

# Eastern Europe and Central Asia

EPIDEMIOLOGY

- Estimated number of PWID: 25 000 (Republican AIDS Centre)
- HIV prevalence among PWID: 14.3 % (Republican AIDS Centre, 2016)
- HCV and HBV prevalence among PWID: HCV prevalence 60.9 % (Republican AIDS Centre, 2016)
- HIV treatment centres where PWID receive ART: 20 sites (Republican AIDS Centre)
- Number of Needle and Syringe services and number of clients: 36 NSP, 15 859 clients (UNDP)
- Number of OST services and number of clients: 30 OST sites, 1232 clients (ICAP)

CHALLENGES

1. Weak referral mechanisms among OST, NSP, VCT and ART services.
2. Low uptake and adherence to ART by PWID.
3. Repressive law enforcement practices hamper PWID's access to harm reduction services.
4. Incomplete legal framework for continuous provision of OST.
5. Insufficient national funding for OST and NSP.
6. Lack of gender specific services for women who use drugs and HIV positive women.

PRIORITY FOCUS AREAS

1. Technical support to strengthen referral mechanisms for PWID to receive OST, NSP, VCT, ART.
2. Increase awareness and provide training to law enforcement on HIV, drugs and harm reduction.
3. High-level advocacy for inclusion of OST into national health and drugs programmes and allocation of domestic funding.
4. Advocacy and technical support to develop enabling legal framework for OST provision.
5. Increase CSO capacity to provide gender specific services for women who use drugs and women with HIV.

**UBRAF Envelope Countries Fund (Activities to be implemented on 2018).**

1. "Trainings in the Northern part of Kyrgyzstan (Bishkek city, Chuy and Yssyk kul regions). 15 trained women activists living with HIV will start using their leadership in matters of positive health, dignity and prevention.
2. Upon completion of the training, women living with HIV initiate the creation of their own organization with the aim of developing an advocacy plan and disseminating it to interested parties, and then submitting it for discussion with political decision makers.
3. HIV experts will develop a publication on HIV and Women, which will provide information on specific issues related to HIV infection in women, including issues of active life position, reproductive health and overcoming stigma and discrimination."
2. "Trainings in the Southern part of Kyrgyzstan (Osh city, Osh and Jalal Abad regions): 25 consultants trained to conduct preventive work in the regions will train new activists from the community
2. 25 participants will work on a peer-to-peer basis, organize self-help groups in the regions
3. 25 participants will receive information on SRH, STI, HIV / AIDS, and methods of contraception. They will also receive information about organizations that provide assistance to women.
4. Community mobilization, and their personal participation in meetings, with decision-makers."
3. Institutionalisation of the harm reduction courses into curricula of Training Centers of Ministry of the Interior Affairs in Bishkek and Osh cities.

ACTIVITIES AND IMPACTS

Through the implementation of the HIV Advocacy project, UNODC conducted advocacy of harm reduction programmes on different levels; supported the governmental initiatives for domestic funding, assisted in revision and amending the legal framework and procedures related to the support effective operation of the harm reduction programmes such as MIT (Methadone Maintenance Therapy) and NSP (Needle and Syringes Programme).

UNODC through USAID HIV Advocacy project supported the following activities:

1. Development of service standards for key population groups (PWID), including the procedure for funding from the state budget. The set of service standards for PWID were developed and submitted to the Ministry of Health of Kyrgyzstan.
2. Establishment of the inter-ministerial working group (Ministry of Interior, Ministry of Health, Health Insurance Fund, Republican Narcology Center, AIDS Center) on development and introduction of new Law on Drugs and psychotropic substances. The new law is important policy framework for OST and NSP provision. The new law on Narcotics is envisaged to enter into force by 01 January 2019, if adopted by the Kyrgyz Parliament.
3. Expert group Developed mechanism of funding of NSP's services within Health Insurance Fund (HIF), which was submitted to the Ministry of Health.
4. Organization of 2-day training in Bishkek and Osh based on UNODC guide for CSO. This training increased capacity of NGOs from Bishkek, Osh, and other regions, and introduced approaches to the participants for effective cooperation with Law Enforcement Officials.
5. Supported the organization of National conference: "New challenges on HIV/TB". The total number of participants was up to 150 people, including Office of the President of the Kyrgyz Republic, Jogorku Kenesh, government, representatives of the NGOs from the 27 states of CA and Eastern Europe, state representatives, representatives of international organizations.

