EVIDENCE BRIEF

Leadership and resources

Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report

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Policy implications

- The provision and coverage of **HIV-related services for key populations** who are most affected by the epidemic **should be a programmatic and financial priority**. These populations, including people who inject drugs, men who have sex with men, documented and undocumented migrants, sex workers and prisoners, should have good access to HIV-related services, including but not limited to: testing, early diagnosis, antiretroviral therapy, needle exchange and opioid substitution therapy.
- Leaders in government and civil society **need to tackle difficult but essential policy issues**, such as the provision of harm reduction programmes in prison settings for people who inject drugs and access to antiretroviral therapy for undocumented migrants.
- In the current economic crisis, there is a **need to ensure value for money in national HIV responses**, e.g. by reducing costs of treatment. Small savings in the costs of treatment would ensure that the relatively modest amounts required for effective HIV prevention are available. In order to ensure value for money, countries in the region **need to agree a common approach for monitoring HIV-related expenditure**.
- There remains a **need for a clear strategy to ensure the sustainability of future financing for national responses to HIV in the region**. This could include the European Union providing a financial mechanism to support HIV responses in low- and middle-income countries of the region, rather than relying on the Global Fund to provide this support.

Political leadership on HIV is reasonably strong in the region but remains more important than ever.

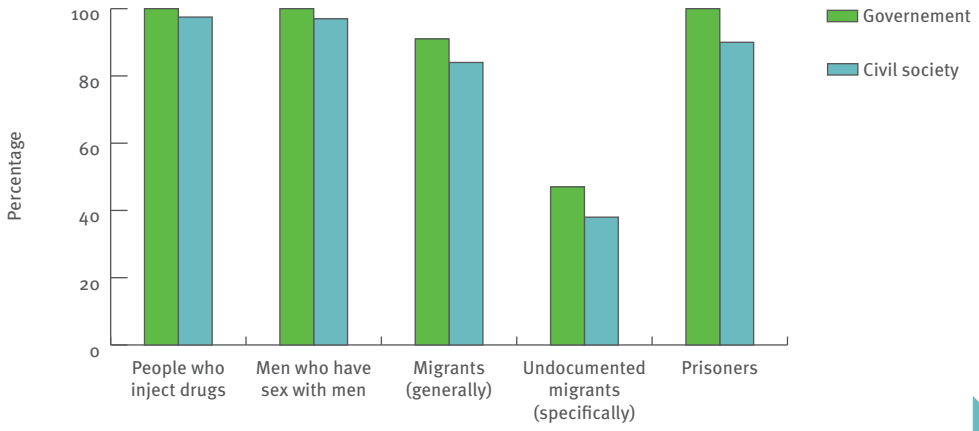
Given the concentrated nature of the epidemic in the region where HIV primarily effects marginalised populations, political leadership is vital to ensuring that government and civil society are committed to an effective response and that adequate programmatic and financial resources are available for prevention, treatment, care and support.

Most countries report that relevant and effective policies demonstrating political leadership on HIV are in place. In addition, many countries are taking specific actions that also demonstrate leadership, including ensuring that HIV-related services are provided to those key populations (e.g. people who inject drugs, men who have sex with men, migrants, sex workers and prisoners) most affected by the epidemic.

Provision of antiretroviral therapy to undocumented migrants and opioid substitution therapy for prisoners is not delivered at scale in the region.

Although most countries report that relevant and effective HIV programmes are being delivered at scale, this is not the case when it comes to the provision of antiretroviral therapy to undocumented migrants and opioid substitution therapy for prisoners.

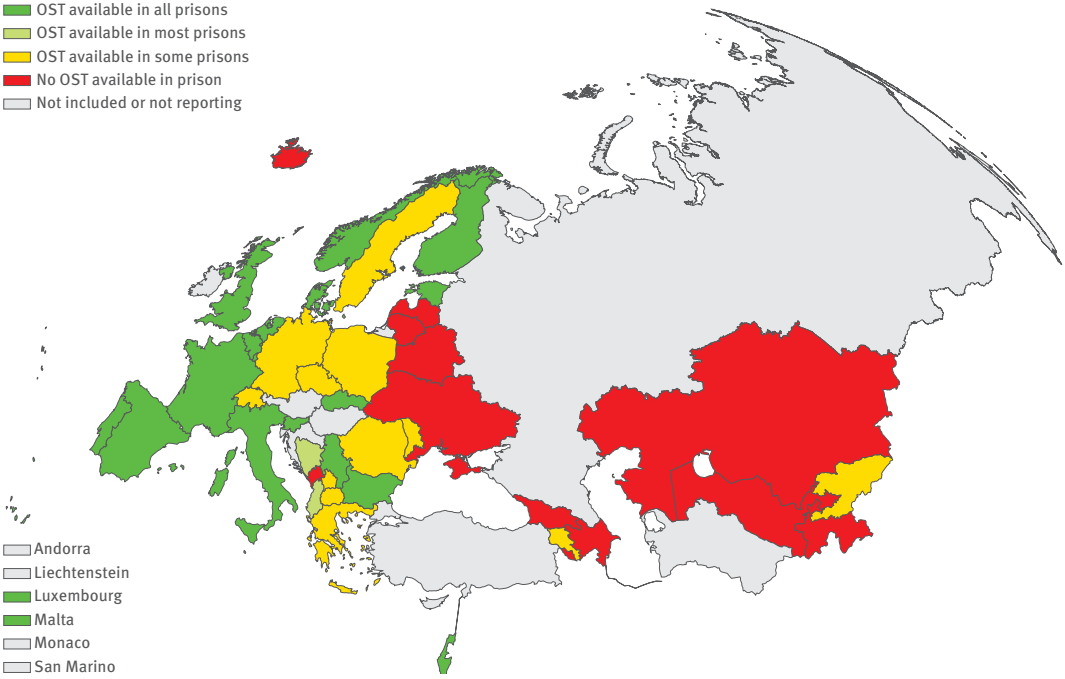
Figure 1: Is antiretroviral therapy readily available for key populations?



