



Uniting science and community to accelerate the HIV response in EECA

AIDS 2024 post-conference symposium

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AIDS 2024 post-conference symposium report

This report was developed in collaboration with the Union for Equity and Health. The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

Day 1. Symposium

On 11 November, the IAS Educational Fund held a scientific symposium, titled “[Uniting science and community to accelerate the HIV response in EECA](#)”, at the Sociocultural University Complex of the Nicolae Testemițanu State University of Medicine and Pharmacy in Chisinau, Moldova. The event was organized by IAS – [the International AIDS Society](#) – in partnership with the [Union for Equity and Health](#) and with the technical support of [UNAIDS Moldova](#). The intention was to provide access to and discuss the latest scientific evidence from AIDS 2024, the [25th International AIDS Conference](#), in the local context.

The symposium brought together 266 clinicians, health and social service providers, researchers, policy makers, activists, young people, members of key and vulnerable populations, and representatives of people living with HIV.

Speakers and participants discussed:

- Key messages from AIDS 2024
- The current HIV response in Moldova and eastern Europe and central Asia (EECA)
- Youth leadership and interventions
- Innovative approaches in the HIV response across academia, science and community work
- The treatment cascade and the power of data for a better HIV response

During the opening greeting session, Ala Iatco, the President of the Union for Equity and Health, noted that the symposium was an opportunity to reaffirm the common commitments made by the healthcare system, academia and the entire community responding to HIV.

Angela Paraschiv, a representative of the Ministry of Health, provided insights into Moldova’s response to HIV in 2024. Marcel Abras, the Vice Rector SMUPh of Nicolae Testemitanu, then highlighted the progress made in the treatment and care of people living with HIV over the past 10 years.

Cristian Rotari, a community representative of key and affected populations in the Republic of Moldova, expressed appreciation for the efforts and contributions of all community members, emphasizing the importance of grounding their work in respect and acknowledgement of fundamental human rights.

In his closing remarks, Andriy Klepikov, a member of the IAS Governing Council, underscored the critical need to prioritize key populations affected by HIV and to strive towards eliminating criminalization, stigma and discrimination.

Opening session

For the opening session, Andriy Klepikov (IAS Governing Council) presented:

- **The main highlights of AIDS 2024**
 - *Put people first*
 - *Focus on eastern Europe*
 - *The game changer, lenacapavir*
- **Key messages AIDS 2024** – highlighting the importance of a holistic, justice-oriented and community-inclusive approach to HIV care and prevention. Advancing HIV care requires integrated approaches, including treatment innovations, equitable healthcare access, and addressing social determinants. Key focuses are eliminating stigma, discrimination and criminalization while fostering social justice and supporting healthcare workers for compassionate care delivery.

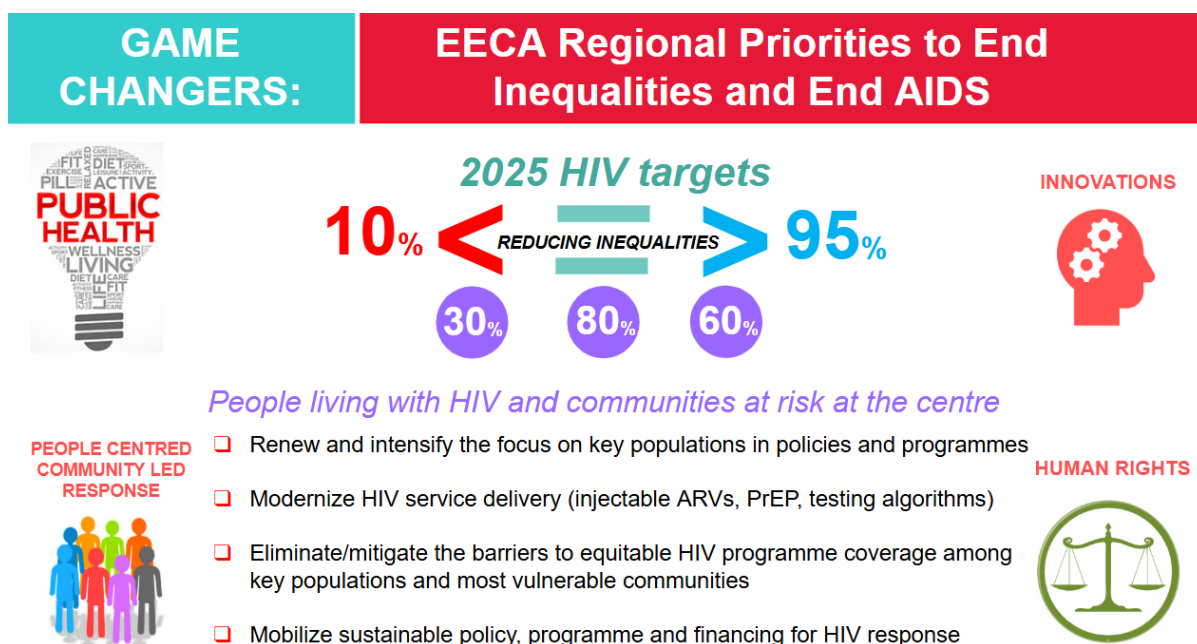
Eamonn Murphy (Director, Regional Support Teams for Asia-Pacific and EECA regions) gave a virtual presentation, titled "AIDS at a crossroads: state of the epidemic in Eastern Europe and Central Asia".

