

IAS Educational Fund and EECA INTERACT Workshop for the EECA region 14-15 December 2022

Moving forward: how to keep the HIV response strong in the EECA region through science and community involvement

Meeting Report

This report was developed in collaboration with AFEW International. The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

IAS (the International AIDS Society) organized an Educational Fund in-person workshop, including a joint session with EECA (Eastern Europe and Central Asia) Interact, co-organized by AFEW International, AIGHD (Amsterdam Institute for Global Health and Development) and Riga Stradins University on December 14-15, 2022, in Riga, Latvia. The theme of the IAS Educational Fund and EECA Interact joint scientific session was “Moving forward: how to keep the HIV response strong in the EECA region through science and community involvement”. The Joint EECA INTERACT – IAS scientific session strived to both provide insights on the innovative integration of care and differentiated care for HIV, TB, and hepatitis, as well as present cutting-edge science from AIDS 2022 in Montreal with special attention to implications for the EECA region. The IAS Educational Fund workshop aimed to provide key highlights from the 24th International AIDS Conference (AIDS 2022) and provide an overview of how the HIV response is moving forward in the region despite the recent crises faced. The pandemic and the armed conflict both resulted in adjustments for the HIV programmes. The workshop also presented the latest scientific updates in HIV testing and diagnostics. The participants were asked to work on key questions in both topics to strengthen the HIV response and maintain the good practices put in place. **The detailed programme of both EECA Interact, including the Joint scientific session with**

IAS can be found [here](#) and the IAS Educational Fund workshop programme can be accessed [here](#).

The joint scientific session was opened by the Session’s Co-Chairs, Dr. Masoud Dara, M.D., Ph.D., Honorary Senior Lecturer at Queen Mary University of London, and Anton Basenko, Programme Manager at European AIDS Treatment Group (EATG). In their opening remarks, Masoud Dara and Anton Basenko thanked the IAS Educational Fund whose mission is to provide inclusive educational opportunities for stakeholders in HIV response to facilitate bridging the gap between evidence-based science, policy and action. This workshop in particular, Anton Basenko continues, is part of the County and Regional meetings to promote science and catalyse cooperative action at country and regional levels. For Anton Basenko, as a representative of both the HIV community and the scientific community, this a very important initiative. Masoud Dara announces the agenda for the Session entitled “Innovative integration of care and differentiated care for HIV, TB and hepatitis” which will include two presentations by speakers on “Working together towards HIV viral suppression, tuberculosis treatment, and HCV cure” as well as oral abstract presentations on scientific results of different HIV responses in the EECA region by researchers from Spain, North Macedonia, and Kyrgyzstan.



Innovative integration of care and differentiated care for HIV, TB and hepatitis

Working together towards HIV viral suppression, tuberculosis treatment, and HCV cure

Viacheslav Grankov from WHO Europe highlighted the collaboration on different levels on HIV, TB and HCV treatment and cure. In the majority of countries, there are strict vertical programs, but it is not very integrated. Many services are not delivered at the primary healthcare level. Due to the similar transmission routes and overlaps in key population, there is a need for a framework for collaborative action on tuberculosis and comorbidities and a common strategy. Looking at the new tools for hepatitis treatment and the latest 2022 guidelines on HIV, Viacheslav Grankov highlighted the differentiated and simplified PrEP for HIV prevention. Another aspect of working together is WHO working with many international partners, governments, countries, ministries of health. Donors that supported activities are in line with WHO recommendations.

Determinants of health can't be influenced by the health centers, so it is important to provide social support, cover basic needs, etc. Even if strong evidence-based interventions are theorized, it is difficult to implement them in practice. Therefore, WHO provides the Implementation research toolkit. Operational research increases the body of evidence. NGOs play crucial role in sustaining provision of care and prevention of losses to follow-up. Community-based research is aimed to

Latest 2022 Guidelines on HIV

- **Differentiated and simplified PrEP for HIV prevention**
- Aims to support differentiated, simplified, demedicalized and comprehensive PrEP services
- Differentiated PrEP services may make PrEP services more acceptable and accessible
- Expanded eligibility for ED-PrEP to prevent sexual acquisition of HIV
- HBV infection: not a contraindication for ED-PrEP
- Not eligible for ED-PrEP: Start daily oral PrEP with 7 doses and stop with 7 doses
- Simplified guidance on measuring kidney function: Optional for those without comorbidities aged under 30 and, depending on resources, for those under 50
- HIV ST for PrEP



<https://www.who.int/publications/i/item/9789240052390>

strengthen the community action on the research. Viacheslav Grankov highlighted the importance of:

- Making use of existing processes and mechanisms
- Implementing updated WHO guidelines and tools to support elimination approaches
- Starting to implement the actions and targets of the 2022–2030 Regional Action Plans through updated NSPs
- Funding national responses and decentralizing services, including treatment and testing,
- Sharing good practices across the region,
- Ensuring close collaboration with communities and civil society organizations at all levels and all stages.

