringe exchange programme. There are some informal mechanisms of social control to reduce the risks of HIV, as well as advocacy and mutual education among those who are called “semeiniki” (bread-breaking families) in places of detention. Replacement therapy amongst the "Regulars" or “those who take Heroin and some MMT” (the terminology that is used in the hierarchy among prisoners) can be approved by the gang leader, if necessary, for their health. There are also sanctions for those who put others at risk of HIV and penalties for not disclosing HIV positive status to injection partners. The conclusion is that support is needed from both the prison subculture and administration.

**Genadiy Dombich, Belarus**

*Aging with HIV*

In Belarus, there is no distinction among the HIV key affected populations by age category. Although according to the speaker, PLHIV over the age of 50 or those having an HIV positive status of more than 25 years require a special approach in care. The data was obtained by interviewing and advising people living with HIV aged 50 and above, as well as by discussing this problem with infectious disease doctors in various regions of the country. In Belarus, about 27% of people living with HIV are aged 45 and above. The main problems are the lack of initiatives to help cope with age-related changes in the context of HIV and the lack of sparing drugs for periods of hormonal changes. The long-term use of ART results in emerging resistance of the patients to most of the medicines that are available in the country and used in the treatment regimens. There is also a lack of facilities where patients aged 45 and above can receive medical services for HIV and other age-related diseases. In addition, there are no self-help groups for the patients.
5.3. Discussion and recommendations on Cutting edge science from the 10th IAS Conference on HIV Science (IAS 2019) in Mexico City: Implications for EECA

Andriy Klepikov, Alliance for Public Health (APH) / IAS Governing Council Member, Ukraine

This session was devoted to the results of the 10th IAS Conference on HIV Science (IAS 2019) held in Mexico City. Andriy Klepikov noted the importance of parallel events organized at the conference on topics as HIV and HCV, HIV and TB, adolescents and young people with HIV and others. The programme consisted of four tracks: basic, clinical, prevention and social, behavioural and implementation science. Among the main points covered at the conference was the use of Dolutegravir (DTG), which was approved following results of scientific research. The use of DTG was a subject of concerns and doubts expressed at previous conferences. Some updates on important studies were also presented like TANGO and GEMINI as well as experiences from North and Latin America, which were shared during the conference. Andriy Klepikov assessed the discussions on people who inject drugs as highly interesting since the experience of Mexico and EECA were compared at the event, given that both regions undergo the transition from donor support to state financing. A special space for young leaders was established at IAS 2019, serving as a link between a mature scientific/research community and young people living with HIV.

Stefan Baral, Johns Hopkins School of Public Health, USA

Stefan Baral presented an update on individual and universal HIV treatment strategies and new approaches. He started by presenting the results of several multi-budget and unique studies. The first example was a study on HIV treatment in serodiscordant couples who practiced sex without condoms. The first project involved 888 heterosexual couples in 14 European countries, 343 same-sex couples in Brazil, Thailand and Australia, and 783 same-sex couples in the second phase of the project. In all cases, there were no documented cases of transmission from a person with unregistered viral load (UVL). Stefan Baral also shared the results of the TEMPRANO study, which aimed at comparing the effectiveness of immediate and delayed ART in reducing HIV incidence or HIV incidence/mortality among adults. Another study discussed, TasP, aimed at assessing the effect of early ART, initiated regardless of CD4 counting criteria, on HIV incidence in the population. As part of the SEARCH (Sustainable Health Research in East Africa) project, a universal patient-centred ART regimen was used with a wide range of diseases (hypertension, diabetes, tuberculosis and HIV). As a result, the overall mortality of people living with HIV decreased, and the results on hypertension were also effective. The large-scale Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) project involved more than 600,000 people in Africa, involving 21 communities/clusters in total. Different control groups received different treatment regimens and treatment.
In general, due to these and other studies, it was observed that the death rate from HIV has dropped and the increase in the occurrence of other diseases in PLHIV is more noticeable because of their increased life expectancy. Similar studies were also conducted in Western countries, including the United States and the United Kingdom to confirm this conclusion. Finally, the speaker emphasized that Dolutegravir remains the preferred medication for HIV as it has the least side effects and should become the basis for most ART regimens. Double therapy also brings the same good results as triple therapy. It is important to understand that in addition to treatment, there are other strategies and prevention, which can be very effective in response to the epidemics.

**Assel Terlikbayeva, Columbia University Global Health Research Center of Central Asia, Kazakhstan**

Assel Terlikbayeva made an overview of two topics: prevention programmes and testing approaches. The speaker was a participant at IAS 2019, therefore, she incorporated the latest updates on HIV testing in her presentation. Among the types of testing that have received particular attention there were: community-based testing; mobile testing; self-test (HIVST); use of social networks and index testing; decentralization and test integration (triage). Self-testing allows for the distribution of kits among key groups that rarely test. A wider spread of HIVST in high-risk populations may accelerate progress toward goal 95-95-95. The dissemination of Secondary Distribution (SD) Syphilis/HIV could also contribute to the achievement of this goal. SD implies giving one person (index) multiple sets of self-tests for distribution to others on their social networks and this approach has been quite successfully applied in China. The combined use of index testing and social media strategies leads to a high HIV status identification among hard-to-reach population groups and is effective for epidemic control.

Assel Terlikbayeva also emphasized that men are less likely to be tested, show lower reach by HIV services, have higher infection rates and tend to seek medical services later and as a result have higher mortality. Therefore, self-diagnosis in their case also contributes to the solutions of these problems. Key priority groups also include transgender women whose HIV risk is 49 times higher than the rest of the population according to the systematic review published by Lancet Global Health in 2013.

Regarding prevention, Assel Terlikbayeva shared the experience of the development of an online campaign on a PrEP programme in New York. The implementation of PrEP is not possible without the active involvement of the community. Social networks and online campaigns were used in the most successful examples of the dissemination of knowledge about PrEP, as shown by this programme. It is also important to understand the reasons for its interruption and the groups that interrupted it with enhanced frequency include

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https://www.thelancet.com/journals/langlo/issues#decade=loi_decade_201
transgender women, young people and people with lower levels of education. The speaker also shared the results of PrEP studies such as DISCOVER, IMPrEP and Prevenir. New prophylactic drugs are being actively developed and introduced on the market, particularly the neutralizing antibodies of a wide spectrum of action, first-generation products, monoclonal antibodies, as well as the implant Islatravir.

**Recommendations:**

- Introducing new treatment strategies, including long-acting drugs and dual-drug regimens (lower cost, less A/E).
- Using implementation studies to explore optimal strategies for delivering ART to vulnerable communities.
- Incorporating gender-affirmative therapy as an essential part of testing and diagnostic counselling and testing (DCT) among transgender people.
- Expanding the coverage of PrEP to fight the high incidence of HIV among MSM in Latin America and Asia.
- Integrating PrEP programmes among sexual and reproductive health services.