The main idea presented by the speaker was to emphasize **EECA regional priorities to end inequalities and end the AIDS epidemic by 2025**. Points made included:

- Key populations continue to be criminalized in most countries in the EECA region.
- Social justice and human rights are fundamental in meeting the health needs of key populations.
- EECA's regional priorities are stopping inequalities and ending the HIV and AIDS epidemic.

The message highlighted key actions – such as focusing on reducing inequalities, implementing people-centred and community-led responses, modernizing HIV service delivery, removing barriers for key and vulnerable populations, and mobilizing sustainable policies and resources – while integrating public health innovations and placing a strong focus on human rights.

Key recommendation presented by the speaker in the slide below.



Session 1. Youth leadership and interventions

This session offered a comprehensive overview of how to improve HIV services for adolescents and young people in the EECA region, including Moldova, addressing their unique needs and enhancing access to prevention, care and support.

Speaker 1: Gaukhar Mergenova, Columbia University's Global Health Research Center of Central Asia, Kazakhstan

Empowering youth: A Citizen Science digital intervention to reduce HIV stigma and promote HIV self-testing in Kazakhstan

The speaker presented a JasSpark study that focused on the application of a crowdsourcing approach to develop a digital intervention to reduce HIV stigma and promote HIV self-testing among adolescents and young adults in Kazakhstan.

Key recommendations:

- Findings suggest that the crowdsourcing intervention was effective at reducing HIV stigma among adolescents and young adult females in Kazakhstan compared with Kazakhstan Ministry of Health materials.
- It showed that developing a crowdsourced digital HIV stigma reduction and self-testing intervention for young people is not just an interesting process, but also cost effective
- Crowdsourcing may be a promising, low-cost method of engaging community members to develop HIV stigma reduction and testing interventions in other settings.
- Crowdsourcing is a powerful tool that can engage the local community to reduce HIV stigma and promote HIV testing and other protective behaviours. However, stigma regarding HIV remains a big barrier to the prevention of health-promoting behaviour, including HIV testing.

Speaker 2: Uluk Batyrgaliev, ECOM, Kyrgyzstan (virtual)

CSE and SRHR as efficient models of HIV prevention among youth in the EECA region

The speaker presented effective models of HIV prevention among young people in the EECA region. Key insights on sexual education were:

- Regarding quality, it is important to consider not only how to receive information, but also what kind of information is delivered.
- Services and materials are created FOR and BY young people and youth centres.
- Do not separate service delivery from main covered aspects. A friendly environment is important for discussions and sharing stories.

Key recommendations:

- Take into account the fact that young people prefer a digital (online) format for reading information and receiving consultations – this underlines the creation and development of digital resources on Telegram, Tik-Tok and other online platforms.
- Services should be designed FOR and WITH young people.
- Use Hart's Scale for Active Youth Participation.

Speaker 3: Galina Leșco, Neovita Association, the Network of Youth Clinic, Moldova



Youth-friendly clinics: Moldova's experience in HIV prevention

In Moldova, youth-friendly clinics play a crucial role in HIV prevention. Statistics show higher HIV detection rates among young women (15-24 years) than among young men. There has also been an increase in syphilis detection, highlighting the need for comprehensive sexual health services. However, high levels of discrimination, linked to low levels of awareness and knowledge, remain a significant barrier to prevention. These clinics provide a

complex range of targeted services addressing priority issues, aiming to reduce stigma and improve access to healthcare for young people.

Key recommendations:

- HIV and STI prevention among the general youth population must remain a priority in relevant health policies.
- Youth-friendly health clinics (YK) are gateways to the health system for adolescents and young people and have an important role in HIV prevention.
- The promotion and implementation of comprehensive sex education programmes in schools and outside schools should be sustainable and have consistent and evidence-based messages.
- Implementation of new information and outreach models can reach more young people (for example, through Ykapp, condom vending machines, chatbots, HIV self-testing).