Viacheslav Grankov concluded by quoting Henry Ford and Edward Everett Hale, "Coming together is a beginning, staying together is progress, and working together is success."

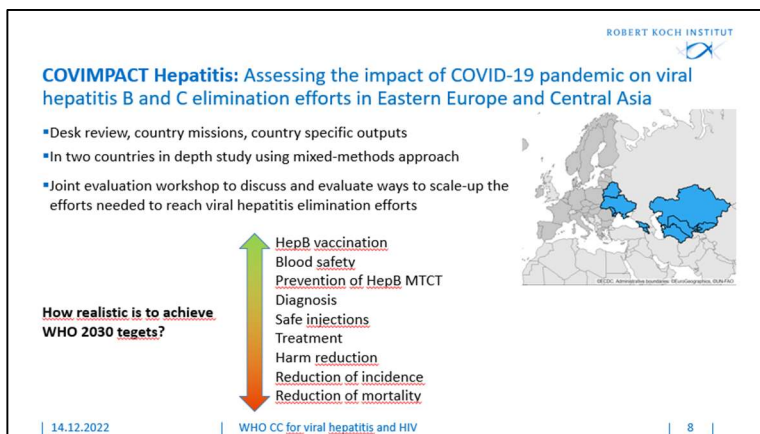
Sandra Dudareva, the co-lead of the WHO CC and project lead of COVIMPACT Hepatitis, presented the RKI functions and activities, and on-going projects. The RKI has two main tasks as a WHO CC which include:

TOR1: o assist WHO in supporting Member States (MS) in developing methodology, planning conducting and analyzing epidemiological surveys on hepatitis B and C and HIV in different population groups. Projects covered by the TOR1:

- Sero-B: Preparation of Serosurveys to evaluate the impact of hepatitis B vaccination in Eastern Europe and Central Asia. The project aims to support countries to plan and implement nationwide representative hepatitis B serosurvey among children born after introduction of universal childhood hepatitis B vaccination. The countries involved in the project were Moldova, Kyrgyzstan, Turkmenistan and Belarus (cooperation interrupted).
- IBBS Strengthening in European Region. The project aims to provide support to the countries through technical advice and capacity raising for performing of IBBS (Integrated Biological and Behavioural Surveys) for key populations.
- Hepatitis B/C testing along with WHO unity studies.

TOR2: to support WHO in assessing viral hepatitis B and HIV/AIDS monitoring, control and elimination in the countries of WHO European Region. There are various collaboration possibilities according to the TOR, as part of the ongoing work in the current project or as joint developments of new projects. Projects covered by the TOR2:

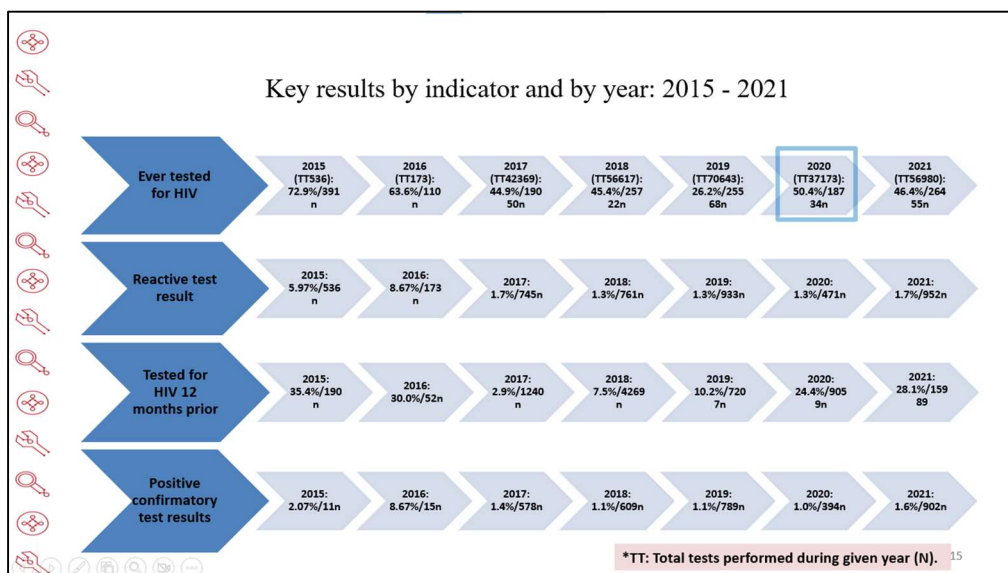
- COVIMPACT Hepatitis: Assessing the impact of COVID 19 pandemic on viral hepatitis B and C elimination efforts in Eastern Europe and Central Asia. (Introduction)
- Scale up HIVHEP: Scaling up monitoring, control, and elimination of HIV/AIDS and viral hepatitis in the WHO European Region. It is a follow up project of COVIMPACT Hepatitis for 2023-2025.
- HIV Programme review missions.



