

HIV/AIDS IN EASTERN EUROPE AND CENTRAL ASIA (EECA)

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Objectives

- The Epidemiology of HIV/AIDS in the EECA Region (Trends)
 - The Burden of HIV/AIDS in the EECA
 - What are the drivers of the HIV epidemic
 - Prevention activities and challenges (Stigma & discrimination)
- Progress in HIV/AIDS response made towards the UNAIDS 90-90-90;
 - what are the Gaps.
 - What are the Barriers.
- MSF Response in the EEAC Region (The Uzbekistan Case study),
 - Promoting Integrated HIV/TB/Hepatitis C care
 - Promotion of Patients centred Care and support

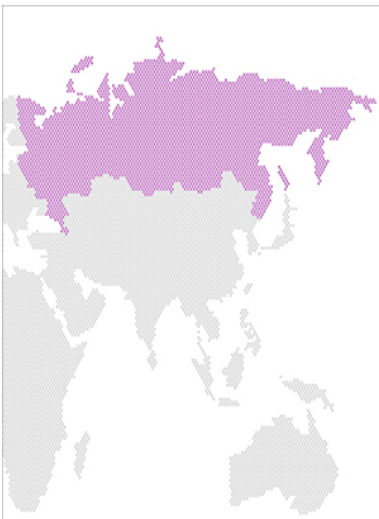
EECA Countries



HIV/AIDS REGIONAL TRENDS – UNAIDS 2016

- 1.6 million [1.4 million–1.7 million] PLWHA
- 190 000 [160 000–220 000] were estimated new infections (60% increase between 2010 and 2016)
- 40 000 [32 000–49 000] people died of AIDS related illnesses (27% increase between 2010 and 2016)
- 28% [22–32%] ART treatment coverage

Russia and Ukraine bare the largest burden of the epidemic in the region (89%).



Russia (2016)

850,000 - 1.5 million

estimated people living with HIV

0.8% - 1% adult HIV prevalence

98,177 new HIV infections (2015)

24,000 AIDS-related deaths (2014)

37% adults on antiretroviral treatment (2015)

Source: The Russian Federal AIDS Center, the Ministry of Healthcare of the Russian Federation, WHO, UNAIDS



Ukraine (2016)

240,000 people living with HIV

0.9% adult HIV prevalence

17,000 new HIV infections

8,500 AIDS-related deaths

36% adults on antiretroviral treatment

64% children on antiretroviral treatment

Source: UNAIDS Data 2017

What drives the HIV epidemic (transmissions) in the EECA region

- HIV spreading rapidly in High risk groups or (Key) populations namely;

1. People who inject drugs (PWUD)

- 2.9 million inject drugs in the region
- In 2014, PWUD accounted for **51% of all new HIV infections**

2. Sexual partners of key affected populations

- In 2014, partners of PWUDs and CSWs accounted for 33% of all new infections

1. Commercial Sex workers (CSWs)

- HIV prevalence up to 10% (varies between countries and higher among male CSWs)

2. Men who have sex with men (MSM)

- Accounted for 6% of all new infections in 2014 (though data in this group is very limited)

3. Prisoners

- High levels of incarceration facilitate HIV transmissions among PWUD, ranging between 28- 55% (Lancet 2016),

HIV has spread from High risk groups to the general population over the years

- Unprotected heterosexual sex
 - New infections acquired through this route increases by 150% between 2002-2014
- Young People
 - HIV prevalence has increased among young age groups (2001 -2011), due to alcohol abuse, peer pressure, violence, migration for labour, trafficking and sexual exploitation.

Prevention activities and Challenges

- Harm reduction (HR)
 - Low coverage in the region especially for Russia with 1.8 million PWUDs
 - Lack of comprehensives in countries where HR interventions are done.
 - Programs were left without funding when GF pulled out in 2014
- Needle and syringe exchange programmes (NSPs)
 - Regional average is around 106 injections per PWUD, half shot of the recommended target for effective harm reduction
 - Some countries such as Tajikistan have high coverage up 199 syringes per patient.
- Opioid substitution therapy (OST)
 - High coverage in Armenia, Belarus, Georgia, Kyrgyzstan and Ukraine
 - Limited overage in Azerbaijan, Kazakhstan and Moldova.
 - **Illegal in Russia and Turkmenistan**
 - Ukraine has tried out community outreach programmes to scale up OST
- **Stigma remains a major barrier to accessing prevention activities for high risk groups**