Galina Leșco, presentation slide,
Youth-friendly clinics: Moldova's experience in HIV prevention

Speaker 4: Angela Capcelea, UNICEF Moldova

Best practices on HIV prevention from youth friendly services for MARA (most at risk adolescents) in the region

The EECA region has seen new HIV acquisitions increase by over 20% and AIDS-related deaths by over 34% in the past decade. Adolescents are among the most populations vulnerable to HIV acquisition – the increase in acquisitions has been significant among young people. HIV incidence per 1,000 people among adolescents (15-19 years) was four times higher than among children in 2023.

For adolescents, key factors that may increase the chances of acquiring HIV remain injecting drug use, sexual transmission, social and economic challenges, stigma and discrimination, and increased involvement in activities that increase vulnerability (such as sex work and drug use).

Key recommendations:

- Youth-friendly health services: Provide accessible, confidential and respectful health services tailored to adolescents, focusing on comprehensive sexual and reproductive health, including HIV prevention and treatment.
- Promote education and awareness campaigns: Implement school-based programmes that provide age-appropriate information about HIV and AIDS to improve knowledge, reduce stigma and encourage behaviour that reduces vulnerability.



Angela Capcelea, image from the presentation slides,
Best practices on HIV prevention from youth friendly services for MARA
(most at risk adolescents) in the region

- Support peer-to-peer education programmes: Empower adolescents to become peer educators, enhancing awareness and creating supportive environments for discussing sensitive topics related to sexual health and HIV prevention.

- Engage local communities: Collaborate with families, schools and community organizations to foster an open and supportive environment addressing the specific vulnerabilities of adolescents in key populations.
- Advocate for policy change: Promote policies that support youth rights, including access to HIV prevention services, by encouraging legal reforms to reduce discrimination against marginalized groups and improve healthcare access.
- Integrate mental health support: Address the link between mental health issues and increased vulnerability to HIV by incorporating mental health services into adolescent programmes, ensuring a holistic approach to emotional well-being and harm reduction.

Panel discussion: How can we improve HIV-related services for adolescents and young people in EECA and Moldova?

The panel explored actionable strategies to support young people and foster impactful initiatives. Key topics included effective methods to support youth-driven initiatives, ensuring that services are youth friendly and stigma free, and addressing barriers such as discrimination and lack of awareness. Experts and stakeholders shared insights, best practices and innovative approaches to create a supportive and empowering environment for prevention, treatment and care. The aim was to develop sustainable solutions that bridge gaps and drive meaningful change for young vulnerable populations.

Key recommendations:

- Use existing best practices and innovative solutions to bridge these gaps, focusing on fostering a culture of inclusivity, awareness, and accessibility.
A model “DRUG store” (focusing on HIV prevention and harm reduction and sexual and mental health of young people and teenagers with behaviour that increases vulnerability) was presented, as well as an educational platform in Ukraine, which uses the smart pleasure method and engages young people in friendly conversations based on their interests and needs.



*Galyna Sergienko, presentation slides,
Alliance for Public Health, Ukraine*

- Promote pre- and post-exposure prophylaxis (PrEP and PEP) as efficient instruments.
- Engage young people in the process of monitoring and evaluation of services.
- Strengthen partnerships between already existing services (for adult populations) and organizations, and promote volunteering.
- Involve young people in creating materials to raise awareness and combat stigma, as well in promoting self-testing through online platforms.
- The response to HIV acquisition is integrated and there are standards, but there are questions related to human resources – whether medical staff and those from the education system are prepared to assist young people without stigmatizing them, and the interaction between the medical system and the education system, especially in rural areas.
- A significant challenge remains fostering cross-sectoral collaboration, particularly in developing a mandatory curriculum for children in and out of school. This requires coordinated efforts by diverse stakeholders to ensure that their input and expertise are integrated into the curriculum.

Session 2. Innovative approaches in the HIV response across academia, science, and community work

Andriy Klepikov, representing the IAS and chairing the session, highlighted that innovative approaches are essential for tackling evolving challenges in prevention, treatment and care. By fostering collaboration among academia, science and community organizations, these approaches unite diverse perspectives and expertise, paving the way for impactful and sustainable solutions.