**5.4. Discussion and recommendations on Looking forward to the 23rd International AIDS Conference (AIDS 2020)**

*Andriy Klepikov, Alliance for Public Health (APH), Ukraine / IAS Governing Council Member*

Andriy Klepikov presented on the upcoming 23rd International AIDS Conference (AIDS 2020), which will take place in San Francisco and Oakland, USA from 6 to 10 July 2020. It is expected that 20,000 people will attend this event and the key theme of the conference is Resilience. This topic relates to the focus of the this same conference 20 years ago, when it also took place in the USA. At the time, when the city hosted the 6th International AIDS Conference in 1990, resilience implied several other aspects, such as survival, resistance and the continuation of the struggle. Today, this concept includes broader measures for prevention and treatment. More specifically, emphasis will be placed on “resilience” in the fight against laws that codify stigma, discrimination and criminalization that restrict gender equality and access to human rights-based responses. “Resilience” also in solving problems associated with rapidly changing global health conditions and in the face of uncertainty as well as a way to uphold the fundamental human right of living with HIV with dignity and in good health throughout life.

Andriy Klepikov equally provided information on the venue, planned events within the programme and opportunities for obtaining grants to participate in the conference, volunteer programmes, registration dates as well as some of the requirements for the submission of abstracts.
Finally, at the end of the day, participants and speakers shared their feedback and some recommendations for the next EECA INTERACT and IAS Educational Fund workshop, as well as the lessons learned during the day:

- It was suggested that the next meetings include members of the community who could join during the preparation of the agenda as part of the organizing committee.
- It was also suggested to hire local community centres for the organization of similar events in future (including renting of their conference rooms, involving in logistic support onsite), so that funds can be spent for the needs of the community.
- Participants expressed their appreciation to the well-structured agenda - from a global vision to specific problems; the format of the workshops and the openness of the speakers in providing information were also positively assessed.
- Participants positively evaluated the opportunity and time allocated for discussions in each of the sessions.
- The recommendation to involve politicians of various levels was voiced in order to form the “political will” that the speakers referred to so many times.
- Representatives of the non-governmental sector expressed confidence that thanks to the workshops they had access to a large amount of information, including best practices that they would like to apply in their respective countries.
- NGOs also expressed the importance to allocate more time for the work done around adolescents and children living with HIV.
- The coverage of the event, including television and internet live streaming for a wider reach of listeners would be very useful. The information presented is relevant not only for key individuals and the community but also for the entire population.
- Another recommendation was to release a digest of presentations and reports of the seminar and also organize a special issue of scientific journals on HIV in the region.
- Finally, participants suggested to provide more time and opportunities to organize informal communication as well as bilateral/multilateral meetings on specific topics.

- 20 November

5.5. Discussion and recommendations on Fast-Track Cities in Eastern Europe and Central Asia

This session was chaired by Alexander Goliusov, UNAIDS Kazakhstan, and included two speakers, Alfiya Denebaeva from the City AIDS Center of Almaty and Iryna Kutsenko from the Odessa City Parliament in Ukraine. The goal was to discuss the challenges faced by these cities in the response to HIV and the achievement of the 90-90-90 goals as well as the progresses made by each of them since the signature of the Paris Declaration⁴.

Alfiya Denebaeva, City AIDS Center of Almaty, Kazakhstan

The discussion of this initiative began with a presentation by Alfiya Denebayeva about the events organized in Almaty under the Paris Declaration. In the city, with a population of 1.9 million people, there are 74 medical organizations providing services in the framework of state-guaranteed free medical care. Additionally, there are 38 primary medical care organizations, 16 republican medical organizations and 64 private medical centres. Given the trends in urbanization and the fact that health risks are spreading more rapidly in the urban environment, the Almaty city administration was seeking to join various international initiatives to reduce these risks. In 2017, the city joined the Healthy Cities project, and the Paris Declaration was signed this same year. In 2018, Almaty also joined the Zero TB initiative.

If we talk about the epidemiological situations in the city as a whole, it can be noted that the epidemic was initially identified among people who inject drugs. Currently, among the general population, the prevalence of HIV is 0.23%. The main route of transmission is the parenteral one (through the blood) and new cases are mainly registered among heterosexual couples - about 70%. The most economically active group of the population from 20 to 49 years old accounts for about 82% of those infected. Considering social status, it can be noted that 52% of people living with HIV in Almaty are unemployed.

Free access to HIV testing is provided to the population of the city in all medical organizations. In addition, two recently implemented projects have allowed the introduction of express testing among people who inject drugs provided by non-governmental

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6 Ibid 4.
organizations (NGOs). Express testing is also carried out for other key affected populations. In general, every year, 18-19% of the population is tested for HIV in the city and the percentage of detection of the virus remains at almost the same level of 0.16%.\(^7\)

In 2018, the Almaty AIDS Center carried out its activities within the funds allocated by the state budget of 1.8 billion Kazakh Tenge (KZT) (4.7 billion USD). Currently, there are 10 projects of international and non-governmental organizations being implemented in the city. In addition, a Working Group on HIV and TB has been established with participation of NGOs, medical organizations and the Public Health Administration. The goal of this group is to develop and implement a model for effective response to HIV and TB and achieve the goals of 90-90-90. Within the framework of the risk reduction programme, cooperation is also carried out with the academic society.

Within the Fast-track Cities project in 2018, an assessment of the situation on HIV and TB and the legal challenges for the key affected populations was carried out. The needs of key populations were identified and a number of study visits were organized. The experts have developed a Roadmap on the effective response to HIV for 2020-2022, currently under the approval process in the Akimat of Almaty (city government). In total, it included events for more than 1 billion KZT (2.6 billion USD). The aim was primarily to create favourable social, legal and economic conditions for a better response to HIV in Almaty and avoid HIV levels from increasing. A study was also conducted among the youth of Almaty to identify the prevalence of risk factors associated with HIV. Finally, the speaker emphasized the importance of introducing low-threshold HIV testing among key populations. As part of the project, about six thousand PWIDs and their sexual partners were tested, of which 145 resulted in new cases of HIV, most of which were registered in the AIDS Center.

**Iryna Kutsenko, Odessa City Parliament member, Ukraine**

Iryna Kutsenko from the Odessa City Parliament shared the experience in implementing the Fast-Track Cities initiative in the city. It started in 2017, when the mayor signed the “Paris Declaration” and Odessa launched the “Fast-Track Odessa” project. A year later, the City Targeted Programme to Respond to HIV/AIDS, TB, hepatitis and drug addiction in Odessa for 2018-2020 was adopted. The main objectives of the programme were to achieve the 90-90-90 goals and zero risk of transmission. The statistics show that the number of people living with HIV is 15,550, of which 11,848 are officially registered, 6,922 people are on ART and in 2019, 98 people died of HIV-related complications, compared to 111 people in 2016. The speaker shared the number of PLHIV registered, which has significantly increased over the past two years. She also informed that before the programme, people often did not want to register and receive therapy. The goal was to organize integrated work around hepatitis, TB and HIV as well as drug addiction. Iryna Kutsenko has also expressed concerns related to the prevention work and mentioned that a lot of work is still planned ahead. Multidisciplinary teams have been created in the city, including medical, social workers and NGOs. In addition, coordination councils have been established to involve the public sector and the community. The teams report to the Head of the city’s health department and meetings are open to the public and are sometimes attended by up to 100 people.