Oral Abstracts

CBVCT quality data collection from EECA: COBATEST network data 2015-2021.

Megi Gogishvili from the Centre for Epidemiological Studies of Sexually Transmitted Disease and AIDS in Catalonia gave a presentation on *CBVCT quality data collection from EECA: COBATEST network data 2015-2021*. Community-based voluntary counselling and testing (CBVCT) is known to contribute to a sizeable proportion of new HIV diagnoses, reaching key populations. EECA countries have alarmingly increasing numbers of HIV incidence, and their process of quality data collection and analysis requires strengthening. The COBATEST Network links organizations across Central Europe and Central Asia who offer CBVCT services and promotes testing, early diagnosis and linkage to care for at-risk populations. Megi Gogishvili presented a study aimed to describe progression of membership and quality data collection from the network's members from EECA. COBATEST standardized data reporting tools were used. Results showed that there is a big gap between testing among MSM and other vulnerable groups in EECA, specifically among transgender people, PWID and SW. Low percentage of persons tested during past 12 months and high proportion of reactive test results indicates need of increase in testing outreach programs in EECA. Overall, an increase in participation from EECA members has been found in COBATEST network, but data submission is not consistent throughout 5 years. Megi Gogishvili concluded by highlighting the importance and lack of support in data collection and reporting.



One year and a half into the first HIV PrEP pilot in the Western Balkans: evaluations on acceptability, feasibility and STIs monitoring in North Macedonia:

Viktor Simeonovski from STRONGER TOGETHER and University Clinic for Dermatology presented results of the HIV PrEP pilot project. The first talks in North Macedonia about PrEP started in 2018. In July 2021, National PrEP and PEP guidelines have been published. The main objectives of the project were to assess the feasibility of PrEP provision in a network of clinics, with an infectious disease clinic serving as a hub to support other sites within network in North Macedonia and to determine the acceptability of PrEP to high-risk MSM, TG persons and sex workers. Most of the study population were MSM with mean age of 42 years; 11 out of 89 people (12.4%) used PrEP before the project. As a result, the condom use of participants who chose on demand regimen declined over time, whereas the condom use in participants who chose the daily regimen peaked in the first month of using PrEP, plateauing afterwards. Also, the highest number of sexual intercourses were registered in participants who changed the dosing regimen, with the tendency of increasing. Finally, the mean number of partners constantly increased for the main two groups. Viktor Simenovski concluded that apart from the administrative and COVID-19 challenges encountered during the study, stigma against PrEP within the community was identified as well.

Adapting a Peer-Driven Intervention to prisons in Kyrgyzstan to reduce HIV risk for patients with a substance use disorder.

Ainuraiym Opobekova from AIDS Foundation East West Kyrgyzstan (Kyrgyzstan) gave a presentation on *Adapting a Peer-Driven Intervention to prisons in Kyrgyzstan to reduce HIV risk for patients with a substance use disorder*. Over quarter of a Kyrgyz prisoners are PWID, with high HIV prevalence (over 11% in some facilities). Peer-driven interventions (PDI) is an evidence-based strategy to effectively link PWID to medication assisted treatment (MAT) in the community. PDI has never been adapted to prison settings before this study. It aimed to test the feasibility and cultural acceptability of PDI that may reduce HIV risk among HIV-negative PWID prisoners. Ainuraiym Opobekova concluded that the ADAPT-IT framework is a useful tool for intervention adaptation to prison contexts. Unlike community research that can be done online during COVID-19 pandemic, prison-based work needed face-to-face engagement. Prisoners were willing to help others like themselves. Ainuraiym Opobekova proposed that mutual support among prisoners may bridge shortage of medical staff during lockdowns and alleviate negative mental health consequences, reducing risks of HIV and drug use.

Highlights of Innovative integration of care and differentiated care for HIV, TB and hepatitis

- ✓ “Coming together is a beginning, staying together is progress, and working together is success.”
- ✓ Ensuring close collaboration with communities and civil society organizations at all levels and all stages.
- ✓ There are various collaboration possibilities with WHO and other institutions, as part of the ongoing work in the current project or as joint developments of new projects.
- ✓ Community based voluntary counselling and testing (CBVCT) is known to contribute to a sizeable proportion of new HIV diagnoses, reaching key populations.
- ✓ Peer-driven interventions (PDI) is an evidence-based strategy to effectively link PWID to medication assisted treatment (MAT) in the community.

Cutting edge science from AIDS 2022 in Montreal: Implications for the region

Andriy Klepikov, the Executive Director of the Alliance for Public Health in Ukraine and member of the IAS Governing Council, presented key points from AIDS 2022 in Montreal – the 24th international AIDS conference. PrEP was one of the central topics of the conference, including its acceptance and availability.