Speaker 1: Lulu Nair, Desmond Tutu HIV Centre, University of Cape, South Africa (virtual)

Breakthrough in HIV prevention: PrEP and lenacapavir

The speaker presented on an innovative HIV-1 capsid inhibitor, lenacapavir, a twice-yearly injectable. It represents a significant advancement in HIV prevention, offering a long-acting and discreet option for vulnerable individuals. The results of an interim analysis demonstrated 100% efficacy of lenacapavir in preventing HIV acquisition among cisgender women in central, eastern, southern and western Africa.

Key recommendations:

- Implementation of lenacapavir improves PrEP options, particularly for populations with limited access to daily regimens.
- Clinical trials show success in preventing HIV transmission in a specific population.
- It is important to develop a strategy to enable access globally. A key component of this strategy is to deliver lenacapavir swiftly, sustainably and in sufficient volumes, if approved, to high-incidence, resource-limited countries, which are primarily low- and lower-middle-income countries.

Speaker 2: Liudmyla Knyshuk, Lviv AIDS Center, & **Ludmila Legkostup**, Public Health Center of the MoH, Ukraine

Implementation of CAB-LA PrEP in Ukraine

Since 2017, Ukraine has been providing oral PrEP (TDF/FTC), which has been integrated into the State Strategy for Combating HIV through 2030. PrEP is now part of the Medical Guarantee Program, with National PrEP Guidelines developed and accessible to specialists. In 2022, the National Guidelines were updated, and PrEP was officially guaranteed under Ukrainian law. By 2024, long-acting injectable cabotegravir (CAB-LA) will be registered in Ukraine and incorporated into national medical care standards.

Key recommendations:

- Foster partnerships among non-governmental organizations, international organizations and government agencies. Conduct regular assessments to refine approaches and enhance service quality.
- Secure official registration of medications and incorporate them into national standards. Approve testing protocols to ensure the reliability and sustainability of changes.
- Develop outreach strategies that focus on respected community leaders. Engage local leaders to foster trust and acceptance of programmes among target audiences.
- Organize comprehensive training sessions for healthcare and social workers. Cover counselling, testing, prescribing and managing medications to enhance service quality.
- Establish efficient supply chains to ensure uninterrupted service delivery. Guarantee a steady supply of materials such as needles, syringes and testing kits.

Speaker 3: Claire Keene, University of Oxford, UK

Approaches to implementation of PCC for people living with HIV

The speaker presented on how to operationalize person-centred care (PCC) within five components that relate to the way health services are organized and delivered.

The principles of PCC are simple and straightforward. They put people at the centre, treat them with respect as whole people who have a life outside of their disease, and include them in decisions about their health. Appreciating the principles is one part of the bigger picture; their implementation is another, and that requires adaptation to the local context.

RIAS



What do people want?

They want person-centred care!

Quality care that responds to their needs (1,2,3)

Choice and participation in shared decision making (3,4)

Evidence shows care centred on people improves outcomes (5-9)

1. Bailey et al., 2021 | 2. Zanolini et al., 2018 | 3. Waweru et al., 2019 | 4. Kumar et al., 2010 | 5. Puttkammer et al., 2020 | 6. Arendse et al., 2023 | 7. Byrd et al., 2019 | 8. Byrd et al., 2020a | 9. Byrd et al., 2020b



Claire Keene, presentation slides,

Approaches to implementation of PCC for people living with HIV

Key recommendations:

Client dignity first!

- Sustain interaction and provide support – get rid of labels.
- Set realistic targets; provide training for staff to see the person, not the client.
- The core principle of person-centred care is simple: it is putting people at the centre of everything we do.
- Implementing person-centred care requires an understanding and appreciation of the principles and support to adapt them to the local context.
- Clients AND providers are both central to person-centred care. Both need investment and support.
- Person-centred care is a systems approach, but individuals can implement person-centred care in small ways every day.

Speaker 4: Virginia Șalaru, USMF Nicolae Testemitanu, Moldova

Academic achievements in the field of human rights in the HIV response

The speaker encouraged a focus on enhancing the education and training of future health professionals by integrating human rights awareness and respect into their learning journey. Key actions presented were: revising and updating curricula to incorporate *human rights in health* across all university-level study programmes; and strengthening communication skills through specialized clinical courses. These efforts aim to equip healthcare professionals with the knowledge and competencies necessary to uphold human rights in their practice.

Key recommendations:

- Create methodological and didactic resources to train students in respecting human rights in healthcare and fostering assertive communication skills.
- Design a Professional Education and Continuing Training Module for USMF employees, focused on human rights in health.
- Establish mechanisms for ongoing monitoring and updates of curricular content to include topics on human rights and assertive, non-discriminatory and stigma-free communication, ensuring continuity, consistency and sustainability in educational practices.

