EURASIAN HARM REDUCTION NETWORK ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

Advocacy Briefing by Eurasian Harm Reduction Network

Zeroing In On Solutions To Technical Support Needs in EECA

Prepared by Mat Southwell
in partnership with Eurasian Harm Reduction Network

1.1 Scale of Epidemic in Eastern Europe and Central Asia

Eastern Europe and Central Asia (EECA) is home to the world's fastest-growing HIV epidemic. No other region in the world has experienced an epidemic so strongly and consistently concentrated among people who inject drugs (PWID) and their sexual partners.[i] In 2010 42% of newly diagnosed HIV cases in EECA were reported to be acquired through injecting drug use.[ii] HIV prevalence among PWID is nearly 10% in most countries of the region with some rising to over 70%.[iii] Russia and Ukraine are experiencing especially severe and growing epidemics. Estimates indicate that over two-thirds of people with HIV in EECA live in Russia, and combined with Ukraine, these two countries account for more than 90% of the region's total infections.[iv]

1.2 Limited Nature of the Response

The Strategic Investment Framework (SIF)[v] highlights the need for countries to know their own epidemic, to select programmes that match country needs and then deliver these to scale. The EECA's concentrated epidemic among PWID clearly calls for a response that embraces a range of science-based harm reduction interventions including needle-syringe programmes (NSPs), opioid substitution treatment (OST), peer outreach and counselling and anti-retroviral treatment (ART) for PWID[vi].

However in reality access to harm reduction services remains far from scale; for example only 10% of PWID in Eastern Europe and 36% in Central Asia have access to NSPs. Notably Russia, Turkmenistan and Uzbekistan do not provide the key life saving intervention of OST that is pivotal to HIV prevention and adherence with treatment regimes for HIV and co-infections among PWID.

Access to ART generally in the region is the second lowest in the world with only 23% of people in need of ART receiving it at the end of 2010.[vii] However despite 62% of those living with HIV in the region being people who inject drugs only 22% of those receiving ART are PWID.[viii]

Since ART not only saves lives but also reduces the risk of HIV transmission[ix] the failure to reach PWID with ART compounds the failure to implement harm reduction and underpins the region's escalating concentrated HIV epidemic.

1.3 The Harm Reduction Response in EECA

Harm reduction was introduced in many countries of EECA after 1995 and each country in the region has its unique experience in providing harm reduction services and this speaks to the wealth of harm reduction service provision and advocacy experience on the ground.[x] Despite the difficult context, EECA has seen the development of a range of good practices in relation to harm reduction including harm reduction service provision, advocating for supportive decision-making, community systems strengthening, community mobilisation and the involvement of key populations in services and advocacy. These harm reduction programmes are not just targeting HIV but also key co-infections such as viral hepatitis and

TB and addressing pressing issues like the high rates of opiate overdose in the region. Notably this response has come from within civil society often in the face of Government opposition.

This speaks to the importance of the critical enablers described in the SIF that increase the impact of basic programme activities by overcoming barriers to the adoption of evidence-based HIV policies. They also address factors that adversely affect HIV programmes by distorting their priorities, including social stigma, poor health literacy and a punitive legal environment. These critical enablers are essential to the development of sustainable and effective national-level HIV responses and TS needs to be able to support and foster these critical enablers in addition to sharing technical skills on the delivery of harm reduction services.

1.4 The Significance of the Global Fund:

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is a significant donor for harm reduction services in EECA. From 2002 to 2009 the Global Fund approved $263 million for harm reduction in EECA alone, more than all other international sources combined. In addition to providing funds for commodities such as needles and syringes, some Global Fund HIV/AIDS grants have also provided funding for critical enablers and technical support. While governments are making progress towards investing more in HIV treatment, their funding for harm reduction is scarce. As such many countries of the region were preparing applications for badly needed new grants to support HIV services for PWID when Round 11 (R11) was cancelled.

The transition of a number of countries in the region to middle income status and the introduction of the currently suspended 55% rule has reduced the access of the Global Fund to many countries in the region. This raises significant questions about the sustainability and scale up of harm reduction in EECA given the continuing 'unpopularity' of key population programmes with Governments. Given the scale of political opposition to harm reduction in the region investing in community systems strengthening, advocacy capacity and partnerships with people who use drugs becomes evermore important at time when the Global Fund is less able to fund these functions.[xi]

In addition there are a number of other factors in the region that are further restricting access to the Global Fund. Albania and Romania have successfully contained their HIV epidemics but as a result they are no longer eligible the Global Fund and this lost funding has not been replaced by national governments. In Armenia and Belarus the budgets of on-going HIV grants were cut by up to 25% within recent grant renewals as a consequence of the 55% rule[1]. In Romania the resulting restrictions in services have unsurprisingly been matched by an increase in HIV rates, which is a cautionary note about the risks of discontinuing the HIV response prematurely.[xii]

The prominence of the Global Fund as the dominant harm reduction donor in EECA highlights the urgent need to provide technical support (TS) to facilitate the strategic management of the consequences of current changes in the Global Fund.