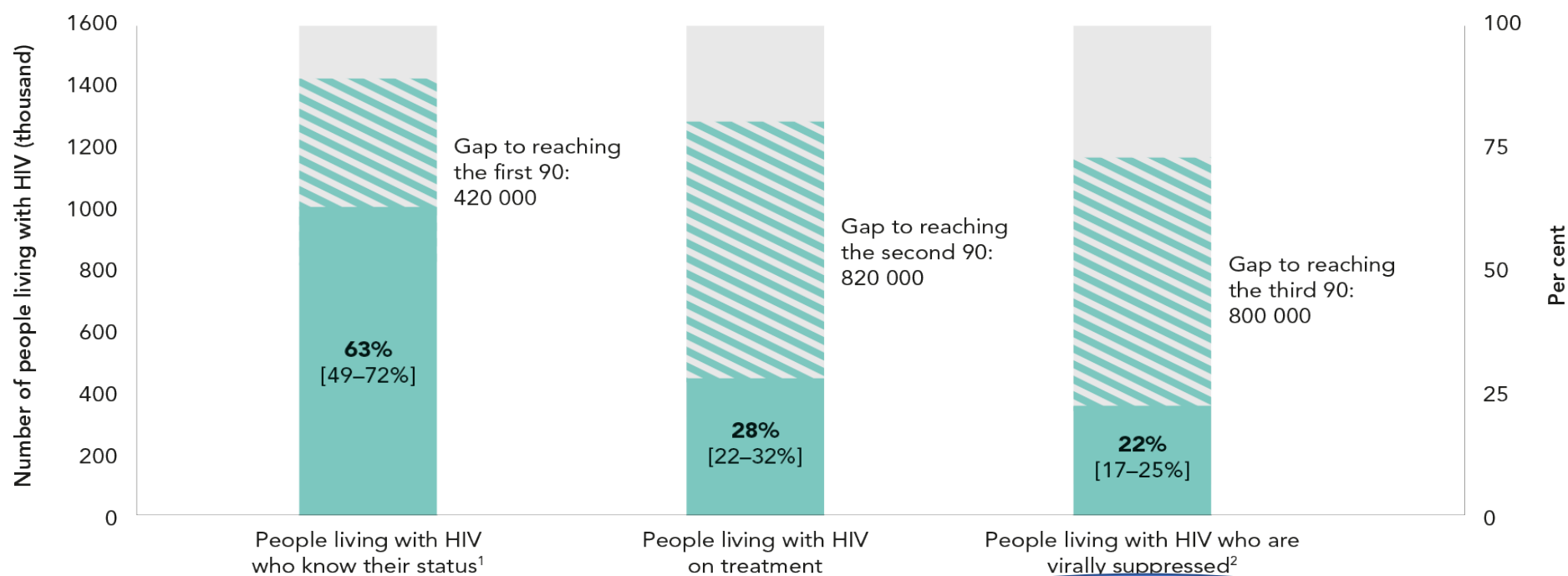
PROGRESS TOWARDS THE 90–90–90 TARGETS



PROGRESS TOWARDS THE 90–90–90 TREATMENT TARGET, EASTERN EUROPE AND CENTRAL ASIA, 2016

Source: UNAIDS special analysis, 2017; see annex on methods for more details

HIV TESTING AND TREATMENT CASCADE IN EASTERN EUROPE AND CENTRAL ASIA



KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, EASTERN EUROPE AND CENTRAL ASIA, 2016