Most respondents reported that ART was readily available for four of the five populations specified: people who inject drugs, men who have sex with men, migrants (generally) and prisoners (figure 1). However, when it comes to providing antiretroviral therapy to undocumented migrants, only 47% of government respondents and 38% of civil society respondents felt it was readily available.

Although opioid substitution therapy is available in at least some prisons in almost all (84%) EU/EFTA countries, it is much less widely available in countries of the region outside the EU/EFTA (Figure 2). Only 10 (42%) of these countries have reported providing this service.

Figure 2: Reported availability of opioid substitution therapy in prisons in Europe and Central Asia



Most countries report their HIV prevention spending is prioritised for those key populations most affected by the epidemic.

A majority of government and civil society respondents reported that their country's prevention funding was prioritised for those populations most affected by the epidemic, particularly for people who inject drugs and men who have sex with men. Among the 18 countries that provided data on HIV prevention funding, 72% reported an increase in funding on prevention among key populations. However, it is important to note that financial data are only available from a minority of countries in the region. In addition, in some countries, the decline in prevention spending has been precipitous.

Despite the economic crisis, many countries have increased funding for their HIV response.

Among the 14 countries providing data, overall spending on HIV rose in 79% of them between the periods of 2005–8 and 2009–11. While total spending continues to increase in most countries, more than 95% of all HIV spending in the region is going to HIV treatment and care, which further reduces the percentage of funding dedicated to vital prevention activities.

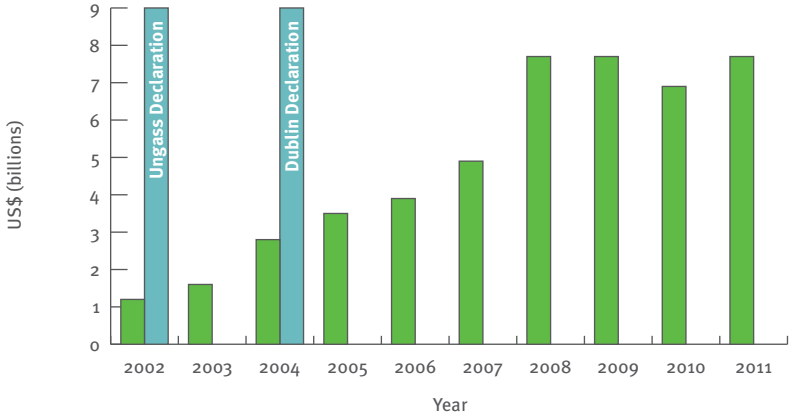
Many low- and middle income-countries have increased the level of funding of their HIV responses from domestic resources.

A number of low- and middle-income countries, including Armenia, the former Yugoslav Republic of Macedonia, Georgia, Kazakhstan, Kyrgyzstan, Moldova and Tajikistan have increased the level of funding of their HIV responses from domestic resources. However, these countries remain dependant on external funds for effective HIV responses, particularly from the Global Fund.

International AIDS assistance from the region rose dramatically between 2002 and 2008; however, it has plateaued in recent years.

Funding for international AIDS assistance from countries in the region rose from 1.2 billion USD in 2002 to 7.7 billion USD in 2008. However, largely as a result of the global financial crisis, it has remained at that level in the intervening years. In addition, the proportion of international AIDS assistance provided by Europe declined between 2008 and 2011 by 350 million USD.

Figure 3: International AIDS assistance from donor governments: 2002–11



Source: Kaiser Family Foundation and UNAIDS Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011, July 2012

About this series

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations which emphasise HIV as an important political priority for Europe and Central Asia.

Monitoring progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in a publication by the WHO Regional Office for Europe, UNAIDS and civil society organisations in August 2008.

In late 2007, the European Commission requested that ECDC monitor implementation of the declaration on a more systematic basis and ECDC set up an advisory group comprising 15 countries and various international partners, including EMCDDA, UNAIDS, WHO, UNICEF, and produced its first major country-driven, indicator-based progress report in 2010.

In 2012, the process of reporting was further harmonised with EMCDDA, UNAIDS, WHO, UNICEF, as well as with the EU Commission Communication and Action Plan on HIV/AIDS 2009–2013. The objective was to reduce the number of indicators, focus on reporting that was relevant in the European and Central Asian context and minimise the reporting burden for countries by making better use of existing country reported data. Responses were received from 51 of 55 countries (93%).

In this round, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports and this series of eight evidence briefs.

Other reports in the series can be found on the ECDC website at www.ecdc.europa.eu under the health topic HIV/AIDS.

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