\(^7\) Ibid 4.
Initially, statistics on the total number of people living with HIV were poor, requiring drastic measures which led to a situation where all people ending up in the medical institutions, were tested for HIV. Ambitious work was carried out to determine the total number of cases and then getting them on treatment. Furthermore, work on substitution therapy is ongoing, even if still at an early stage. Some points of the programme concerned social support of public organizations and HIV test kits for people who inject drugs. In addition, as part of the project, outpatient treatment of TB became available, including new approaches such as “video treatment” through video calls. Despite considerable progress, some challenges persist and require action, some of them being: 1) insufficient testing of high-risk groups and their contact network; 2) problems related to the transfer of patients from health facilities to the AIDS Center and; 3) insufficient patient motivation for adherence to ART.

At the end of this session about Fast-Track Cities, participants and speakers engaged on questions and answers (Q&A). The first issue raised in the discussion was the opening of safe rooms for the people who inject drugs, when participants asked if the Amsterdam experience in coffee shops could be considered for Odessa. Iryna Kutsenko noted that a pilot project of this kind could not be launched in Odessa as this is not legal under Ukrainian law. However, the speaker noted that illegal coffee shops exist in the city. In addition, the use of safe rooms is also not yet fully legalized but they managed to find legal loopholes to open some and they are now called harm reduction centres.

Another question raised was about the harm reduction financing mechanism in the context of combination of two main sources of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the State as well as whether there are any problems in combining these two funding channels. Alfiya Denebaeva noted that for the past two years, financing has been under the sole responsibility of the Kazakh State, however, the Global Fund has retained some of the funding for NGOs working in this area, not including medicines. The city of Almaty is financed by the republican budget, although plans to finance HIV activities from the city budget are in place to begin in 2020. A republican transfer of 1.5 billion KZT (3.9 billion USD) is allocated for harm reduction programmes and for NGOs support in the form of a social programme. All advocacy activities were transferred from the local budget to the republican one. In addition, the approval of the three-component tariff is being completed at the moment, which will include advocacy activities for people living with HIV. Tariffing is an important component because it allows to clearly see the costs for each category of the necessary services. Transfer to the republican budget and tariffing is generally a huge achievement since earlier in some regions, there was no budget allocated for the respective activities and it is now controlled at the republican level.

The issue of prevention of mother-to-child transmission of HIV was also raised by the audience later. One of the participants wondered whether Odessa is ready for the elimination of the vertical transmission and Iryna Kutsenko replied to this question by suggesting that today in Odessa there is zero transmission in such cases.

The sources of financing for OAT and the general budget of the city programme were another point of interest of the participants. Iryna Kutsenko informed that the total budget allocated in Odessa is about 3 million USD. Currently, changes are being made to allocate additional funds of around 650-750,000 USD. Regarding methadone therapy, it comes from public procurement, as well as partly from the Global Fund procurement mechanism.
Another question was asked about how Kazakhstan managed to establish assistance through primary healthcare (PHC) and Alfiya Denebaeva emphasized that outreach workers are assigned to every primary health care centre in the city. Initially, when opening trust points, there were some problems with the police. However, at present, after the educational work was done, this problem is no longer existent. General confidence has increased, but there is still a lot to do. The State has paid for these activities, however, the Global Fund continues to fund an NGO involvement programme in order to partially or fully transfer the harm reduction programme to the non-governmental sector in the future.

Special approaches to the category of people living with HIV at a later age were also discussed with participants. In Odessa, there is a second-age programme for this population and work is underway to engage them in the community and eliminate stigma. In Almaty, similar measures are also being taken.

Finally, the audience also inquired about the negative experience of other countries in the transfer of financing from the Global Fund to public funding, in light of a number of countries suspending harm reduction programmes, including the purchase of syringes and medication during the transition. The speakers noted that there are no problems with procurement control in Kazakhstan but this problem may appear with the transfer of procurement functions to the non-governmental sector. Therefore, it was noted that the development of mechanisms to control this process is required.

**Recommendations:**

- Promoting the creation of testing points outside medical institutions (check-points).
- Strengthening the component of social support with the involvement of full-time employees of the AIDS Center as well as with the involvement of NGOs.
- Working with family doctors to ensure their HIV testing obligations and supervision of the patients on ART are performed.
- Monitoring the transition of funding from the Global Fund to public funding through the involvement of NGOs and the community in this process and monitoring the implementation of harm reduction programmes.

5.6. Discussion and recommendations on Sustainability of the AIDS response in EECA

*Sergey Filippovich, Alliance for Public Health, Ukraine*

The sustainability in the AIDS response in EECA was presented by Sergey Filippovich, the Director of the SoS project, which involves a wide range of partners at various levels across the region. It is worth noting that Fast-Track Cities initiatives are also included in this project. The speaker noted that the project envisages initiatives to optimize the funds spent on ART through advocacy, negotiations with manufacturers on lowering the price of ART drugs, voluntary licensing, and revising the clinical guidelines for ART in accordance with WHO recommendations. According to the calculations,
these measures already led to savings of 73,405,110 USD. Sergey Filippovich presented calculations of such savings for four countries: Belarus, Kazakhstan, Russia and Ukraine; and explained that negotiations are underway with these countries to implement some of the measures. He also informed that countries with a higher level of economic development may also achieve savings. However, these do not automatically mean increasing funds for other activities regarding key affected populations, this question relating to the distribution of budgets in countries.

The measures on tariffing and calculating the cost of package of services are highly important, as well as bringing these measures to full implementation. In cooperation with the initiative of Fast-Tracks Cities, negotiations are underway to sign a declaration with the cities of Osh, Dushanbe, Podgorica, Svetlogorsk and Sarajevo. In addition, Chisinau has recently signed it and respective working groups were created in Salihorsk and Svetlogorsk. Representatives of key populations, deputies and NGOs were included for the first time in these groups. Furthermore, HIV Coordination Councils in five project regions of Russia were expanded by representatives of key populations and NGOs.

A municipal HIV programme was developed in Chisinau with a planned budget of 900,000 USD for 2019-2020 of which 285,000 USD comes from the municipal budget. Minsk is also developing a municipal HIV programme and drug strategy. The same development process is currently underway in Salihorsk. In Russia, NGOs in various regions of the country are supported by HIV programmes for key populations from regional budgets. In 2019, municipal budgets were first allocated for social support for people living in HIV in Osh, Kyrgyzstan (4,300 USD).

The speaker emphasized that these measures will become possible, only if the efforts regarding elimination of legal barriers are taken at the regional level. In this regard, a consultation process is underway to create a regional commission on drug policy for EECA. This important body, operating by analogy with the Global Commission, will analyse the situation regarding drug use, traffic and other issues and formulate important recommendations that can be further communicated to the countries. In addition, seminars are also held in various countries and many programmes are being introduced, such in cases of human rights violations.