Prisons:

UNODC under project GLOG32-HIV/AIDS prevention, treatment, care and support for people who use drugs and people in prison settings recruited a consulting company to develop monitoring and evaluation (M&E) tool for HIV services in prisons in Kyrgyzstan and conduct trainings for stakeholders on the tool implementation. The consulting company is currently working on: mapping all the existing M&E tools in Kyrgyzstan over HIV; and development of electronic monitoring and evaluation (M&E) tool for HIV services in prisons in Kyrgyzstan for State Penitentiary Service of Kyrgyz Republic.

Representatives from Kyrgyzstan participated in the number of regional activities, including series of meetings, which increased knowledge and capacity of participants based on international standards:

1. UNODC together with WHO organized Second Regional Meeting on Community Management of Opioid Overdose - The S-O-5 Initiative.
2. International conference "Alternatives to incarceration: policy and practice in the field of drug dependence treatment and care for people with drug use disorders in the context of criminal justice system".

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EPIDEMIOLOGY

- Number of PWID: 30,016 IBBS 2016-2017,
- HIV prevalence among PWID: 13.9% on the right bank (Moldova) and 29.1% on the left bank (Transnistria), in 2017. In Transnistria HIV amongst PWIDs is increasing.
- HCV and HBV prevalence among PWID: 60.4% for HCV and 4.9% for HBV (ARQ, 2017)
- In prisons prevalence of HIV is 3.8%, HVC prevalence - 16.2%, HVB - 5.1%, Treponema Pallidum antibodies - 3.4%. There is a significant increase in the prevalence of HIV and viral hepatitis C over 2012.

CHALLENGES

1. Low OST rates in community and prisons, under 2% of total estimated size of PWIDs (remains a challenge).
2. ART retention rate are lower on the left bank prisons and even lower in TN left bank prisons.
3. Lack of mechanisms for the government to contract social services provided by CSOs.
4. Legal barriers to access to OST in prisons.
5. Prime Minister declares zero tolerance to drug use
6. Limited number of gender-sensitive and women-specific HIV prevention and care programmes, No crisis centres for women.
7. No OST programmes in Transnistria. Lack of political will and normative, legal and technical barriers to access OST on the left bank both in communities and prisons.
8. Lack of harm reduction services in prisons in Transnistria.
9. Weak political commitment to increase access to HIV services in Transnistria.
10. Severe political, economic and social crisis, including severe corruption and budgetary gaps which jeopardizes the likelihood for Moldova to graduate from the GFATM support by 2018.
11. Lists of drugs for possession do not correspond to lists in the neighbouring countries and EU. People who use drugs are subject to criminal justice for possession a quantity which is less than one dosage.
12. There are no alternatives to incarceration for PWIDs.
13. Due to changing political environment and changes in the prisons administration, signals from CBOs show clear deterioration of the existent comprehensive services in prisons on the right bank, including increasing rates of prevalence of HIV and TB. High rates of TB prevalence amongst prison personnel as well.

PRIORITY FOCUS AREAS

1. Technical support to review the legal and normative framework and aligning it with international standards.
2. Advocacy to scale up OST and fund it from the core national budget.
3. Technical support to strengthen the integration of HIV, hepatitis and TB services for PWID and their sexual partners.
4. Facilitation of dialogue between the government and CBOs, with the goal of strengthening the participation of CBOs in the planning and implementing process.
5. Advocacy and technical support in developing and piloting models of collaborative services involving the government and CSOs.

6. Advocacy and technical support to develop national police guidelines and policies that support harm reduction programmes.
7. Active fundraising for developing mechanisms to alternative to incarceration for PWIDs.
8. Advocacy and technical support to ensure that police routinely receive training and education relating to HIV and harm reduction principles and services.
9. Capacity building for prison personnel from both banks.
10. Support for improving access of harm reduction service providers to high quality technical support and training.
11. Advocacy and capacity-building for government and CSOs in gender-sensitive HIV programmes.
12. Capacity-building for law enforcement agencies to address gender-based violence, especially that directed against women who inject drugs.

#### ACTIVITIES AND IMPACTS

Successful fundraising efforts resulted in a 2 years project on HIV/AIDS in Transnistria. Within this project, UNODC implemented number of successful projects, which facilitated the cooperation between key stakeholders to promote access to HIV services for PWUD, which resulted in signing of a Memorandum of Collaboration between Transnistria (left bank) CSOs and local police. Series of trainings and study visits delivered to police, prison staff, doctors improved the understanding and knowledge on harm reduction services.

Under the leadership of UNODC the public dialogs on alternatives to punishment for PWUDs were organized. An opinion pool carried out at the dialogs demonstrated that up to 82% of the participants are supporting alternatives to punishment for PWUD as general approach, as well as specific measure that might be required, including legislative and normative adjustments. The campaign generated wide mass-media coverage, (12 TV and radio channels).