Speaker 5: Tatiana Costin, National HIV/AIDS and STI Prevention and Control Program, Moldova

The extent and patterns of non-injectable drug use in the Republic of Moldova

Measuring the prevalence and patterns of non-injectable drug use in the Republic of Moldova was carried out in 2022 as part of the Bio-Behavioural Study. The respondent-guided, probability-based, peer-to-peer referral (RDS - respondent-driven sampling) sampling method was used to collect data from hidden populations interconnected through networks.

The speaker introduced the findings of a comprehensive study conducted in the Republic of Moldova, aimed at gathering essential data to inform the development and implementation of effective, evidence-based programmes for the prevention, treatment and care of drug use-related issues. The study focused on reducing drug demand while addressing morbidity and mortality associated with drug use. Using advanced methodologies, such as service and single-item multipliers, sequential sampling and integrating data from the 2020 Integrated Biological and Behavioural Surveillance IBBS, the study provides detailed population size estimates to guide targeted interventions.

Key recommendations:

- Drug users have strong social networks; use peer-to-peer modalities in prevention programmes and other interventions.
- Immediately address high HIV prevalence among drug users, especially women, and their needs through appropriate education, testing, treatment and care programme activities.
- Introduce creative treatment approaches to address the needs of women who use drugs.
- Conduct additional qualitative studies among women who use drugs to better understand their treatment and harm reduction behaviours and needs.
- Strengthen programmes, introduce additional efforts for young people focused on promoting healthy lifestyles, and support young people who are potentially vulnerable to drug use. Increase access by young people to outreach and harm reduction services.
- Similar follow-up studies are needed, using the same eligibility criteria and sampling method.

Speaker 6: Sergii Dmytriiev, Health Advocacy Coalition, Ukraine (virtual)

Empowering communities: CLM as a tool to address gaps in access and quality of health care in EECA countries

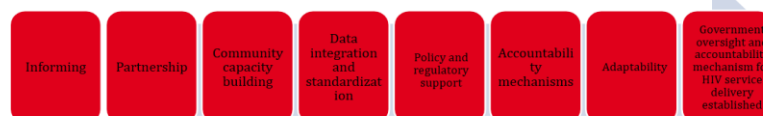
The speaker presented the main goal of community-led monitoring (CLM): to ensure a mechanism for community oversight and accountability in the provision of HIV and TB-associated social and healthcare services. In this way, accountability is shown as one of the pillars of a modern healthcare system. It complements resilience, effectiveness, efficiency and resistance to external challenges. Several interconnected and complementary models provide accountability of the healthcare system to the public and healthcare clients:

Theory of Change:

From isolated pilot projects to a unified, integrated system of community oversight for the quality, comprehensiveness, and efficiency of HIV and TB-related service packages.

Goal of Community-Led Monitoring (CLM): To ensure a mechanism for community oversight and accountability in the provision of HIV and TB-associated social and healthcare services.

Accountability is one of the pillars of a modern healthcare system. It complements resilience, effectiveness, efficiency, and resistance to external challenges. Several interconnected and complementary models provide accountability of the healthcare system to the public and patients.



Sergii Dmytriiev

Empowering Communities: CLM as a tool to address gaps in access and quality of health care in EECA countries.

Sergii Dmytriiev, presentation slides, Empowering communities: CLM as a tool to address gaps in access and quality of health care in EECA countries

Key recommendations:

- Expand integration of CLM across all levels of HIV and TB services; establish CLM universally at national, regional and local levels to uphold consistent service quality and accessibility.
- Empower communities to lead in data collection and monitoring; enable marginalized and vulnerable groups to actively participate in monitoring, ensuring that health services address their specific needs.
- Promote data-driven improvements in healthcare services; use structured data insights from CLM to assess service adherence to standards and drive continuous improvement in healthcare delivery.
- Strengthen partnerships among stakeholders fostering collaboration between government entities, civil society and community organizations to create a unified response to HIV and TB challenges.

Speaker 7: Anna Koshikova, Eurasian Movement for the Right to Health in Prisons, Georgia (virtual)

Community-led monitoring in prisons of CEECAC region

The Eurasian Movement for the Right to Health in Prisons is a regional organization aiming to promote the right to health in prisons at all levels of decision making.