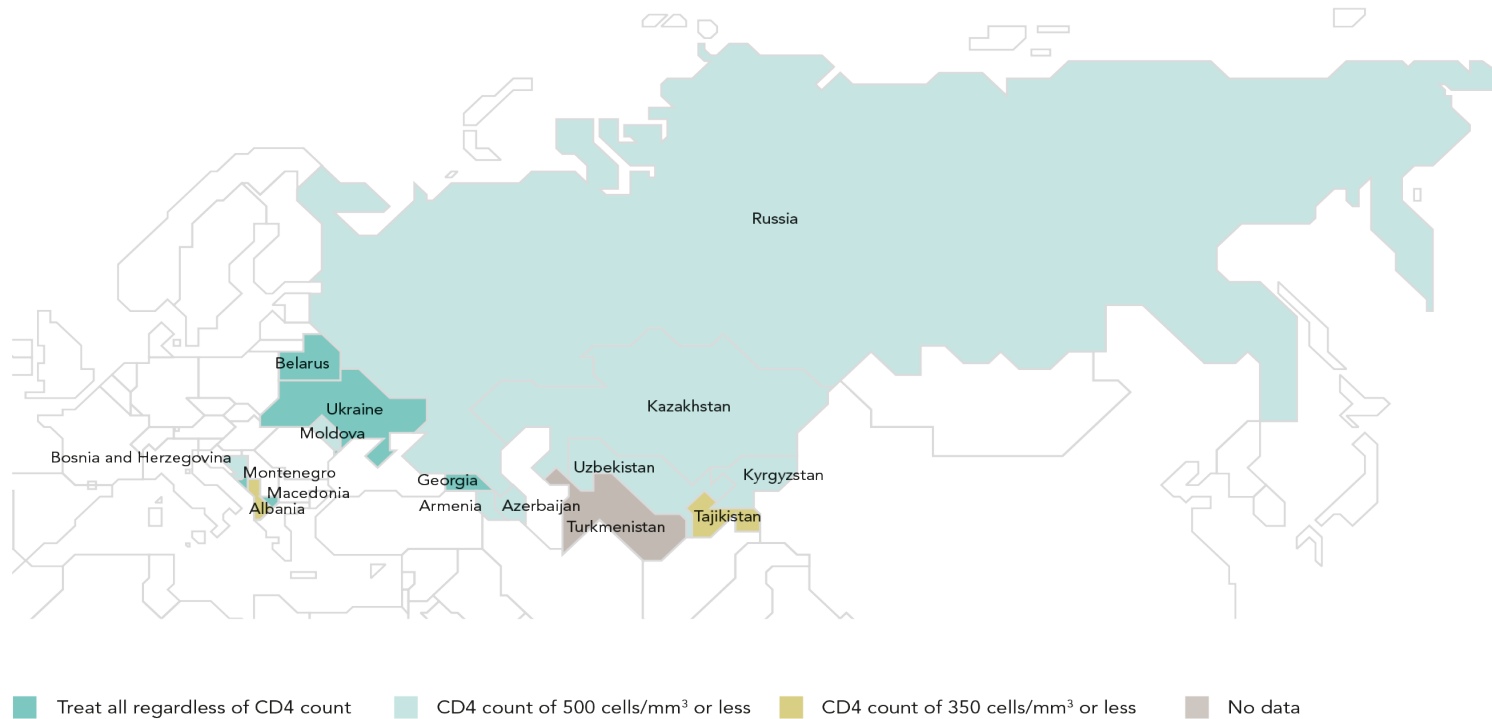
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

¹ 2016 measure derived from data reported by 12 countries, which accounted for 99% of people living with HIV in the region.

² 2016 measure derived from data reported by 13 countries. In the region, 93% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