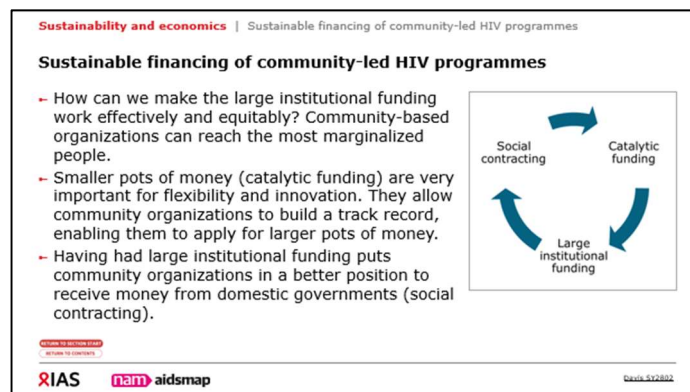
Regarding *Vaccine and cure research*, Andriy Klepikov outlined several successful pathways researching HIV cures, including:

- **Stem cell transplants, sometimes called “bone marrow transplants”:** The “City of Hope patient” is named after the cancer centre in Duarte, California, where he was treated. He received a stem cell transplant from a donor with the rare delta-32 CCR5 mutation to treat leukemia. There have been four previous cases of cure following stem cell transplants: Timothy Ray Brown (Berlin); Adam Castillejo (London); “Marc” (Düsseldorf); the “New York patient”.

- **A post-treatment controller – the “Barcelona patient”:** This patient has had 15 years of remission from active HIV infection, without taking treatment. Her HIV has not been completely eliminated, so this is a case of remission without antiretrovirals, sometimes called a “functional cure”.
- **Another post-treatment controller: the “South African child:** A 13-year-old South African boy who took part in a study of very early ART in infants was taken off ART aged one and has remained HIV undetectable since then.
- **Towards a cure: New assay finds hidden HIV DNA:** Immunotherapies are under investigation for HIV cure. HIV infection is lifelong due to viral DNA in “reservoir” cells hidden from immune surveillance. New microarray assay, “FIND-Seq”, separates CD4 cells and restimulates memory cells to display genetic contents. Those displaying HIV sequences are detected by bouncing laser light off them.
- **HIV vaccine research:** There is a signal of efficacy in all vaccine trials: one Phase III vaccine trial has found marginal efficacy (RV144), and one Phase III trial is ongoing (Mosaico).



Andriy Klepikov also covered the topic of *ART and co-infections* highlighting treatment for drug-resistant TB in people with HIV and risks for serious complications for people with HIV and HBV co-infection, and the topic of *HIV prevention and sexual health* with emphasis on the need for taking antibiotics after sex to reduce STIs, Integrating U=U into HIV care, and the benefits of nurse-led PrEP prescriptions. The latter have significantly increased access for vulnerable populations: as nurses more frequently communicate with vulnerable populations than doctors, this initiative may increase coverage of PrEP. Other emerging topics at the AIDS 2022 conference were *Improving HIV care*, *Sustainability and economics*, and *Communities*. According to the 2025 targets, the focus lies on prevention and, crucially, also on decriminalization of drug use, sex work, sexual orientation and gender identity, and HIV criminalization. The targets also focus on community leadership. As the current political and social climate is worsening, with shrinking space for civil society, it is essential to demand rights for key populations and hold governments accountable. Andriy Klepikov highlighted the new WHO guidelines for HIV, hepatitis and STIs for key populations, with primary focus on addressing structural barriers that key populations face. He also emphasized the major role of communities in HIV response, and the importance of sustainable financing of community-led HIV programs. Community-based organizations can reach most marginalized people. Catalytic funding is very important for flexibility and innovation.





Future of long-acting agents

Mitchel Warren from IAS Governing Council and AVAC, Global Advocacy for HIV Prevention, gave the presentation on service delivery and pathways to affordability and access. New innovative developments in treatment and testing were presented. Over the last 15 years, there was a significant increase of the new options for HIV treatment and prevention. One of the lessons learned for PrEP implementation is to introduce future HIV options via channels and approaches preferred by potential users. Mitchel Warren stated that we need to invest in and expand demand generation and replicate successful approaches.

Options do not necessarily mean choices. The idea is to deliver options to choices. The need to differentiate, simplify and de-medicalize PrEP. From users' perspective it is not only a products, but also a program. Users want to define who they want to speak with, and whether they need and want PrEP. If people do not want to use these services and products, it is not going to work. Choice is usually defined not by the user, but by the provider.