Sergey Filippovich reminded the audience that it were the cities that put the main effort to achieve the 90-90-90 goals. Twelve cities were identified as the main partners for the study of the economic, medical and social impact of the current drug control policy in EECA countries. He also emphasized the importance of information campaigns. As an example, the speaker mentioned the positive experience of implementing the programme “#InYourPower” when a number of tools were applied to successfully reach the goals of the campaign, including establishing a regional Like Award for Effective Solutions to Addressing the HIV Epidemic, a website for the campaign, collection of the best practices and development of the promo materials. The campaign also included the rewarding of champions and leaders in this field and aimed at encouraging civil servants to make decisions in favour of HIV and AIDS programmes and introduce a new tone of communication around the topic.

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8 Filippovich, Sustainability of the AIDS response in EECA, 2019.
9 Ibid 8.
During the Q&A session, participants asked the speaker to expand on the programme about human rights violations. Sergey Filippovich said this is being implemented at the pilot level and that this is a tool for social workers to ensure that they include in the programme all cases of violations. On the one hand, this is an opportunity to better meet the needs of people living with HIV but this will also allow to collect the relevant information in order to transmit it to decision makers. With the help of this information, an analysis can be done at the city, region, and national levels. The programme has been tested in other countries and is now being adapted to the region.

Another issue raised related to the information campaign, with one participant mentioning how changing the language of communication is critical but asking for more details on how exactly this could be done. Sergey Filippovich noted that in the framework of the campaign used as an example, the emphasis was done on promoting positive examples that can serve as a motivation. There is the need to shift the focus away from purely negative experiences.

**Recommendations:**

- Optimizing budgets for ART by revising its guidelines in accordance with WHO recommendations; negotiations with manufacturers on reducing prices for ARVs; voluntary licensing.
- Instead of criticism, positively evaluating the work and demonstrating the positive achievements. Disseminating them as best practices.
- Ensuring adequate attention to legal issues accompanying people living with HIV through the creation of special commissions, recording such cases and collecting statistics as well as communicating this information to decision makers.

5.7. Discussion and recommendations on Scaling up opioid agonist treatment (OAT) in Central Asia

*Bakhytzhan Nuraliev, Republican Narcology Center, Kazakhstan*

Bakhytzhan Nuraliev started the session presenting a report on expanding treatment coverage for opioid agonists (OAT) in Central Asia. Having studied the experience of foreign countries, it was decided to reform mental health services in Kazakhstan. Previously, these services, as in all post-Soviet systems, were closed systems with punitive functions in which discrimination and stigmatization flourished not only from society but also from medical service workers. It was believed that mental health services, including addiction, should be dealt exclusively with drug treatment services. When this service was divided into psychiatry and narcology, the latter was engaged exclusively in the passive identification of patients with addiction, usually already in a destructive phase and with chronic problems. Inpatient round-the-clock, long-term treatment was carried out for most of these patients. As a result, they ended up in life-time institutions of psycho-chronic diseases, which were not the best solution and also costly for the State budget.
The current reform of these services is based on the public mental health formula. A new scheme of the assistance to patients should include the efforts to make the general populations interested in their mental health, further assistance at the community level, primary health care and only after that, the mental and narcologic organizations are to be involved. Chronic forms of mental diseases should become rare. Thus, mental health is not a matter solely of healthcare, but of society as a whole. Society should also be interested in mental health, as much as in physical health issues.

In this regard, a number of regulatory documents have been developed, starting with the roadmap for the development of a mental health system (MHS) in Kazakhstan, as well as regulations and standards, the accounting policies of MHS. Unification of psychiatry and narcologic services was the most important step. This process resulted in the restructuring of 47 organizations into 20, which are now working in accordance with one strategy. As a result, funds were released and directed to the development of rehabilitation programmes. The measures taken to increase outpatient care have also contributed to the optimization of the mental health care. Some functions, including outpatient support, were transferred to primary care at the place of residence. At the moment, there are 46 primary centres providing mental health services, on the basis of multidisciplinary clinics. The number of voluntary patients coming to these services has increased after the confidentiality of accounting has been ensured. There are no separate entrances to the building for such patients and they receive medical services in a common medical centre, which helps to eliminate stigma.

In addition, the speaker also emphasized that public mental health is a goal of the whole society and this goal includes the measures on increasing the intellectual and moral potential and a preventive approach to the occurrence of mental disorders. The prospects of using new technologies, including artificial intelligence, were also mentioned. There are projects in other regions that use robots in sewer pipes to determine the level of use of psychoactive substances. Finally, it is also possible to analyse social networks regarding the subject of interest in drugs. The speaker shared graphs that show a decrease in the number of people registered for mental and behavioural disorders caused by the use of drugs. Although in general, opioid addiction remains high.

Regarding opioid therapy, the Global Fund project was implemented within the last 10 years and in 2016, the stage of accelerated scaling started. However, it was followed by a negative reaction from law enforcement agencies and other public organizations. Currently, this programme is pending a decision from the government. Its effectiveness is not in dispute but the question arises regarding its applicability in the country. In total, 1,153 patients were involved in this programme. The share of patients with more than 10 years of injection drug use under substitution therapy programmes in the Republic of Kazakhstan is 70%. More than 53% have HCV, 32% HIV and 17% TB. Only 23% of those do not have a criminal record and each of the patients underwent round-the-clock inpatient treatment at least six times. The stigmatization of these patients persists even among healthcare providers. One of the criteria for inclusion in the treatment programme is a complete rejection of the use of drugs. While in other countries this is not required, often only a reduction in consumption being sufficient.

One of the questions from the audience related to the inclusion of neuropsychiatric care in the basic package of medical services, namely to supervise the activities of PHC doctors and monitor the services they provide. The speaker recalled that in addition to primary
health care, the mental health centres kept and combined psychiatric and narcologic institutions. Monitoring and supervision are carried out by specialists of these centres.

Another issue discussed was the reflection of the changes in the form of a unification of the two services at the educational system level. The speaker noted that a lot of educational work was carried out among current staff and changes were also made to educational programmes. Today, the departments of psychiatry and psychiatry of addiction remain at the universities. However, new specialists are required to know both psychiatry and narcology as well as child psychiatry and narcology.

The participants also asked to clarify the latest status of substitution therapy. Bakhytzhan Nuraliev informed that at the moment, patients continue following the programme and there is a reserve stock of methadone, with much of future progress depending on the results of the Government’s decision.

The last question for the speaker concerned the project regarding diagnosis of depression among HIV-positive patients. He informed the audience that a question scale is used to determine the level of depression and diagnoses are made by psychologists. Patients with severe levels of detected depression are assisted by professionals at the therapeutic psychological trainings and antidepressants are prescribed.

**Yelena Kudusova, ICAP, Kazakhstan**

Yelena Kudusova continued the session with an overview of opioid agonist treatment (OAT) in Central Asia. She explained that OAT programmes were first launched as two pilots in Central Asia in the framework of the Global Fund grant. Specifically, it began in Kyrgyzstan in 2002, in Kazakhstan in 2008 and in Tajikistan in 2009 and the programme is currently expanding. OAT is mainly provided at rehabilitation centres, clinics, family medicine centres and occasionally at AIDS centres. In terms of its coverage today, numbers in all three countries since the start of the project are limited (277 in Kazakhstan, 995 in Kyrgyzstan and 625 in Tajikistan). From these, 2% people who inject drugs living with HIV are on treatment in Kazakhstan, 20% in Kyrgyzstan and 9% in Tajikistan.

