

Report on The BEARR Trust conference “HIV/AIDS in Eastern Europe and Central Asia – bucking the trend?”

The BEARR Trust’s annual conference on “HIV/AIDS in Eastern Europe and Central Asia – bucking the trend?”, held on 11 November 2017 in London, gathered over 40 representatives from civil society organisations (CSOs), including non-governmental organisations (NGOs), think tanks and academia as well as students, volunteers and health practitioners from Eastern Europe and Central Asia (EECA), the US and EU countries.

Robert Brinkley, Chairman of The BEARR Trust, explained that, although BEARR had long been interested in HIV/AIDS and effective policy responses, this was BEARR’s first dedicated conference on the issue.

The presentations and discussions focused on the key trends and developments in spread of HIV in the EECA region; main reasons and vulnerabilities responsible for the epidemics; policy responses by governments and international organisations; and the role of civil society in tackling HIV/AIDS.

Key highlights

- Eastern Europe and Central Asia (EECA) is the only region in the world where HIV rates are increasing rapidly thus ‘bucking the trend’ of a steady decline of HIV globally.
- Out of 1.6 million people living with HIV in EECA region in 2016, around 90% of all cases are found in Russia (around 1 million) and Ukraine (around 240,000) according to UNAIDS 2017.
- The number of people newly diagnosed with HIV in Russia has risen by a staggering 149% since 2006 and 70% of HIV cases are drug users, making it a ‘dual epidemic’ according to WHO.
- Main reasons include: specific risk environment (primarily a sharp increase in number of injecting drug users); social stigma and discrimination; inadequate government responses; premature withdrawal of international funding, especially The Global Fund to Fight AIDS, Tuberculosis and Malaria; and the weakness of civil society.
- Effective responses: adopting an integrated approach (‘under one roof’) to help both HIV positive people and injecting drug users; combining healthcare and social care at a community and primary care level; offering a combined treatment for HIV, Hepatitis C and Tuberculosis; offering an internationally proven Opioid substitution therapy for drug users; avoiding the criminalisation of ‘high risk groups’ (such as injecting drug users, men who have sex with men and sex workers); and increasing cooperation between governments, international organisations and civil society.

Presentations and discussions

Trends, causes and vulnerabilities

The introductory session provided a general overview of the key trends in HIV/AIDS in EECA region. Dr Ulla Pape from the University of Bremen, Germany, set a global context by highlighting that halting and reversing HIV in Western Europe and North America is a real possibility and that HIV rates are steadily going down in other parts of the world. In contrast, the number of people newly diagnosed with HIV in Russia and Ukraine in particular, but also in other EECA countries has risen dramatically. Dr Charles Ssonko, HIV/TB/Hepatitis Adviser from Médecins Sans Frontières (MSF) UK, warned that HIV was now spreading from ‘high risk groups’ to the general population in Russia, mainly due to the increase in people using drugs, who are criminalised instead of treated. The

participants also learned that only 63% of infected people in the region are aware of their status and, out of these, less than half are receiving treatment. The good news is that, out of those having treatment, HIV is virally suppressed in 77% of cases, according to UNAIDS.

The discussion brought out other challenges in tackling HIV epidemics, including social stigma which, although existing in all societies, is particularly pronounced in EECA. The participants also discussed difficulties in working with prison inmates, who are one of key risk groups for spreading HIV. The situation is particularly alarming for people living with HIV in Crimea and war-affected areas of eastern Ukraine who have lost access to HIV antiretroviral treatment. When it comes to gender differences in Ukraine, the majority of HIV positive men belong to key risk groups, mostly injecting drug users followed by clients of sex workers and men who have sex with men. When it comes to women, the main transmission channel is unprotected heterosexual intercourse - with an 150% increase in new infections through this route from 2002 to 2014.

Policy responses

In the second session focused on policy responses, Sergii Dvoriak from the Institute on Public Health Policy from Kyiv, pointed out that the approach of the top leadership and changes in the public health strategy in 2013 are crucial in stemming the tide of the epidemics in Ukraine. Since 2014, there has been a significant increase in the number of people with HIV in treatment, especially among children. Julian Hows, an Associate from Global Network of People Living with HIV, based out of Amsterdam and himself a person living with HIV, said that the withdrawal of The Global Fund from middle income countries, including Russia and Ukraine in 2013, was premature, irresponsible and highly damaging for the countries. But he also pointed out that national approaches in many EECA countries are characterised by a large number of legal and regulatory barriers, including when it comes to HIV testing, care and treatment, and even imprisonment of HIV-positive people.