The following are factors specific to CLM in prisons:

- Limited access to data of penitentiary systems
- Limited possibilities to collect data among people in prisons
- Difficulties in ensuring data confidentiality and safety of respondents
- Limited possibilities for digitalization of data collection process



Key recommendations:

- CLM in prisons is crucial in monitoring barriers in access to HIV and other healthcare services as people in prisons have limited possibility of reporting on the barriers they are facing.
- Unified CLM instruments should be used across the region to compare data between countries and understand a regional situation.
- Advocacy is needed to introduce digital approaches to CLM data collection in closed settings.
- Develop CLM institutionalization approaches before collecting data.
- Use existing mechanisms for CLM data collection, such as National Preventing Mechanisms, public oversight commissions/groups, Ombudsperson's office, and civil society reporting to UN human rights treaty bodies and Special Procedures of the UN Human Rights Council.

Panel discussion: What is the role of technology and innovative approaches in the HIV response?

Technology and innovative approaches are transformative in the HIV response, driving progress in prevention, diagnosis, treatment and care.



Panel participants were guided by moderator Alexandru Buga, UNODC, Moldova. Participants were Milos Stojiljkovic Rolović, JAZAS, Serbia; Maria Malakhova, Alliance for Public Health, Ukraine; Iryna Shkoda, Young People + Association, Poland/Germany; Maia Ribacova, National Programme for HIV/STI Prevention and Control, Moldova; Oxana Buzovici Union for Equity and Health, Moldova; Constantin Cearanovschi, Initiativa Pozitiva, Moldova (virtual)

Key recommendations:

- Mobile apps and digital tools empower communities by providing them with information, self-testing options and connections to support services.
- Social media and digital campaigns use targeted messaging to raise awareness, reduce stigma, and promote testing and treatment, reaching diverse populations not being reached.
- Digital health platforms improve access to care by enabling remote consultations, adherence monitoring and health education, particularly in underserved areas.
- Digital training platforms are essential for ensuring that healthcare professionals have access to current and relevant HIV prevention and public health training materials. By offering updated, evidence-based resources, digital platforms help bridge knowledge gaps, promote best practices and enhance the capacity of healthcare providers to deliver high-quality care. Continuous updates ensure that training materials reflect the latest research and advancements, fostering better outcomes for healthcare clients.
- Expanding HIV prevention and harm reduction services through vending machines, also in prisons, ensure anonymous and secure access to receiving supplies and increasing the number of self-tests.

Session 3. The treatment cascade and the power of data for a better HIV response

Ala Iatco, representing the Union for Equity and Health and chairing the session, highlighted the critical role of leveraging data at every stage of the HIV treatment cascade. By utilizing data effectively, stakeholders can identify barriers, refine interventions and improve outcomes. This data-driven approach enables healthcare systems to develop targeted strategies that enhance diagnosis rates, ensure better treatment adherence and achieve viral load suppression, ultimately strengthening the HIV response and mitigating the impact of the epidemic.

Speaker 1: Stela Bivol, WHO Regional (virtual)

Current state of the HIV cascade in EECA

The speaker outlined the Regional Action Plans for ending AIDS and the epidemics of viral hepatitis and STIs 2022-2030 and the next goals, including:

- A shared response to HIV, viral hepatitis and STIs within universal health coverage (UHC) and a health systems approach
- Ending the AIDS epidemic
- Ending epidemics of viral hepatitis
- Ending epidemics of STIs

Key recommendations:

- Self-testing is effective and empowering; expand PrEP and network-based testing for all vulnerable populations.
- Start PEP early, within 24-72 hours, with a preferred regimen of TLD, including in community settings.
- Apply differentiated service delivery (DSD) and simplified guidance for PrEP for all vulnerable people, with recommended regimens of DVR and CAB-LA.
- To mitigate stigma and discrimination, apply quality, stigma-free care and good practices.
- Adopt DSD for re-engagement in care and strengthen M&E for tracking clients. Support community-led services in a non-punitive, non-judgemental environment.
- Health is a human right: Focus on access to evidence-based health services for everyone. Understand who is left behind and remove these barriers.
- Stigma and discrimination undermine the response to HIV and AIDS; stigma prevents many people from coming forward to health services. It is possible to reduce stigma and discrimination in healthcare settings.
- Communities should be at the forefront; in EECA, the role of communities is essential in ensuring access to services.
- Community services must be adequately funded to ensure sustainability and the ultimate success of the HIV response.
- HIV has become a chronic manageable condition; services require long-term planning with constant monitoring and tailoring the response to new technologies.
- HIV prevention and testing are undergoing a revolution; it is time for their full uptake in the WHO European region.

Speaker 2: Svetlana Popovici, state institution, Department of Coordination, Implementation, and Monitoring of Healthcare Projects

Barrier analysis: Opening doors to ART

The speaker presented on a study that considered criteria that could influence the reasons for taking ART, including age, level of education, behaviour that increases vulnerability, migration, income, employment and stigma.