PrEP: promise and potential

Linda Gail Bekker of Desmond Tutu HIV Centre at the University of Cape Town, and the former IAS President presented on the Prevention push required for treatment pool. Linda Bekker stated that long-acting reversible contraception has become popular with women, especially among younger populations. 84 million people have been infected with HIV in the last 40 years, and more recently, there are 5,000 infections every day (according to UNAIDS). While it has been thought that as long as treatment levels are reached, prevention could be impacted. However, there are unequal gains across the world, and the EECA region is being left behind – there are also grave effects of COVID-19 and the war in Ukraine. In order to achieve effective results of reduced infections, there is a need for the combination of structural, behavioral and biomedical approaches to HIV prevention as well as treatment. The 2025 targets include reducing inequalities and stigma. The HIV prevention train includes PrEP. Today over 3.3 million people have access to PrEP. People are more in control of their sexuality when using PrEP. Linda Bekker noted the challenge of adherence – struggle to maintain daily regimen and offered such solutions as differentiated PrEP delivery in form of client-centered packages. It is worthwhile to move beyond harm reduction to affirmation and wellbeing. HIV prevention should be accessible, affordable, and easy. It would require healthcare providers to rethink and change the way of service provision.


Highlights of Cutting-edge science from AIDS 2022 in Montreal

- ✓ As the current political and social climate is worsening, with shrinking space for civil society, it is essential to demand rights for key populations and hold governments accountable.
- ✓ Nurse-led PrEP prescription have significantly increased access for vulnerable populations: as nurses more frequently communicate with vulnerable populations than doctors, this initiative may increase coverage of PrEP.
- ✓ Sustainable financing, including catalytic funding, of community-led HIV programs is of utmost importance: community-based organizations can reach most marginalized people.
- ✓ "Options do not necessarily mean choices": We need to differentiate, simplify and de-medicalize PrEP such that users define their choices, not medical providers.
- ✓ HIV prevention should be accessible, affordable, and easy. It would require healthcare providers to rethink and change the way of service provision.

Key thematic: Maintaining a strong HIV response in times of crises

On the second day of the IAS Educational Fund workshop, the Co-Chairs Maka Gogia of Georgian Harm Network, Georgia and Andriy Klepikov of IAS Governing Council, Ukraine, welcomed the participants to the IAS Educational Fund workshop, organized further to the AIDS 2022 conference that took place in July 2022 and expressed gratitude to all the partners and collaborators for their flexibility and efforts to be here. The Co-Chairs announced the program: Session 1 on *Maintaining a strong HIV response in times of crises* and *Successful stories and lessons learned from pandemic outbreaks*, moderated by Nino Tsereteli, Georgia, including speakers Tetiana Deshko, Ukraine, Aibek Bekbolotov, Kyrgyzstan, Dmytro Kulyk, Ukraine, and Lyubov Vorontsova, Kazakhstan, would be followed by the panel discussion.

Tetiana Deshko, Director of International Programs at Alliance for Public Health, Ukraine, spoke about the *Progress and Challenges in HIV response in EECA and Ukraine*. In her presentation, Tetiana Deshko identified different programs in Ukraine, Belarus, Macedonia, Bosnia, and Montenegro and concluded that not all of them are targeted specifically to target populations, but conceptually they are well-constructed. However, long-term therapy and long-acting PrEP are not available. In the region, we must therefore fight and advocate for long-acting prevention. The main barriers in the region are criminalization, price of tests (cost-ineffective procurements), inefficient use of existing resources. The impact of COVID-19 on HIV programs included the introduction of self-testing, adapting to the realities of remote work, introduction of innovative solutions such as vending machines, remote consultations, etc. In Ukraine, the HIV epidemic is the 2nd largest epidemic, and it is most prevalent in the South and East regions of Ukraine. Nonetheless, in recent years, mortality from HIV/AIDS has been decreasing. The war has had a grave effect on various programs. In March 2022, the availability of tests in Ukraine decreased due to the war, but now it has returned to the former level.

TOP-10 Services of Key Populations Before and During the War 
there was a change in priorities in requested services during the war

What did the KPs receive before the war?	What have KPs been receiving since the start of the war?	What do KPs want to receive now?
1. HIV counselling provided by a social worker	1. HIV counselling provided by a social worker	1. Meals or reimbursement of food costs
2. Free condoms	2. Free condoms	2. Mental Health/Psychological support
3. HIV testing	3. Mental Health/Psychological support	3. HIV counselling provided by a social worker
4. COVID-19 counselling	4. HIV testing	4. Hygienic kits
5. HIV counselling provided by a medical staff	5. Consultations on personal security, protection	5. Drugs or medical devices (e.g., non-HIV drugs)
6. Psychological support	6. HIV counselling provided by a medical staff	6. Free condoms
7. STI testing	7. COVID-19 counselling	7. Assistance with clothing or humanitarian needs (household items, utensils, etc.)
8. Consultations on personal security, protection	8. Personal protective equipment (masks, disinfectants, etc.)	8. HIV testing
9. Sterile syringes / exchange of needles and syringes (for PWID)	9. Meals or reimbursement of food costs	9. Consultations on personal security, protection
10. Drugs or medical devices (e.g., non-HIV drugs)	10. STI testing	10. Employment assistance