At the same time, despite the increase in sexual transmission of the infection, the prevalence of HIV among people who inject drugs in these three countries are 6.6% in Kazakhstan, 12.4% in Kyrgyzstan and 12.1% in Tajikistan. According to the President’s Emergency Plan for AIDS Relief (PEPFAR), 39% of all people living with HIV (PLHIV) in Central Asia have a history of drug use. The main problems in implementing the OAT programme and working with PLHIV include: low political commitment to comprehensive programmes for working with PLHIV and lack of comprehensive psychosocial support for patients. Additionally, the dependence of programmes on external financing, low coverage and access to OAT, lack of awareness and support of vocational education and training

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10 Kudossova, Opioid agonist treatment overview in Central Asia, 2019.
programmes on the part of narcologists, lack of qualified personnel, criminalization of drug use and stigma and discrimination also worsen the problem.

ICAP carries out many activities to support OAT programmes in Central Asia, including the implementation of an integrated approach for patients, training of medical workers and many others. The integrated provision of services for patients receiving OAT on the principle of a “single window” is aimed at improving the quality of comprehensive care for PLHIV with multiple concomitant diseases on sites supported by ICAP.

The question asked to the speaker were if ICAP webinars were a self-learning or an assisted programme tool. Yelena Kudusova noted that it is assisted and includes working with psychologists and motivational counselling. The programme was developed on the basis of cognitive-behavioural therapy, which was adapted with the participation of ICAP experts.

**Recommendations:**

- Fostering the integration of narcologic and mental services.
- Completing the transferring of outpatient care to PHC.
- Addressing the stigma associated with mental illness through the provision of appropriate medical services on the basis of public health facilities on an equal basis with other patients.
- Increasing coverage of OAT programmes in Central Asian countries.
- Taking measures to address the lack of human resources for the distribution of OAT.
- Following of the WHO 2016 recommendations for OAT.

**5.8. Discussions and recommendations on ARV treatment – How to make ART treatment more accessible in the region**

*Aida Karagulova, City AIDS Center of Bishkek, Kyrgyzstan*

Aida Karagulova began her presentation by sharing the experience of Kyrgyzstan and presented the use of Dolutegravir (DTG) ART regimens in the country using the example of the city of Bishkek. The regimens containing DTG were first used by the Bishkek City AIDS Prevention and Control Center in July 2018. The speaker explained that at the start, 11 people living with HIV received DTG and of these, six received this regimen for more than three months, with all six achieving viral suppression. She also mentioned that none of the patients interrupted ART. Aida Karagulova added that four of the patients re-started ART with DTG after first-line inefficiency. Today, one patient has viral suppression and the effectiveness on the others continue to be observed. In addition, she noted that 26 people living with HIV were transferred to treatment with DTG after replacing the previous schemes because of the toxic effects. Of these, 14 also had viral suppression after three months of taking the regimen. Moreover,
14 people living with HIV who once interrupted ART for various reasons resumed treatment with DTG.

Tenofovir, Lamivudine, and Dolutegravir (TLD) was introduced in Kyrgyzstan on 25 June 2019 and 45 patients started treatment with it while 116 patients were transferred from other treatment regimens. Of the 208 people receiving TLDs in total, a viral load below 40 was detected in 72 people.

A new law on the circulation of medicines was adopted in the country to increase the availability of medicines for people living with HIV. A new clinical protocol for the treatment of HIV is also applied according to the terms of extradition taking into account internal and external migration. Almost all modern ART drugs are included in the list of essential medicines. In addition, the entire line of ART drugs in the country has been registered.

Changes to the Law on Public Procurement were initiated to introduce international procurement mechanisms and the transition to treatment regimens with DTG was started. Regarding plans to optimize first-line ART treatment regimens, 76% today use Tenofovir, Emtricitabine, Efavirenz (TEE) and 11% use TLD. By 2021, the goal is to increase the use of TLD to 95%.

The questions from the audience related to the so-called “urbanization of the epidemic” and problems with access to ART, the willingness of people living with HIV in remote rural areas to receive treatment and how to track these processes. Aida Karagulova agreed that the situation in the peripheral areas remains difficult. However, she also emphasized that HIV services in both the city and rural areas have been integrated at the primary level since 2012 in Kyrgyzstan. Certainly, considerable technical support is required as is the need to conduct local trainings for local people living with HIV and medical services. Patients can also receive services at the district and regional levels at their place of residence.

After the Q&A, this session continued with a panel discussion with the participation of the speaker as well as of four members of the panel from Switzerland, Belarus, Kazakhstan and Ukraine. The panel moderator enquired the panellists about the situation regarding DTG in their countries, the existing barriers and the measures to overcome them implemented by the respective governments.
Sairankul Kassymbekova from the Kazakh Scientific Center of Dermatology and Infectious Diseases highlighted that this medicine was included in the first line of treatment regimens, not as a preferred drug but as an alternative one. DTG is on the list of vital medicines for people living with HIV that are freely guaranteed by the State. Currently, 2,750 patients in Kazakhstan are on treatment regimens containing the DTG (6% of the total number on ART). Looking ahead, plans for the large-scale provision of the drug in the country include: changes in the clinical protocol taking into account the recommendations of WHO, negotiations of the Ministry of Health directly with ViiV Healthcare and the international medical patent pool to reduce prices and include the country in the licensing agreement and compulsory licensing.

Svetlana Sergeenko from the Republican Center for Hygiene, Epidemiology and Public Health of the Republic of Belarus, stated that out of 21,000 people living with HIV, 17,000 are on treatment in the country. Since 2018, only about 300 people receive DTG regimens, due to the prices of this medicine, which is about 2,000 USD. Negotiations are underway with the international patent pool to reduce this price but for now, DTG remains as a third line regimen.

Yurii Lazarevitch from the Network 100% Life in Ukraine noted that access to treatment is a priority in the country. Currently, Ukraine is trying to implement all WHO treatment recommendations. The work with pharmacological companies is one of the areas with potential for improvements. The price of DTG is 4.40 USD per month. The low prices are a critical element in treatment for the country, due to the current socio-economic crisis as a result of the conflict with Russia. Barriers to the distribution mostly appear at the stages when the applications for the medicines are done at the district level. Today, having a stronger voice with the enhanced non-governmental sector, patients themselves try to
include the medicines that are recommended by WHO. The medical community continues to often defend more ancient, expensive drugs. Finally, it was mentioned that the total country budget for treatment and purchase of vital drugs was increased for the next year.

Aida Karagulova informed the audience that the issue of price is not so acute in her country. However, it is not possible to switch to the new medicine immediately since the planning for the transition takes time. For it to be successful, the number of potential patients, current treatment regimens, as well as several other issues, should be taken into account. Besides, it also depends on the availability of stocks of drugs used before DTG.