HUGE GAPS ESPECIALLY ON TREATMENT

ADOPTING A TREAT ALL APPROACH



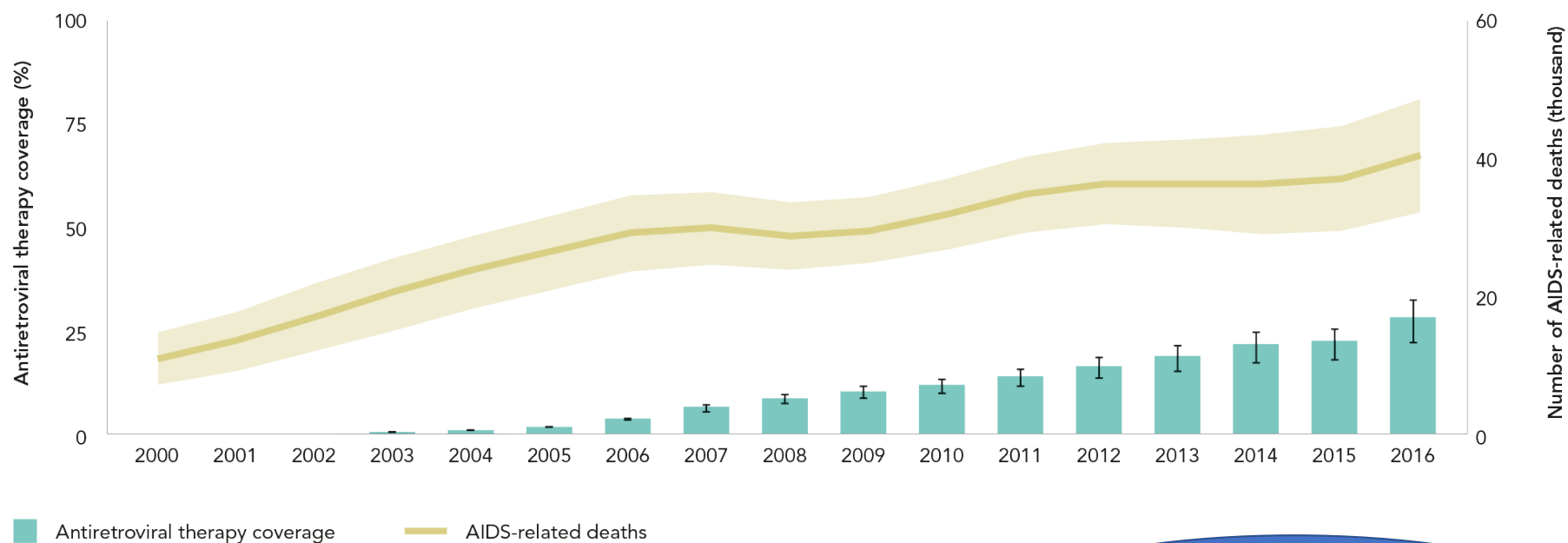
RECOMMENDED ANTIRETROVIRAL THERAPY INITIATION THRESHOLD AMONG PEOPLE LIVING WITH HIV PER MINISTRY OF HEALTH GUIDELINES, BY COUNTRY, EASTERN EUROPE AND CENTRAL ASIA, 2016

Four countries—Belarus, Georgia, Montenegro and Ukraine—have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count.

Source: World Health Organization, 2017.

**COUNTRIES HAVE BEEN SLOW TO
ADOPT NEW WHO RECOMMENDATION
TO INCREASE COVERAGE WITH THE
EXCEPTION OF Belarus, Ukraine, Georgia
and Macedonia**

AIDS-RELATED DEATHS CONTINUE TO INCREASE



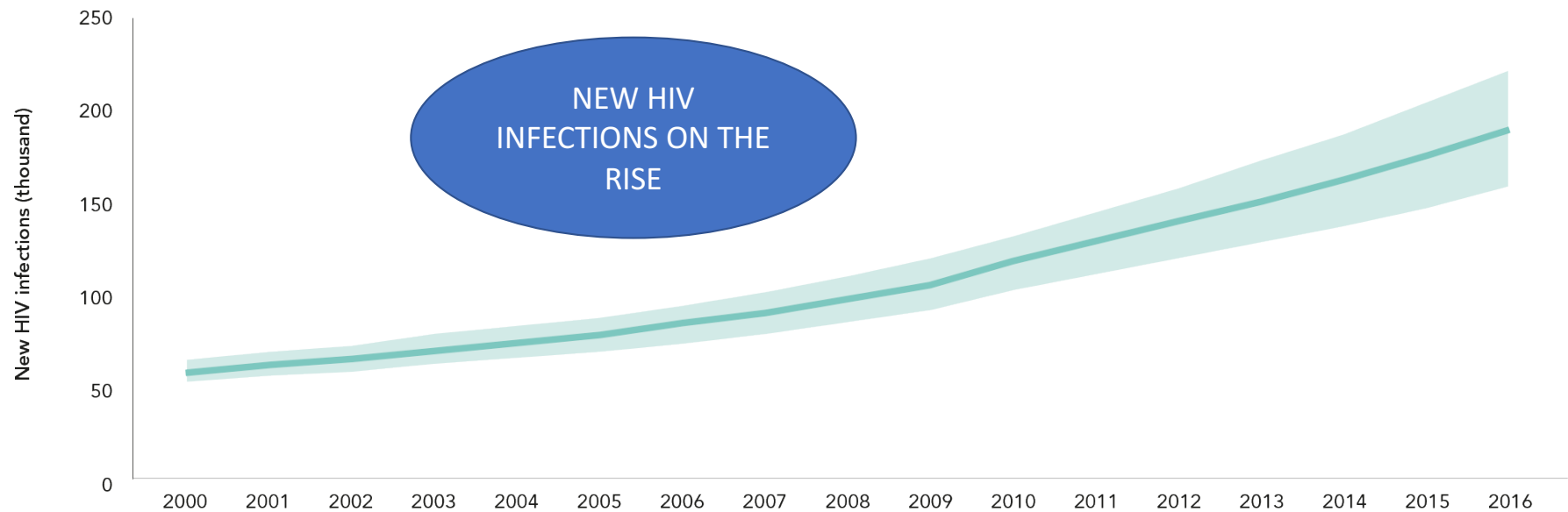
ANTIRETROVIRAL THERAPY COVERAGE AND NUMBER OF AIDS-RELATED DEATHS, EASTERN EUROPE AND CENTRAL ASIA, 2000–2016