1.5 Technical Support Provision and Convening

Technical support is delivered in EECA by a wide range of providers including multilateral and bilateral donors, UNAIDS, other members of the UN family and civil society (CS).

[1] According to the GF Board Decision point GF/B26/DP7 the Board decided to freeze the implementation of the 75% ceiling on grant renewals funding for Lower-Middle Income Countries and above (including on the four approved grant renewals affected by its implementation). This decision concerns both Armenia and Belarus but the implementation of this rule could also be unfreezed at a next Board meeting.

However there is no clear mechanism for a strategic conversation about TS in EECA between these different stakeholders just at a time when the region is facing an escalating epidemic, the departure or decreasing contribution of key donors and the continuing challenges of the political social and legal environment.

In addition to assessing and matching TS needs, the UNAIDS Technical Support Facilities (TSFs) also have 2 additional functions:

- To '*identify and develop networks of different providers of technical support at national and regional levels and strengthen their systems and capacities for delivering quality support*'[xiii].
- To play a convening role drawing together the range of TS providers to foster strategic thinking, collaborative approaches and synergies.

In Eurasia specifically there has been a complete break down in the TSF[xiv]. This missing convening and capacity building role is an important and much needed function.

1.6 Harm Reduction-related TS Needs in EECA

EHRN's recent audit of TS needs in EECA highlighted two distinct sets of priorities among civil society; civil society harm reduction organisations in Eastern Europe are seeking more technical support with harm reduction service provision, development and growth while the technical support priorities in Central Asia are about programme sustainability and recognition[2].

TS is also needed to share and scale up learning on harm reduction service provision and advocacy and this needs to take into account the challenging funding and political context.

Notably there is a strong fit between the range of areas of TS being sought by CS in EECA – organisational development, advocacy skills, technical skills related to harm reduction, communication and networking – and the existing good harm reduction practice within CS in the region. As such local good practices in harm reduction service provision, advocacy and community strengthening can be used to build the capacity of less experienced civil society organisations.

1.7 Civil Society – A Source of Technical Expertise on Harm Reduction

After 15 years of harm reduction experience in the region there is a body of knowledge within CS about delivering and advocating for the introduction and scale up of harm reduction. This is not a cheap or free option of technical support but one that is cost effective and sensitive to the unique political social and cultural situation in the region. Importantly, CS is also skilled in techniques for engaging key populations, which remain unpopular and thus unfamiliar to many Governments. This makes civil society a valuable resource alongside other providers in contributing to the range of TS needs within any country.

EECA sees very high levels of stigma discrimination and criminalisation against people who use drugs. Building and sustaining drug user participation in EECA can be challenging at a number of levels and can expose drug user activists to significant personal risk. EHRN has actively developed capacity among people who use drugs and has consciously worked towards their meaningful participation within EHRN's governance and project delivery systems. Consumers of services provide important intelligence about the quality of services

[2] The Harm Reduction Knowledge Hub assessed the needs for technical support and best practices in the EECA region in 2011. The assessment included: 1) a desk review of the reports and documented TS needs assessments in the period of 2008-2010.; 2) an online survey of TS needs, carried out on EHRN website; 3) individual phone interviews with representatives of EHRN member organizations (from Azerbaijan, Belarus, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine, Uzbekistan) to identify their good practices and TS needs.

in their role as 'community watchdogs'. This is another critical enabling function that contributes to a learning culture within services and helps increase service access and retention.

It is clear that there is significant potential for drawing on the CS expertise that exists on harm reduction within EECA. However, for this potential to be fully realised there is a need to build the capacity of CS to deliver TS and to develop coordinating mechanisms. Positively, EECA has already seen the development of civil society based TS providers, such as EHRN Harm Reduction Knowledge Hub for Europe and Central Asia, Regional Technical Support Hub for Eastern Europe and Central Asia within International HIV/AIDS Alliance in Ukraine, the Knowledge Hub for Capacity Building in HIV/AIDS Surveillance, Regional Civil Society Action Team (CSAT) Hub and others. These hubs show how CS can develop systems for building and coordinating capacity within civil society to deliver TS. Importantly this makes this dispersed source of TS available to civil society organisations and to multilateral and bilateral donors looking to make use of CS expertise in supporting country projects and fostering a South-to-South approach

1.8 The Technical Support Challenges Ahead

Historically, TS related to the Global Fund had a strong focus on grant applications, implementation, evaluation and termination processes. However since the loss of R11, TS needs in the region have changed substantially and there is now an urgent need to support grant reprogramming and advocacy efforts to secure funding of harm reduction from internal country resources. However even if there was greater national investment in HIV, funding for key critical enablers and work with key populations is still likely to struggle to secure national funding given the historic lack of support for such approaches by Governments in the region.[xv]

In addition, it remains important to continue another historic function of Global Fund related TS, namely, supporting the involvement of civil society representatives into Country Coordinating Mechanisms (CCMs) and participation in the Global Fund's international and regional policy processes. This is a particular challenge for key populations who may need support building their confidence and capacity to interact in forums with Governments and service providers but it is also an issue faced by other parts of CS.