One of the questions from the audience was about the need to switch to a new medicine. Since there is a need to adhere to the national protocol, changing it is a long and complex process. Thus, if the available regimens are effective, would there be a need to switch to a new medicine. Aida Karagulova agreed and noted that Kyrgyzstan has a certain stock of drugs, which will be used in schemes that are effective for patients.

Another comment was about the experience with the medicines in the city of Donetsk. Due to the limited choice in 2015, when the question arose of interrupting ART for more than 6,000 patients, a fairly quick transition to triple regimens was made. In 2016, schemes with DTG were proposed and today they are accepted by more than 4,000 patients.

The next question from the moderator was about existing barriers in countries to ensure access to treatment to which Sairankul Kasymbekova recalled that in Kazakhstan, procurement remains the main issue. The system approving drugs for next year’s procurement is very bureaucratically complex and time consuming with a minimum delivery time for generic drugs of 12 to 14 weeks and 20 to 26 weeks for original ones. In addition, for the procurement of drugs through the international system, they must conclude agreements in October, what in reality can only be done in December, resulting in late deliveries. She also mentioned that they have to wait for the arrival of all drugs for combined treatments. Finally, another problem may arise when there is a difference in the USD exchange rate, as national budgets are formed in KZT. According to her, the solution could be to eliminate 100% pre-payment to UNICEF according to the international procurement and lower the first payment.

Svetlana Sergeenko added that in addition to price barriers, public procurement in Belarus is accompanied by difficulties related to tenders. Challenges remain in ensuring the rules are respected and as a result, this causes a delays in the general procurement procedure.

Kyrgyzstan on the other hand experienced practically no disruption in drug supplies as they are mainly funded by the Global Fund.

Finally, Yurii Lazarevich noted that in the context of price barriers, countries should also take into account WHO recommendations as it would be useful to harmonize these as well as pricing policies.

To conclude, the last question asked was about the lack of staff, to which Yurii Lazarevich reminded the audience that in almost all countries in the region and in Ukraine, there is a tendency to transfer some functions to PHC. He outlined the problem of the adoption of new approaches and drugs by the medical staff themselves.
Recommendations:

- Eliminating the practice of 100% pre-payment required in international procurement of drugs through UNICEF and UNDP; inclusion of several payment tranches option instead.
- Coordinating WHO recommendations and pricing policies for treatment drugs.

5.9. Pre-exposure prophylaxis (PrEP) in EECA

Andriy Klepikov, Alliance for Public Health APH, Ukraine

Andriy Klepikov presented the experience of PrEP implementation in Ukraine. He explained that the programme started with one small group of 100 men who have sex with men in 2016. The speaker stated that the need and interest for PrEP in the country existed before donors began funding these programmes. In 2018, a PrEP pilot project was successfully implemented and from this year, the national PrEP programme has been expanding.

Further, Andriy Klepikov shared more details about the implementation of the pilot project. In total, 100 kits were purchased (12 months of daily use) with TDF/FTC generic drugs (Tenofovir/Emtricitabine). The participants were HIV-negative men who have sex with men or transgender people at high risk of acquiring HIV. To date, 2,806 annual TDF/FTC kits have been delivered as part of the programmes to each region of Ukraine covered. Moreover, the Ministry of Health of Ukraine has approved a clinical protocol for the use of antiretroviral drugs for the treatment and prevention of HIV infection (PrEP is included).

As a result, to date, out of the total number of people tested for HIV (1,990), 26 tested positive (1.3%). The total number of men who first started receiving PrEP is 1,007, together with 222 women and two transgender people. Ukraine faced a number of barriers in implementing this programme, including a lack of resources for the necessary tests, HBV vaccination and social support for all people at high risk; unwillingness of potential programme participants to visit the AIDS Center and present passport data. In addition, the clinical protocol for the use of ART for the treatment and prevention of HIV infection was approved only in June 2019 (in this version there is still no recent recommendation of the WHO “PrEP on demand” for men who have sex with men).

A colleague from Kazakhstan asked a question on the range of diagnostic services, which have been significantly reduced today also in PrEP programmes and how this problem is addressed in Ukraine. Andriy Klepikov noted that with the expansion of the programme, diagnosis is free but those who wish can also independently have a check. In addition, the participant was curious on the process of getting the calculations of the number of people in need of PrEP, including for the purchase of drugs. The speaker informed that polls were
conducted among men who have sex with men in the country, including the questions about PrEP, from which the data was collected.

Evghenii Golosceapov, Initiativa Pozitiva, Moldova

Evghenii Goloshchapov continued by sharing the experience of Moldova in the introducing PrEP. Its introduction started with the signing of the National Clinical Protocol No. 313 “Pre-exposure Prophylaxis of HIV Infection”, which was approved following an Order of the Ministry of Health in 2018. Despite this, at the end of 2018, only one person received PrEP in the country. The issue is primarily connected with legal aspects and the speaker emphasized the legal issues of access to PrEP in his speech. In accordance with article 12 of the International Covenant on Economic, Social and Cultural Rights11, everyone has the right to the highest attainable standard of physical and mental health. There is also a UN General Comment No. 14 (2000) which interprets this right and includes availability in the right to health, accessibility of health services and non-discrimination; physical, economic, information accessibility and quality. The main issues of access to PrEP in Moldova relate precisely to these parameters. There were number of measures taken in-country in response to this situation, including an extensive information campaign with joint efforts of the National HIV Programme and UNAIDS. Measures have also been taken to improve planning, monitoring and evaluation. As of mid-November 2019, 60 people received PrEP in Moldova, six women and 54 men; among those one sex worker, 49 men who have sex with men and 10 heterosexual couples, including those in discordant couples.

A question from the audience related to the availability of PrEP for everyone in need was if it necessary to provide identification documents for this and if screening for risky behaviour is being done. According to Evghenii Goloshchapov, PrEP in Moldova is already issued on the basis of medical institutions. Procurement is executed through the Global Fund and it was decided to consciously not tie people to public organizations.

Recommendations:

- Expediting the approval of the regulatory framework for the implementation of PrEP at national level.
- Developing a clear mechanism/instruction for implementing the PrEP programme at local level.
- Increasing demand by developing and launching the National information campaign to promote PrEP among men who have sex with men and other key population groups.
- Securing the inclusion of PrEP in the package of HIV prevention services.

• Using the principle of safe space and community-based organizations that will provide as many services as possible in one place to keep clients in the programme.
• Promoting the reduction of stigma and positioning of PrEP as a prophylaxis for everyone who is at risk of infection (not only men who have sex with men).
• Introduction of the possibilities of obtaining PrEP on the basis of public organizations.
• Conducting a wide information campaign on the possibility of obtaining PrEP (the example of Moldova).