As of May 2017, HVC treatment was implemented in the community and prisons (right bank only), cost for the treatment and testing were covered from the state budget (MoH).

## Tajikistan

### EPIDEMIOLOGY

- Number of PWID: 23,100 (as of 2009).
- HIV prevalence among PWID: 12.9%, according to a 2014 national Integrated Biological and Behavioural Survey (IBBS).
- HCV prevalence among PWID: 22.7%, according to a 2014 national Integrated Biological and Behavioural Survey (IBBS).
- HBV prevalence among PWID: 2%, as reported in ARQ in 2011.
- Needle and Syringe services and the number of clients: 60 NSP sites which cover 14000 PWID
- Number of OST site and number of clients: 11 sites of OST programme covered 965 PWID or 4.2% of from estimated number of PWID. One OST site in prison covered 10 clients

### CHALLENGES

1. Low coverage of HIV and harm reduction services among PWID.
2. Lack of HIV services in prison settings.
3. Weak referral mechanisms among OST, NSP, VCT and ART services.
4. Frequent interruption in ART and TB treatment.
5. Lack of gender-sensitive HIV services.
6. Repressive law enforcement practices hamper PWID's access to harm reduction services.
7. Gender-based violence, especially against women who use drugs.

### PRIORITY FOCUS AREAS

1. Technical support for rapid scale-up of essential HIV services in the community and in prisons and other closed settings.
2. Advocacy to scale up OST coverage.
3. Technical support to scale up services addressing the HIV-specific needs of women who inject drugs.
4. Capacity-building for law enforcement agencies to address gender-based violence, especially that directed against women who inject drugs.
5. Training for law enforcement officials on HIV, drugs and harm reduction. Technical support to strengthen referral systems for PWID to receive OST, NSP, VCT and ART services.
6. Advocacy and technical support for the introduction of OST in prisons.

ACTIVITIES AND IMPACTS

Within the framework of the agreement between UNODC and Main Department for Penal Sanction, the trainings were organized for the staff of 8 colonies on prevention of HIV/AIDS among prisoners. The training increased awareness of the participants on the current HIV situation in Tajikistan, mode of HIV transmission, Post-exposure prophylaxis, prevention and treatment of HIV. The participants inquired about the possibility to be routinely trained to strengthen the knowledge and build the skills on HIV prevention. Additionally, UNODC was requested to conduct training on occupation risk to avoid unsafe body searching practices.

Upon the request of the Republican Narcological Center of Ministry of Health and Social Protection, UNODC delivered a 2-day training to improve capacity of outreach workers from 11 Opioid substitution therapy (OST) sites of Tajikistan. The trained addressed issues of Opioid Substitution treatment, social and psychological factors, role and responsibilities of social worker, management strategies. During the training the participants developed the skills and learned new methods of consultation and motivation of patient in the program, essential for effective service delivery.

UNODC facilitated cooperation between law enforcement agencies and non-governmental organizations providing services to key populations through 2-day training, with the goal of preventing and reducing drug-related crime. The outcome of this joint exercise with the participation of the representatives from MFA, MoI, MoH, NGOs and groups of PWID was the discussion of legal and operational opportunities for the initiatives based on Drug Referral Schemes.

With the aim to promote good practices of successful multisectoral collaboration, UNODC organized a study tour for the key senior stakeholders of Tajikistan (from law enforcement, health and administration) and local NGO to Poltava, Ukraine.

UNODC held a round table for NGOs and presented Practical Guide for Civil Society HIV Service Providers among People who Use Drugs: Improving Cooperation and Interaction with Law Enforcement Officials and distributed the Guide which was translated into local language.

1. Finalisation of guidelines for police on how to interact with key populations and get it approved by the NPU. The guidelines stipulate principles and algorithms of interaction of community police, patrol service and anti-drug forces with PWID and harm reduction programmes' personnel in the community to support better access of PWIDs to HIV prevention and drug dependence treatment services.
2. Technical support for improving policy, legal and normative frameworks and aligning them with international standards.
3. Capacity-building and training workshops for HIV service providers in the community and prison settings;

#### PRIORITY FOCUS AREAS

1. Current reform of public sector (health, penitentiary, police) resulted in changes of key counterparts and has slowed down many activities. Thus, it requires additional advocacy efforts to re-establish the working relations and cooperation.
2. The coverage of OST programmes remains very low (4%);
3. The delivery of comprehensive and integrated HIV programmes and harm reduction including OST for prisoners are still in the process of development.
4. Prison authorities experience insufficient capacity and technical expertise in addressing HIV, drug use, TB and co-infections (e.g., viral hepatitis and sexually transmitted infections) in a comprehensive and integrated manner.
5. Draft police guidelines on policing key populations developed by the UNODC project remains under consideration of the National Police of Ukraine. Ongoing reforms and restructuring of the police system, as well as changes in management and staffing are the main impediments for the finalisation and endorsement of the guidelines.