Low coverage of HIV testing and treatment programmes and rising numbers of new infections are contributing to an increasing trend in AIDS-related mortality. The annual number of deaths due to AIDS-related causes rose from an estimated 32 000 [27 000–37 000] in 2010 to 40 000 [32 000–49 000] in 2016, a 25% increase. The bulk of this increase occurred in the Russian Federation, where the epidemic claimed a reported 30 550 lives in 2016 (1).

Source: 2017 Global AIDS Monitoring. UNAIDS 2017 estimates.

THE SLOW SCALE UP OF ART OVER THE YEAR IS TRANSLATING INTO THE INCREASING DEATHS. Aids/deaths occur usually 10 after infection

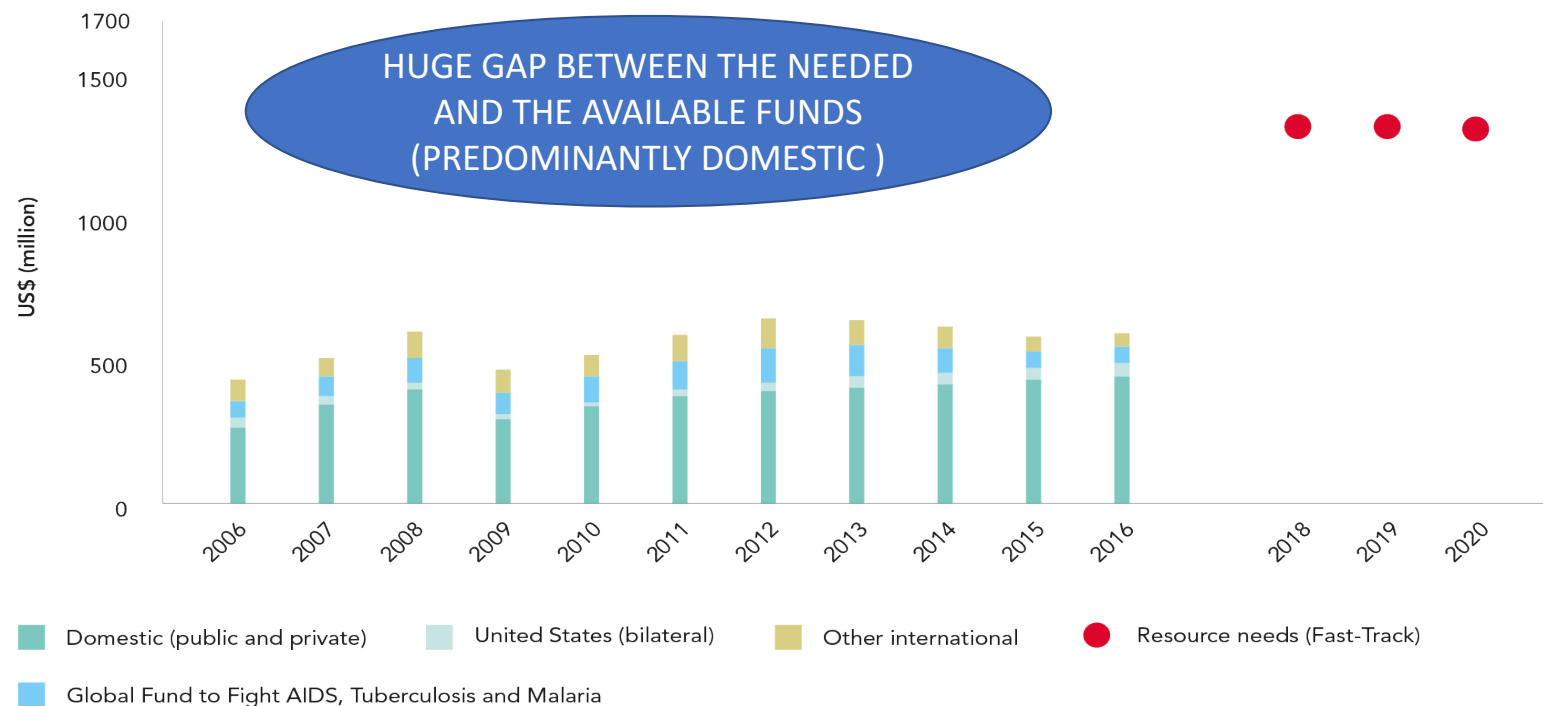
HIV INFECTIONS CONTINUE TO CLIMB IN EASTERN EUROPE AND CENTRAL ASIA *(first of 2 slides)*