5.10. Discussions and recommendations on HIV self-testing updates

Yulia Kuznetsova, Alliance for Public Health, Ukraine

Yulia Kuznetsova presented updates on HIV self-testing. She started her presentation by highlighting the importance of distinguishing between self-testing and assisted self-testing as trained employees working with HIV provide direct assistance to people before or during testing. According to her, this option is preferable because it allows to provide the help and support necessary after people discover their status. Finally, there is also the option of HIV testing without any assistance, when people use the kit with instructions. Ukraine is currently experiencing a concentrated epidemic with HIV prevalence in the general population of 1% and the assisted self-testing strategy has been used in harm reduction projects since 2015. This measure has yielded significant results in testing coverage.

All self-testing projects can be divided into three categories: working with key affected populations, projects with the general population and campaigns to raise general awareness. The website https://selftest.org.ua/ was developed and provides all basic information on testing, including addresses of testing facilities. Currently, there are several vending machines installed, where people can get both condoms and tests. Yulia Kuznetsova concluded by informing that since the beginning of 2019, 347 sets have been handed out.
Olga Samoilova, Population Services International (PSI), Central Asia

Olga Samoilova provided information on HIV self-testing in Central Asia. This initiative is just starting in the region, so the focus of the presentation was not on the results but on ongoing and planned measures. There are structural, personal and programmatic barriers to HIV testing in the region and PSI is a pioneer in the development and distribution of self-testing. In recent years, there has been a large epidemiological shift in focus from exclusively key population groups to a wider coverage of the population, including partners of people living with HIV. In addition, a community-based testing has been implemented by several NGOs. Strategies have also been developed to reach out to different groups that traditionally remain overboard on such programmes. The experience in Central Asia is largely based on global experiences, in particular the START project, the results of which are included in the WHO recommendations.

Finally, the speaker mentioned that strategies will be developed in the region for interacting with people who have taken the test and received a positive result in order to ensure timely start of treatment. Such strategy is also needed to interact with people who received a negative result on preventive measures.

Recommendations:

- Ensuring that users of self-tests are informed about the longer window period.
- Informing about the presence of errors of false negative results and false assurances about the presence of infection.
- Using various information channels for informing about self-testing in order to reach different groups of population.

5.11. Discussions and recommendations on HIV/TB/Hep C integration

Lilia Masiuk, Alliance for Public Health, Ukraine

The presentation of Lilia Masiuk allowed participants to explore the possibilities of integrating HIV, TB and Hepatitis C through the example of APH projects. The Alliance works closely with governmental agencies, other NGOs and medical institutions in Ukraine. TB and HIV responses are a priority nationally and the Global Fund is implementing a project to accelerate progress in reducing TB and HIV through timely access to diagnosis, treatment and prevention. In addition, this programme also includes improving the health system towards integrated solutions and strengthening community involvement.

The projects of APH covered about 300 thousand people and 33 mobile outpatient clinics have been established to provide access to medical services to key populations in remote
rural areas. At the moment, work with key affected populations includes the reduction of legal barriers and the organization of trainings with the national police to tackle discrimination. Since 2019, a reform of the health system has been launched, namely related to financing the system. From 1 April, PHC receive funds for the number of signed declarations. The State, within the framework of the signed declarations then provides financing for a minimum package of services, which includes TB screening, HIV and HV testing. Currently, it is still too early to determine whether the PHC are capable to conduct such qualitative research but to support this process, an innovative collaboration project between civil society and the healthcare system was launched to effectively identify and treat HIV. Trainings for PHC specialists are also conducted and supervisor teams have been trained to address the questions of specialists on various topics relating to the integration.

Finally, it was mentioned that in Ukraine, the problem of undetected cases of TB remains important (about 25%). This data is difficult to obtain since there are no separate programmes for HIV, TB and HBV at the regional level. The main barriers to identification also include financial and economic issues combined with stigmatization and low motivation to participate in a survey.

This session continued with a panel discussion with the participation of the speaker as well as of four members of the panel from Russia, Georgia, Kazakhstan and Tajikistan. The panel moderator enquired the panellists about the integration of HIV/TB/Hep C in their countries, the existing barriers and the measures to overcome them.

Oksana Ibragimova from the Kazakhstan Union of PLHIV, shared information on OAT in Kazakhstan. She provided examples of a “single window” in which a patient can in theory, take ART, anti-tuberculosis therapy and supportive replacement therapy, all in one place. However, inpatient services are often required for TB treatment causing the interruption of the methadone therapy. Therefore, integration in reality has not yet been in place. According to the panellist, information distribution between the various institutions involved remains sub-optimal. That said, it was mentioned that Almaty presents a more favourable situation, where TB screening is carried out in all medical institutions, regardless of attachment of the patient to a particular clinic. For hepatitis, the situation is relatively good. However, despite information campaigns, the key affected populations are still not aware that treatment is free.
Manana Sologashvili, from the organization Hepa plus in Georgia, spoke about the experience of fighting HIV, HCV and TB. She mentioned that in 2011, access to diagnosis and treatment of TB was very low. In response, civil society launched a campaign to inform the public and decision-makers about the number of people infected. In 2014, efforts to diagnose and treat HIV and HCV began in prisons. Later in 2015, the State programme for the elimination of HCV started and aimed at all groups of the population providing free care. From 2015 to 2019, about 62,000 people started treatment which proved effective in 98% of cases. In addition, a harm reduction programme supported by the Global Fund is under implementation. However, the situation is becoming less predictable, since the Global Fund is planning the leave the country and the State budget remains insufficient to cover the withdrawal of donors support. Manana Sologashvili concluded by mentioning that integration is also taking place in the country with the introduction of a “single window”. Starting in January 2020, a unified service centre will be opened including integrated diagnostics and treatment services.

Naimdzkon Malikov, from ICAP Tajikistan, shared the results of the assessment of the OAT programme implemented in-country. He mentioned that based on the findings, 12 recommendations were made. The main one is the integration of the services provided for HIV, TB, HCV and OAT. Since 2014, this service has been introduced on pilot sites based on preliminary research. Previously, substitution therapy services focused only on the dispensing of methadone. The narcologists themselves did not know what ART was or if any of the people who inject drugs participating in ART programmes received it. Infectious disease physicians were initially opposed to this programme and there were problems associated with stigma and discrimination. After 2014, the integration of HIV and TB services was introduced. Memorandums were signed between the organizations involved - the Republican Center for Narcology with AIDS centres, TB centres and public organizations. The respective specialists received training and after these measures, there was a positive shift in timely screening and detection of TB, as well as timely testing for
HIV. A “single window” function was also provided to the public. In terms of Hepatitis C, Tajikistan has projects to provide testing for HIV patients to diagnose HCV among them. Finally, Naimdzkon Malikov added that while the situation around diagnosis has improved, there is still no funding for further treatment of those who have positive status of these diseases.

As a main conclusion of this panel discussion, participants noted that the main condition for introducing integration is the inclusion of the voice of vulnerable groups in this process.

**Recommendations:**

- Including key populations in the process of integrating HIV, TB and HBV services.
- Involvement of public organizations in this process.
6. Conclusion

The IAS Educational Fund workshop was very timely since the upcoming year of 2020 is an important milestone, when the results on many national obligations for international HIV initiatives will be released, including 90-90-90. The HIV and AIDS epidemic and new HIV-positive cases are still growing in the region of Eastern Europe and Central Asia. However, this workshop demonstrated that there are not only multiple HIV-related problems in the region, but also many successful solutions which can and should be shared with other countries. As noted by the participants, the region must be associated with not only HIV epidemics, but also promoted as a generator of viable solutions.