Source: Online survey of KP representatives and PLHIV "Experience of receiving HIV services during the war" (APH, 2022)

Aibek Bekbolotov, the Deputy Director of Republican AIDS Center Kyrgyz Republic, and the second speaker, presented on *the Impact of the war in Ukraine and COVID-19 in the diagnostics, treatment and HIV prevention in the Kyrgyz Republic*. Aibek Bekbolotov gave the overview of the transition to state funding of HIV programmes in Kyrgyzstan since 2016, and the current situation in the country with the incidence of 700 yearly new HIV infections and increased number of reached clients from 2500 in 2016 to 7000 in 2023. One of the major catalysts for the transition was the National Plan "Roadmap" of the government to overcome HIV infection in the Kyrgyz Republic in 2017-2021, which has implemented approximately 90% of the activities during the timeframe. The main directions of the "Roadmap" included: the introduction of mechanisms for financing programs, ensuring access to treatment and ART medicines, formation of effective mechanisms for medicines and medical devices procurement, integration of medical services (HIV, OST) according to PHC standards, and introduction of mechanisms for co-financing programs through local governments.

Aibek Bekbolotov presented a comparison between the procurement by the government and by international organisations, highlighting a decrease in government spending on drugs for HIV and TB patients, citing five factors:

1. Inflation and significant decrease in medicine imports from Ukraine and Russia
2. Instability of the currency in relation to dollar (purchase in local currency)
3. Delays of delivery for 2 months or more
4. Not all ART drugs have WHO prequalification
5. Lack of procurement of drugs in the country through international agencies



During the presentations on *Successful stories and lessons learned from pandemic outbreaks*, the Youth representative Dmytro Kulyk, Member of the Board of Teenergizer, the Ukrainian NGO which focuses on providing online mental health support for youth, presented his organization. Dmytro Kulyk highlighted that during COVID-19 pandemic Teenergizer thought about different ways to continue working, especially with teenagers, taking into account the fact that the relationships at home may not be the best. That was when they transferred everything online. As a result, 120 peer consultants were employed, including psychology students. The main problems for adolescents that have been identified included: girls are under a lot of stress, many experience mental illnesses, use drugs and take part in chemsex.

The second speaker Lyubov Vorontsova, the Program Director of the Eurasian Women's Network on AIDS and human rights activist from Kazakhstan, talked about the role of women's communities during the COVID –19 pandemic. Lyubov stressed the role and importance of the women's community in the time of COVID-19 pandemic. During the pandemic, it became clear that healthcare services were not ready to respond to the crisis, and there were no opportunities for women. Violence increased during the pandemic. Then the need was identified, and it was understood what would work best - women's community organizations that would operate without long bureaucratic procedures, but rather working in emergency mode. These include provision of such services as consultations, psychological support, food provision, and others.



The panel discussion with key speakers was moderated by Nino Tsereteli, Founder and Executive Director of an NGO "Center for Information and Counseling on Reproductive Health – Tanadgoma", Georgia. During the discussion, the importance of continued work even during the war was emphasized. In a quest of reaching young people, adolescents in school settings, speakers mentioned some examples from activities that were recently implemented to reach young people. For instance, projects where buses with stickers were created – to pass information to young people, clinics for young people, events with celebrities, bloggers etc. Speakers stressed the importance of education in schools, sexual education, trained teachers and strong media campaigns with influencers and celebrities to grab attention of the youth. It is also important to make condoms more available for young people, since condoms are quite expensive.

Highlights of Maintaining a strong HIV response in times of crises

- ✓ In the EECA region, we must fight and advocate for long-acting prevention. The main barriers in the region are criminalization, price of tests (cost-ineffective procurements), inefficient use of existing resources.
- ✓ The war in Ukraine has had a wide range of effects on HIV response in the region, such as the decreased procurement of medicines for HIV and TB patients in the Kyrgyz Republic by the government
- ✓ During the COVID-19 pandemic, organisations had to adapt: Teennergizer in Lithuania transferred their activities online and successfully involved 120 consultants to consult youth on mental health issues, and the importance of women's community organisations responding to the crisis, which helped relieve immediate needs through consultations, psychological support, food provision, and others services.
- ✓ In order to reach young people, it is important to use social networks and talk openly about sexual health topics, make condoms more available.
- ✓ Crisis situations have taught us a lot and speakers hope that the newly acquired knowledge will be integrated in practice also in the future.

Key thematic: Recent progress in HIV testing and diagnostic: the path forward

Session 2, moderated by Andriy Klepikov of IAS Governing Council, Ukraine then focused on *Recent progress in HIV testing and diagnostic: the path forward* as well as *Case studies from different countries* with key speakers Antons Mozalevsky of WHO, Switzerland, Maka Gogia of Georgian Harm Network, Pavel Savin of Central Asian Association for People Living with HIV, Kazakhstan, Irma Kirtadze of Addiction Research Centre Alternative Georgia, and Timur Abdullaev from Uzbekistan, the Board Member of TB people, the Global network of people affected by TB, and the Vice Chair of the Board of AFEW International, followed by a moderated panel discussion.