During the discussion, participants cited the evidence that HIV testing is cost-effective in the medium to long term and could lead to significant cost savings, especially in countries with inefficient health systems. Also, the traditional approaches from Soviet times, namely the hospitalisation and separation of care for infectious diseases and separate government agencies for HIV/AIDS, have contributed to the development of dual epidemics. Instead, integrated approaches are needed focusing on treating together HIV, Hepatitis C and tuberculosis as well as drug addiction in evidence-based and comprehensive ways. The participants also discussed how to address stigma among the general population and some governments, including those of Russia and Turkmenistan, against treatment such as opioid substitution therapy for injecting drug users, which has proven effective in many countries. The participants also shared examples of effective integrated approaches from Russia, Ukraine, Uzbekistan and other countries, such as local governments and health providers working together with civil society to provide all relevant services (advice, treatment and rehabilitation) 'under one roof'; providing services in the community and through primary care (GPs or family doctors); and reaching out to people living with HIV through innovative ways, such as mobile services (buses).

The role of civil society

The third session focused on the role of civil society in raising public awareness and tackling stigma and discrimination in society. In the first part of the session, Yelena Rastokina from the Union of People Living with HIV, shared - via Skype from Kazakhstan - experiences of her NGO in helping people living with HIV, particularly migrants and prisoners, to access services as well as how to approach reducing stigma among health professionals. Ms Rastokina also talked about having a good working relationship with the government while pointing to challenges, such as the lack of access to

health care for migrants and insufficient attention to HIV positive prisoners. Jill Owczarzak from John Hopkins Bloomberg School of Public Health, USA, shared some results of a research project aimed at building capacity in four Ukrainian CSOs on how to change behaviour of people living with HIV in order to empower CSOs to be able to respond to changing epidemiology, rather than solely depending on donors. While individual behaviour is important in tackling HIV, Ms Owczarzak also pointed to the significance of the wider social context, including unemployment and discrimination, that could create vulnerabilities and determine outcomes.

In the second part of the session, Oxana Buzovici from Bălți, the second largest city in Moldova, gave an overview of the work of her NGO, the Union of HIV Prevention and Harm Reduction, on reducing stigma and discrimination among the general population particularly against children of parents living with HIV. Ms Buzovici also talked about good cooperation among Moldovan NGOs which found creative ways to influence public opinion, as well as regulations and state priorities to give more prominence to marginalised groups. The final speaker, Daria Alexeeva from AFEW International from the Netherlands, talked the audience through the comprehensive preparations for AIDS2018, the biggest global public health conference which will be dedicated to HIV, Hepatitis C & tuberculosis in the EECA region. The event will take place on 22-28 July 2018 in Amsterdam and aims to gather around 20,000 delegates from around the world, with AFEW working hard to ensure high participation from the EECA region.

During the discussions, many speakers and members of the audience pointed out the generally rather limited impact of civil society on the governments' priorities and policies regarding HIV epidemics - beyond service provision to people living with HIV. This is due to numerous challenges facing CSOs in many of EECA countries, including legal restrictions, shortage of funding and hostility on the part of governments. However, the participants agreed that, despite the challenges, civil society has shown high resilience, an ability to innovate and provide a valuable contribution to improving lives of people living with HIV 'against all the odds'. Also, the participants were encouraged by several examples of successful cooperation between CSOs, governments and health professionals in tackling HIV epidemics in the EECA region and expressed hope that such cooperation would increase in future.

Conclusion and next steps

In conclusion, Nicola Ramsden, Trustee and next Chairwoman of The BEAR Trust, thanked all the speakers and participants for excellent interventions and stimulating discussions. She invited the participants to make suggestions regarding specific aspects of the HIV epidemics in EECA which BEARR could focus on through its Small Grants Programme or other activities in order to help improve the lives and wellbeing of people living with HIV.