The participation of several key stakeholders with diverse backgrounds within the HIV community throughout the region, including representatives from Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan and the Netherlands allowed and encouraged the exchange of successful strategies as well as shared challenges and solutions among the attendees. The format of the workshop also made it possible to approach each topic of the agenda in-depth.

During this meeting, participants had an opportunity to openly discuss each presentation, share the policy recommendations and solutions to the struggles regarding stigma and discrimination and increase awareness of HIV related issues in their societies. In this sense, smaller-scale events can be very productive in terms of the opportunities created to facilitate the sharing of knowledge and practical experiences that attendees can access and discuss. The event helped to determine the list of themes which should receive focus from decision-makers nationally also from the international community in the forthcoming years. The topics covered including the Sustainability of the AIDS response in EECA, OAT in Central Asia, ART treatment accessibility, Pre-exposure prophylaxis; HIV self-testing updates and Integration of HIV/TB/Hep C services were very appreciated by the participants due to their current relevance in the region.

It is highly important that recommendations from this workshop and EECA INTERACT reach the policy level and are taken into consideration and successfully implemented in the region. Regional decision-makers should be among the participants of such events together with all those involve in the HIV response such as public health specialists, programme managers, service providers, civil society representatives and members of organizations supporting key and vulnerable populations. At the same time, the needs of the HIV community are still to be addressed more thoroughly. Thus, their voice should be primarily articulated at the HIV events of all levels.
7. Acknowledgements

The International AIDS Society (IAS) would like to acknowledge all participants and stakeholders in Kazakhstan, as well as representatives from Georgia, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan and the Netherlands for their contribution towards making the IAS Educational Fund meeting in Almaty on 19 and 20 November 2019 a huge success. Special appreciation goes to the Chairs, speakers and panellists for their participation.

The IAS also would like to recognize the partnership with AFEW International and AFEW Kazakhstan. We are grateful for their contribution and partnership towards the successful planning and organization of the workshops.

The IAS would also like to extend its appreciation to ViiV Healthcare, the Swiss Agency for Development and Cooperation and Merck for their financial support for the IAS meeting.

Chairs of the IAS Educational Fund meeting, Kazakhstan, 20 November 2019
8. Appendices

8.1 Programme

19 November 2019 (afternoon)

Chairs: Frank Cobelens, Netherlands
        Anna Deryabina, ICAP, Kazakhstan

13:40-13:50 Opening of Joint EECA INTERACT - IAS afternoon

13:50-14:35 Innovation across EECA in integration of care and differentiated care

Integration of care for HIV, TB, and hepatitis: Working together towards HIV
viral suppression, TB treatment, and HCV cure in EECA

Javier Cepeda, Yale University, USA

14:35-15:05 Oral abstract presentations III (abstracts 9 and 10)

Chairs: Catherine Hankins, Canada
        Michel Kazatchkine, France

15:05-15:35 Refreshment break and poster viewing

15:35-17:00 Cutting edge science from the 10th IAS Conference on HIV Science (IAS
2019) in Mexico City: Implications for EECA

Speakers:
        Andriy Klepikov, IAS / APH, Ukraine
        Stefan Baral, Johns Hopkins School of Public Health, USA
        Assel Terlikbayeva, GHRCCA, Kazakhstan

17:30-18:00 Closing session

Conference chairs and several other speakers drawing lessons for EECA
INTERACT 2021

20 November 2019

Chairs: Andriy Klepikov, IAS, Ukraine
        Anna Deryabina, ICAP, Kazakhstan

08:30-09.00 Registration and networking

09:00-09:30 Opening comments, welcome and overview of the day
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<tr>
<th>Time</th>
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<tr>
<td>09:30-10:50</td>
<td><strong>Fast-track cities in Eastern Europe and Central Asia</strong></td>
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<td><em>Chair: Alexander Goliusov, UNAIDS, Kazakhstan</em></td>
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<td>Alfiya Denebaeva, City AIDS Center of Almaty, Kazakhstan</td>
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<td>Iryna Kutsenko, Odessa City Parliament member, Ukraine</td>
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<td>10:50-11:05</td>
<td><strong>Coffee Break</strong></td>
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<tr>
<td>11:05-11:35</td>
<td><strong>Sustainability of the AIDS response in EECA</strong></td>
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<td><em>Sergey Filippovich, APH, Ukraine</em></td>
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<td>11:35-12:15</td>
<td><strong>Scaling up opioid agonist treatment (OAT) in Central Asia</strong></td>
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<td>Bakhytzhan Nuraliev, Republican Narcology Center, Kazakhstan</td>
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<td>Yelena Kudussova, ICAP, Kazakhstan</td>
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<td>12:15-13:30</td>
<td><strong>Panel discussion on ARV treatment – How to make ART treatment more accessible in the region</strong></td>
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<td><em>Keynote speaker: Aida Karagulova, City AIDS Center of Bishkek, Kyrgyzstan</em></td>
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<td><em>Panel moderator: Liudmyla Maistat, Medicines Patent Pool, Switzerland</em></td>
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<td><em>Panelists: Sairankul Kassymbekova, Kazakh Scientific Center of Dermatology and Infectious Diseases, Kazakhstan</em></td>
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<td><em>Svetlana Sergeenko, Republican Center for Hygiene, Epidemiology and Public Health, Republic of Belarus</em></td>
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<td><em>Yuri Lazarevitch - Network 100% Life, Ukrainelsmael Cissé, Association Vision Plurielle, Burkina Faso (Key populations voice)</em></td>
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<td>13:30-14:30</td>
<td><strong>Lunch</strong></td>
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<td>14:30-15:30</td>
<td><strong>Pre-exposure prophylaxis (PrEP) in EECA</strong></td>
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<td>Andriy Klepikov, IAS / APH, Ukraine</td>
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<td>Evghenii A. Golosceapov, Initiativa Pozitiva, Moldova</td>
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<td>15:30-16:10</td>
<td><strong>HIV self-testing updates</strong></td>
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<td>Yulia Kuznetsova, APH, Ukraine</td>
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<td>Olga Samoilova, PSI Central Asia</td>
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<td>16:10-16:25</td>
<td><strong>Coffee Break</strong></td>
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16:25-17:45  **Panel discussion on HIV/TB/Hep C integration**

*Keynote speaker: Liliia Masiuk, APH, Ukraine*

*Panel moderator: Pavel Aksenov, Eurasian Key Populations Health Network, Russia*

*Panelists: Oksana Ibragimona, Kazakhstan Union of PLHIV, Kazakhstan*

*Manana Sologashvili, Hepa plus, Georgia*

*Naimdzkon Malikov, ICAP, Tajikistan*

17:45-18:00  **Evaluation, next steps and closing remarks**

18:00-19:00  **Networking cocktail**