The research analysed reasons for leaving ART, late start of ART, and not seeking ART.

Key recommendations:

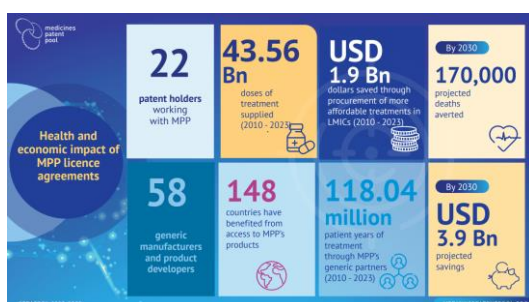
- Reducing morbidity and mortality: When individuals discontinue treatment, the risk of health complications and disease progression significantly increases. Ensuring adherence to antiretroviral therapy (ART) helps control viral load, prevents HIV from advancing to AIDS, and extends people's lives.
- Preventing transmission of HIV: Continuous ART effectively reduces the viral load to undetectable levels, making it almost impossible to transmit the virus.
- Enhancing the efficiency of the medical system: Understanding the reasons behind treatment discontinuation is crucial for improving healthcare support programmes. By identifying and addressing these factors, healthcare organizations can better tailor treatment approaches, reduce therapy refusal rates, and enhance overall programme effectiveness.
- Strengthening healthcare personnel training: Ongoing education for healthcare professionals responsible for HIV testing is essential. Training should focus on developing effective communication skills, improving the delivery of test results, and providing comprehensive information about living with HIV.
- Conserving healthcare resources: Consistent treatment minimizes the need for hospitalizations and costly medical interventions. People who stop treatment often return with severe complications, requiring more intensive and expensive care.
- Enhancing quality of life: Research helps identify the barriers healthcare clients face during treatment, enabling targeted interventions to improve their comfort and confidence. Prioritizing quality of life fosters better adherence to therapy, ultimately contributing to long-term health outcomes.

Speaker 3: Mila Maistat, Medicines Patent Pool (virtual)

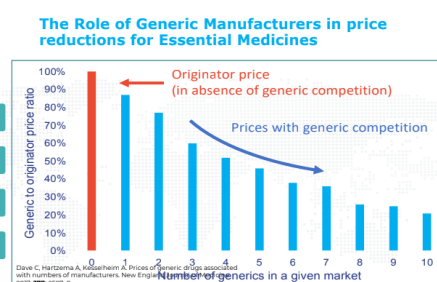
Access to HIV treatments in EECA through Medicines Patent Pool

Key recommendations:

- A key first step for enabling significant price reductions for ARVs in EECA is ensuring the availability of multiple generic versions of key treatments. This is possible thanks to the Medicines Patent Pool negotiating voluntary licenses with industry.
- The license does not set prices. However, the license enables generics to come in and compete in tenders, which leads to lower prices. That enables procurement mechanisms to benefit from generic competition.
- Community and civil society advocacy also play a critical role at every stage of the process.
- Close collaboration with governments and community groups in the countries plays a key role in making it happen.



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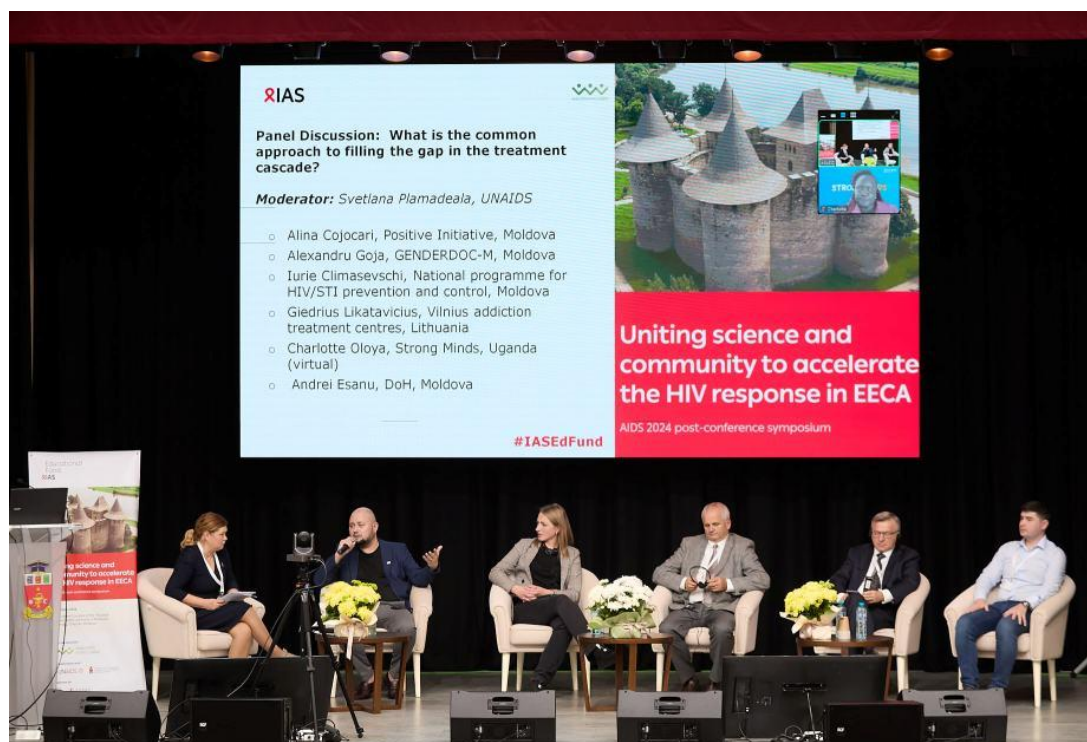