In the first presentation, Antons Mozalevsky, doctor and currently a technical officer for key populations at Global HIV, Hepatitis and STI Programmes at WHO Headquarters, Geneva, presented on *Updates in WHO guidance on HIV testing*. Antons Mozalevsky introduced the WHO HIV testing and counseling guidelines and emphasized that testing is the key to accessing treatment and prevention. He stated that counseling should be short and to the point. HIV and syphilis combined tests should be used to test key population. Hepatitis C self-test recommendations and PrEP guidelines were published in 2020. Next

year, there will be new self-test guidelines published. All of them can be found on WHO web page and mobile application. Key points from various recommendations include: 5C principle in testing (Consent, Confidentiality, Counselling, Correct Results and Connection). Antons Mozalevsky also introduced the expanded HIVST uses and forthcoming WHO guidance in 2023. There is a toolkit published to optimize HIV testing algorithms - every country should have a validated testing algorithm. It is not necessary to test pregnant women several times. People from key populations should be tested once a year: up to 3 tests per year is the cost-effective testing strategy. HCV self-testing should be offered as an additional approach to HCV testing services. Finding the balance of targeted testing is challenging and can have significant impact on achieving global goals, Antons Mozalevsky concluded.

During the second part of Session 2, *Case studies from different countries*, the floor was given to Pavel Savin, an HIV advocate from Almaty, Kazakhstan. He is 34 years old and has been living with HIV since 2017. He began working in the HIV/AIDS sphere in 2018 focusing on peer consultancy and social work. As of 2020, he has been working as an advocacy specialist at the Central Asian Association for People Living with HIV, Kazakhstan. Pavel Savin spoke about HIV testing in Kazakhstan: there are two types of testing – mandatory (confidential) and voluntary (anonymous). One of the identified significant problems is that currently, in Kazakhstan, HIV rapid tests are purchased through regional procurement, which complicates the process and creates large price differences between regions. Pavel Savin questions if the Kazakh society is ready to seek

Expanded HIVST uses and forthcoming WHO guidance in development	
Forthcoming guidance	Status
HTS+HIVST for CAB-LA context	Planned & linked to modelling
HIVST in facilities (including replacing risk screening tools)	Planned for 2023
Caregiver testing	Planned for 2023
Linkage to prevention following HIVST (update)	Update for 2023
Targeted update of Consolidated HTS guidelines planned for 2023	



testing and treatment opportunities in medical institutions: the society is probably not yet ready for that yet. To conclude, there is a plan of decentralization of HIV testing services in Kazakhstan: 1) possibility of changing the algorithm of HIV testing taking into account the best effective practices and WHO recommendations (discontinuation of immunoblotting, reducing the number of tests to 3, and the confirmatory stage change), 2) learning the test result at the level of laboratories of regional AIDS centers, 3) introduction of rapid testing in

medical institutions where the transportation of blood samples to the regional AIDS Centers' laboratories exceeds the allowed term, and 4) to control quality of rapid testing through rewarding nurses, educational programmes, and regional quality control programmes inception.

The next case was presented by Irma Kirtadze, a medical doctor, psychiatrist, by her background; and holder of a PhD degree in public health. She has a long record of working in the addiction field: since 2004, she has experience in the clinical, epidemiological & behavioural research on substance use disorders; has experience in health program planning, implementation, and evaluation of HIV/AIDS, HCV and other blood-borne infections prevention programs PWID, MSM, SW and TG people. Currently Irma. Kirtadze is an Associate Professor of Addiction Studies at the Ilia State University in Tbilisi, Georgia and the Senior Researcher for the psychoactive substance use disorder at the Addiction Research Centre Alternative Georgia. Irma Kirtadze presented on the Smart syringe vending machine (SSVM) project implementation and lessons learned from it. Since there are no state funds for syringes, global funding was needed. Therefore, the study made the machine "smart" such that it communicates with people. Not only harm reduction products were available in SSVM, but also other products for the general population (hygiene products, condoms etc.), so it makes SSVM more inclusive. By the end of the project, the researchers had an opportunity to add HIV self-test kits to the vending machine and gather feedback from people about testing. Irma Kirtadze concluded that SVM improves access to sterile injection equipment for PWID, and using SVM was associated with receiving more syringes compared to receiving syringes from HIV services other than vending machines. In addition to SVM being economically feasible, they were accepted by most staff and clients, reached a notable share of potential beneficiaries, and were actively used by them. The most important take-away message from project is listening and engagement of the community matters, while confidentiality, anonymity and 24/7 availability are extremely important.