NUMBER OF NEW HIV INFECTIONS, ADULTS (AGED 15 YEARS AND OLDER),
EASTERN EUROPE AND CENTRAL ASIA, 2000–2016

Source: UNAIDS 2017 estimates

DOMESTIC FUNDING INCREASING, BUT A LARGE RESOURCE GAP REMAINS



HIV RESOURCE AVAILABILITY BY SOURCE, 2006–2016, AND PROJECTED RESOURCE NEEDS BY 2020, EASTERN EUROPE AND CENTRAL ASIA*

Source: UNAIDS estimates on HIV resource availability, June 2017. Fast-Track update on investments needed in the AIDS response, 2016–2030. Geneva: UNAIDS; 2016. Financing the response to low- and middle-income countries: international assistance from donor governments in 2016. The Henry J. Kaiser Family Foundation and UNAIDS (in press). GAM/GARPR reports (2005–2017). Philanthropic support to address HIV/AIDS in 2015. Washington, DC: Funders Concerned about AIDS; 2016.

*Estimates for low- and middle-income countries per 2015 World Bank income level classification. All figures are expressed in constant 2016 US dollars.

90–90–90 COUNTRY SCORECARDS

EASTERN EUROPE AND CENTRAL ASIA

Source: UNAIDS special analysis, 2017. 2017 Global AIDS Monitoring. UNAIDS 2017 estimates. 2017 National Commitments and Policy Instrument.

* The complete set of 90–90–90 measures and testing and treatment cascade data for countries can be found at aidsinfo.unaids.org.

¹ Estimates of people living with HIV that inform progress towards 90–90–90 are country-supplied and have not been validated by UNAIDS.

² Estimates of people living with HIV are only for citizens of the country.

| | FIRST 90 | | | | SECOND 90 | | | | THIRD 90 | | | |
|---|--|---|---|---|--|--|--|---|---|--|--|---|
| | Knowledge of status among all people living with HIV * | Is community-based testing and counselling and/or lay provider testing available? | Is self-testing available? | Is assisted partner notification available? | Percentage of people living with HIV who know their status who are on treatment* | Percentage of all people living with HIV who are on treatment ² | Recommended antiretroviral treatment initiation threshold among people living with HIV per Ministry of Health guidelines | Is antiretroviral therapy provided in community settings (such as outside health facilities) for people who are stable on antiretroviral therapy in your country? | Percentage of people living with HIV on treatment who are virally suppressed* | Percentage of all people living with HIV who are virally suppressed* | Is there a national policy on routine viral load testing for adults and adolescents? | Percentage of people living with HIV on antiretroviral therapy who received a viral load test |
| ALBANIA | 47% | | | | 64% | 30% | | | 79% | 24% | | |
| ARMENIA | 60% | | | | 59% | 36% | | | 69% | 25% | | |
| AZERBAIJAN | 58% | | | | 52% | 30% | | | 61% | 19% | | |
| BELARUS | >89% | | | | 50% | 45% | | | 79% | 35% | | |
| BOSNIA AND HERZEGOVINA ¹ | | | | | | 81% | | | | | | |
| GEORGIA | 42% | | | | 74% | 32% | | | 88% | 28% | | |
| KAZAKHSTAN | 74% | | | | 42% | 31% | | | 64% | 20% | | |
| KOSOVO ¹ | | | | | | 37% | | | | | | |
| KYRGYZSTAN | 61% | | | | 46% | 28% | | | 62% | 18% | | |
| MONTENEGRO ^{1,2,3} | 76% | | | | 67% | 51% | | | 69% | 35% | | |
| REPUBLIC OF MOLDOVA ^{1,2,3} | 57% | | | | 38% | 21% | | | 69% | 15% | | |
| RUSSIAN FEDERATION | | | | | | | | | | | | |
| TAJIKISTAN | 48% | | | | 63% | 30% | | | 74% | 22% | | |
| THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA | | | | | | 48% | | | | | | |
| TURKMENISTAN | | | | | | | | | | | | |
| UKRAINE | 56% | | | | 66% | 37% | | | 59% | 22% | | |
| UZBEKISTAN ^{1,2,3} | 52% | | | | 69% | 36% | | | | | | |
| EASTERN EUROPE AND CENTRAL ASIA | 63% | | | | 45% | 28% | | | 77% | 22% | | |
| | 85% and above 70–84% 50–69% Less than 50% | Neither available Lay provider testing available; community-based testing and counselling not available Community-based testing and counselling available; lay provider testing not available Both available | Yes Not reported as available Not reported as available | Yes Not reported as available | 85% and above 70–84% 50–69% Less than 50% | 75% and above 55–74% 30–54% Less than 30% | Treat all Responses other than treat all | Yes No | 85% and above 70–85% 50–69% Less than 50% | 65% and above 40–64% 25–39% Less than 25% | Yes, fully implemented Yes, not implemented or partially implemented | No policy on viral load testing No, targeted viral load testing only |