#### CHALLENGES

- Number of PWID: 347,000 (estimate from 2015).
- HIV prevalence among PWID: 19.7% (IBBS 2015)
- HCV and HBV prevalence among PWID: 55.9% for HCV and 5.4% for HBV (IBBS 2015)
- % of PWID reporting the use of sterile injecting equipment the last time they injected – 97%
- % of PWID reached with HIV prevention programmes (defined package of services) - 56%
- % of PWID that have received HIV test during the reporting period & know their results – 32%
- Number and % of PWID on substitution maintenance therapy - 8,512 (4%)
- % of people in prisons reached with HIV prevention programmes (individual and/or smaller group level interventions) – 48%
- Number of adults currently receiving antiretroviral therapy among all adults and children living with HIV in prison settings - 1,929

#### EPIDEMIOLOGY

Ukraine



## ACTIVITIES AND IMPACTS

UNODC supported the Ministry of Justice in effective planning and implementation of HIV prevention and treatment based on latest evidences on prisoners' behaviour and HIV prevalence, through conducting IBBS among prisoners.

UNODC continued a series of trainings for personnel of OST sites in selected cities. The trainings aimed at improving knowledge and understanding of OST personnel of legal and normative framework for managing methadone and buprenorphine in health facilities.

UNODC extended the good practices on close collaboration of police-CSO-health-local administration and continued to support 4 pilot projects in Odessa, Kherson, Kryvoi Rog and Mykolayev to introduce police referral mechanisms for improved access of PWID to HIV prevention and care services. Pilot projects contributed towards improved cooperation between local police, health care facilities, NGOs and HIV service providers to promote access to HIV prevention and care services for the PWID.

UNODC continued its cooperation with the Human Resources Department of the Ministry of Interior and National Police as well as the National Academy of Internal Affairs to ensure police personnel routinely trained on HIV and drug use, harm reduction principles and services.

With the aim to promote OST in prison settings UNODC continued advocacy with the national partners and USAID-PATH to ensure the introduction of OSR in prison settings. UNODC as a part of the National Technical group meeting contributed to the development of the national OST protocol in prison settings.

UNODC held a national consultation to support the national strategic planning exercises for HIV interventions among people who use stimulants, where the participants discussed the country's situation and opportunities to integrate target intervention into routine HIV system. The consultation participants provided inputs for UNODC's Draft Global Guide on HIV& Stimulants.

EPIDEMIOLOGY

- Estimated number of PWID: 45,000 – 48,000 (UNAIDS, 2015); HIV prevalence among PWID: 5.6% (2015, according to IBBS)
- HIV treatment centers where PWID receive ART: 14 regional Centers (12 in each regional/oblast of Uzbekistan, 1 in Karakalpakstan and 1 in Tashkent city) and National/ or Republican AIDS Center in Tashkent.
- Number of Needle and Syringe services and number of clients: 172 Trust Points through the country based in AIDS Centers or family polyclinics, coverage for 9 months of 2017 is 28 862, in 2016 – 35 587.
- Number of OST services and number of clients: NA (service is not permitted in the country)

CHALLENGES

1. Insufficient data collection and analysis (no surveys on estimated # of PWID from 2006, last one conducted by UNAIDS based on triangle method);
2. Repressive law enforcement practices hamper access to harm reduction services for PWID.
3. Prohibition of OST in the country from 2008-2009 and including methadone in the list of Prohibited Drugs
4. Absence of NGOs working with key populations
5. Insufficient national funding for HIV prevention programs

PRIORITY FOCUS AREAS

1. Advocacy among policy makers and service providers on international standards and evidence based approaches in HIV prevention among PWID;
2. Increase awareness and provide training to law enforcement officials on HIV, drugs, harm reduction and human rights;
3. Technical support to review policies and practices that deter PWID/PWHIV from using evidence based services;
- Advocacy activities aimed to reduce stigma and discrimination against PWUD among national stakeholders;
4. Improve capacity of civil society to advocate for harm reduction and collaborate with law enforcement agencies on HIV prevention among PWID.

ACTIVITIES AND IMPACTS

Despite the lack of funding in 2017, UNODC provided technical assistance whenever possible. UNODC contributed to the work of CCM, UN Joint HIV group and related Working Groups as well as provided methodological support and consultancy by request of the national partners. 100,000 USD will be secured for 2018 from UNAIDS country envelope for UNODC to continue implement the activities and priority areas mentioned above.