The absence of the convening function of the TSF EECA removes an important mechanism for collaborative strategic thinking between the wide range of partners in HIV TS in EECA at a time when the region is facing an increasingly challenging funding and political environment. The scale of changes in EECA demands a quick and coordinated response to replacing the TSF EECA's convening and coordinating mechanism. Coordination between regional TS partners is also a key to building the desired peer-to-peer approach to TS and maximising the contribution of civil society to TS.

1.9 Recommendations

Develop a coordinated, multi-agency response to TS in EECA that actively includes civil society

- The existing CS technical support providers in EECA should extend their existing joint working and negotiate a coordinated advocacy approach to engage governments and multilateral and bilateral donors about the pressing and rapidly evolving TS needs in EECA.
- UNAIDS needs to re-establish the TSF or establish another mechanism that fulfils its key convening role for TS in EECA. This is key to the range of TS providers operating

in a coordinated and effective manner, avoiding duplication and promoting a harm reduction approach. CS in EECA needs to be among the stakeholders in this conversation.

- At the 30th Board Meeting of the UNAIDS Joint AIDS Programme in June 2012 it was agreed to consider establishing a light touch multi-stakeholder mechanism to ensure proper global oversight of the roll out of the UNAIDS Technical Support Strategy (TSS).[xvi] This mechanism should set guiding principles to ensure common standards of CS participation for the regional discussions about the TSS. Multilateral and bilateral donors should develop clear strategies and consult with CS partners about improving access to TS for CSOs.

Make use of civil society as part of developing a "peer-to-peer"/ "South-to-South" technical support approach

- Multilateral and bilateral donors need to make use of the expertise that exists among civil society in the region to deliver TS. Investment is needed to enable CSOs to build their capacity to share their technical knowledge and skills in order to support the scale up and development of harm reduction through the delivery of culturally sensitive and technically relevant TS.
- Existing regional technical support hubs within CS provide important coordinating and capacity building functions that offer entry points for multilateral and bilateral donors seeking to access TS from civil society providers as part of a South-to-South approach.
- Civil society's capacity to serve as a source of TS needs to be recognized and also be built and properly financed to make peer-to-peer approach work. This is critical to the sustainability of the HIV response and to ensure increased commitments from national governments to adhere to evidence and human rights based programming for key populations.

[i] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2010. Stockholm: European Centre for Disease Prevention and Control; 2011.
[ii] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2010. Stockholm: European Centre for Disease Prevention and Control; 2011.
[iii] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2010. Stockholm: European Centre for Disease Prevention and Control; 2011
[iv] UNAIDS, Eastern Europe and Central Asia, http://www.unaids.org/en/CountryResponses/Regions/EasternEuropeAndCentralAsia.asp, accessed June 2010.
[v] Schwartländer et al (1990) The Lancet
[vi] Technical Guide for countries to set targets for universal access to HIV prevention treatment and care for injecting drug users (2009) WHO, UNODC, UNAIDS
[vii] Donnell D et al. Antiretroviral Therapy and HIV Transmission Partners in Prevention Study. Lancet, 2010, 375(9731):2092–2098.
[viii] Donnell D et al. Antiretroviral Therapy and HIV Transmission Partners in Prevention Study. Lancet, 2010, 375(9731):2092–2098.
[ix] Donnell D et al. Antiretroviral Therapy and HIV Transmission Partners in Prevention Study. Lancet, 2010, 375(9731):2092–2098.
[x] EHRN http://www.harm-reduction.org/about-us/history.html
[xi] TSM GF
[xii] Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in EECA. (2012) EHRN and CSAT EECA
[xiii] Technical Support Facilities: Helping to build an efficient and sustainable AIDS response – UNAIDS TSF 5 Year Report (2011)
[xiv] Michel Sidibé Executive Director of UNAIDS letter to NGO Partner in Eastern Europe and Central Asia on TS and TSF in EECA (Reference: EX0/2012/311)
[xv] Stuikyte R, Ovsepian A (2010).
[xvi] UNAIDS Technical Support Strategy – UNAIDS Annexe to SEI Report to Dec 2010 UNAIDS PCB Meeting (2010)