Potential Barriers to response

- **Economic:**

- The lack of funding remain a potential barrier to HIV/AIDS programmes in the region
- GF has been a potential donor in the region since **2004**
- In 2013, World Bank re-classified Russia as **high income** and **7** others as lower middle income- hence GF has stopped funding Russia and reducing into half, funding for the other seven which include Ukraine.
- Domestic funding is not meeting the funding gap
- Countries should adopt the Belarus model of strong funding commitments from the government that has pledged to increase for 35%(2016) to 62%(2018) and 100% when GF phase out.

- **Social:**

- Stigma and discrimination of key populations and HIV disease (**double sword**), prevent people from accessing the services they need.
- Marginalisation of women PWUDs and gender based violence at home and by the police is a critical barrier to HIV services

- **Legal:**

- Punitive drug laws inhibit PWUDs from accessing HIV testing and treatment services
- Criminalisation of drug use and discriminatory practices restrict access to prevention programs
- Laws that criminalise sex acts between consenting adults of the same gender in some countries
- In Russia passing a legislation prohibiting dissemination of “Propaganda of non traditional sexual relations among minors”, resulted in the arrest of those working on HIV prevention for MSM.

MSF Response in the EEAC Region

- Largely towards MDR TB
 - MDR TB only in Russia-Chechnya, Georgia, Armenia, Kyrgyzstan, Tajikistan).
 - MDR TB, TB/HIV/Hepatitis C in Uzbekistan
 - MDR TB and Hepatitis C in Ukraine
- The MSF HIV project in Tashkent Uzbekistan.
 - Treatment is largely ambulatory as opposed to hospitalisation in the ministry of health
 - Integrating HIV,TB and Hepatitis C services (one stop shop),
 - ✓ Trained doctors to treat all the three diseases in same facility rather than the current system where all are separate.
 - ✓ Introduced **GeneXperts** for rapid detection of TB, Viral load testing and Early infant diagnosis
 - ✓ Fibro scans and drugs for Hepatitis C
 - Provision of a comprehensive package of HIV care (counselling, treatment literacy and provision of psychosocial care and Mental health antiretroviral and drugs for opportunistic infections)
 - MSF is capitalised on the model of a '**rolling cohort**', where we enrol all new patient on 1st and 2nd line treatment, provide the **comprehensive package**, stabilise them for a year and handover to ministry of health.
 - MSF provides **third line** treatment.
 - Have not seen many Ngo's responding to HIV in Uzbekistan.

Summary –Take-home messages

- The HIV epidemic is on the rise in the EECA region largely fuelled by Key populations particularly PWUDs.
- The stigma towards HIV and PWUDs is a major barrier for people come out to access HIV services.
- The lack of acceptance of PWUDs in Russia, with the largest burden of HIV disease is a major obstacle to tackling the two growing epidemics.
- The health system should move away from the traditional approaches of hospitalisation and separation care for Infectious diseases and adopt simpler models such as ambulation, Integration and provision of comprehensive care packages.
- Broadly, a lot of **advocacy** is needed both in countries- to increase budget allocation for prevention activities to tackle Drug use and HIV and externally to increase external funding and actors.
- Countries in the EECA need to revisit their punitive drug laws that have largely prohibited PWUDs from accessing prevention and treatment services.

Thank you very much

Questions??