Panel discussion was moderated by Maka Gogia, a HIV Programs Director at Georgian Harm Reduction Network. Having a high medical education and Master's degree in Public health, she has extensive experience in provision of studies - bio-behavioral studies, in-depth work with HIV key populations, civil society, policy and decision makers to support vulnerable groups in accessing HIV testing and prevention services, and mitigating the impact of recent disruptions from the COVID-19 pandemic at local and regional level. Panelists spoke about main progress and main challenges in terms of testing services. Recently, there has been big progress in Uzbekistan in terms of availability of tests because of the new program adapted in Tashkent. HIV and hepatitis C tests are available this year. In terms of tuberculosis, Mantoux tests are available in schools, fluorography is available, but one of the challenges is that there is no case finding. During the discussion on the availability of self-tests, it was voiced that they are not available in all countries, so the licensing process needs to be started in those countries where self-tests are not available. Drug users have less interest about self-tests than the MSM population. Also, self-testing is not always supported by organizations which provide testing (fear of losing clients, same attitude against syringe vending machines). Self-testing should be more as an additional option. The more options people have to get tested, the more likely they are going to get tested. To make self-testing more common, it must be offered in a creative way and in cooperation with NGOs. Good practice example is mobile clinics in Ukraine. There, all steps are available in one place and one day – testing, consulting and treatment.

Highlights of Recent progress in HIV testing and diagnostic: the path forward

- ✓ Key points from various HIV testing recommendations include: 5C principle in testing (Consent, Confidentiality, Counselling, Correct Results and Connection).
- ✓ People from key populations should be tested once a year: up to 3 tests per year is the cost-effective testing strategy.
- ✓ Among the identified barriers in Kazakhstan is the regional unequal accessibility of HIV testing caused by purchase of HIV rapid tests through regional procurement, which creates large price differences between regions. Decentralization of HIV testing can be enhanced by changing the algorithm of HIV testing according to good practices and WHO recommendations, learning the test result at the level of laboratories of regional AIDS centers, introducing rapid testing in more medical institutions and quality control of rapid testing.
- ✓ In Georgia, the Smart Syringe Vending Machine project highlighted that listening and engagement of the community matters, while confidentiality, anonymity and 24/7 availability are extremely important.
- ✓ Licensing process needs to be started in those countries where self-tests are not available.
- ✓ The more options people have to get tested, the more likely they are going to get tested. To make self-testing more common, it must be offered in a creative way and in cooperation with NGOs.

Group work moderated by Antons Mozalevsky, Timur Abdullaev and Maka Gogia

The sessions 1 and 2 were followed by active group work, moderated by Antons Mozalevsky, Timur Abdullaev and Maka Gogia, on the key questions: How to overcome HIV-testing barriers in the EECA region? How to overcome barriers in the EECA region to adopt WHO new recommendations on simplified HIV diagnostics and prevention? How to implement community led HIV monitoring and response during the times of crisis?



Highlights of group work

Group 1: How to overcome HIV-testing barriers in the EECA region?

- ✓ 1) To understand and remove the barriers: a) create an action plan b) conduct a detailed analysis of the situation in each country (period of implementation: 3-5 years)
- ✓ 2) Prevent discrimination and criminalization to prevent people from not wanting to get tested (period of implementation: 3-5 years)
- ✓ 3) Prevent stigmatization (in different levels and groups) and self-stigmatization. Medical workers, local administrations, journalists, leaders, religious leaders, outstanding people, mass media, private sector, ministry of health and ministry of education should be involved. (Period of implementation: 3-10 years)
- ✓ 4) Raise awareness about testing. To develop a strategy of how to get people to know where and how to get tested.
- ✓ 5) Variety of testing services should be implemented: self-testing, mobile clinics, assisted testing, testing in medical settings, digitalization, AI, platforms (to increase access, lower costs etc.).

Group 2: How to overcome barriers in the EECA region to adopt WHO new recommendations on simplified HIV diagnostics and prevention?

- ✓ Identified barriers: financial, stigmatization, discrimination, low level of knowledge in general population and medical personnel.
- ✓ Possible solution 1: trainings, educational programs post curriculum programs for medical and non-medical personnel who works in medical field. Educational programs for journalists.
- ✓ Possible solution 2: evaluate legislation in country and adjust it if it contains stigmatized information.
- ✓ Overcoming the barriers of diagnosis and confirmation of the result would differ from country to country, there are no common solutions.

Group 3: How to implement community led HIV monitoring and response during the times of crisis?

- ✓ 1) Capacity building in the community – whatever technical assistance is available, should be used.
- ✓ 2) Creating a practical platform for community level communication for those countries that do not have such platform yet.
- ✓ 3) Support community engagement.
- ✓ 4) Request global funding.

Discussion after group work presentations:

- ✓ Participants discussed questions about raising willingness of medical staff to learn about HIV, how to address testing more to target groups, how to react to stigma and discrimination (also in clinical settings).
- ✓ Free courses with credit points should be offered in order to raise interest about courses for medical personnel.