Mila Maistat, presentation slides,

Access to HIV treatments in EECA through Medicines Patent Pool

Panel discussion: What is the common approach to filling the gap in the treatment cascade?

In general, the common approach to filling the gap in the treatment chain involves a series of measures aimed at improving access to health services, increasing awareness and educating the population, as well as developing programmes and policies to support people affected by various medical conditions.



The participants of the panel: Alina Cojocari, Positive Initiative, Moldova; Alexandru Goja, GENDERDOC-M, Moldova; Iurie Climasevschi, National Programme for HIV/STI Prevention and Control, Moldova; Giedrius Likatavicius, Vilnius addiction treatment centres, Lithuania; Charlotte Oloya, Strong Minds, Uganda (virtual); Andrei Esanu, DoH, Moldova. They were guided by panel moderator Svetlana Plamadeala, UNAIDS Moldova.

Key findings:

The HIV treatment cascade requires a comprehensive approach that addresses the physical, emotional and social needs of individuals living with HIV.

- Integrated services, based on holistic support and which combine medical, social and economic assistance, are essential for improving health outcomes and quality of life.
- The community approach increases access to quality health services and maintains people in treatment due to the active involvement of community members.
- Decriminalizing HIV reduces stigma and discrimination against people living with HIV, which can encourage more people to get tested and start treatment.
- It is crucial to develop policies and strategies to support people affected by HIV.
- Some strategies that can help improve treatment adherence and quality of life for people living with HIV are implementing screening for mental health within the HIV health services cascade, offering integrated treatment and psycho-social support, and staff training.

The symposium provided opportunities for new insights and developments at all levels, from community involvement to academic success. The latter referring in particular to networking between professionals, activists from the affected communities, teachers and students. It opened doors for mentorships, collaborations, and further academic opportunities. One of the first steps being the developing interaction with the Association of University Students and Residents (AUSR) to implement informal education on sexual health in collaboration with nongovernmental organisation and other youth friendly medical structures and specialists.

The topics discussed for Moldova and the EECA region are very current. Moldova is on the verge of developing a new national programme and is able to draw from innovations, science and this symposium in this process.



Photo with participants from the symposium, 11 November 2024

Day 2. Workshop

Following the symposium on 12 November, the IAS Educational Fund, in partnership with the Union for Equity and Health and in collaboration with UNAIDS Moldova, organized a workshop with 51 participant (healthcare professionals and politicians, as well as representatives of international organizations, civil society and key and vulnerable populations).



The objectives and expected outcomes of the group work:

To contribute to bridging the gap between evidence-based science, policy and action by discussing and supporting the development and implementation of new policies and strategies and improvement of service delivery that reflects the latest scientific evidence in HIV contextualized to the EECA region. It will also strengthen and stimulate collaboration between regional stakeholders to galvanize the HIV response.



The five questions discussed were:

Question 1: How can we involve young people in the process of developing, approving, and making decisions in interventions aimed at responding to HIV and AIDS?

Question 2: What innovative and creative approaches could we take to engage young people in HIV prevention using technology, digital culture and interactive methods?

Question 3: How can we leverage innovative technologies to improve the provision of HIV prevention, testing and treatment services in the EECA region?

Question 4: How can we close the gap in the treatment cascade in EECA and Moldova on a community level?

Question 5: How can we close the gap in the treatment cascade in EECA and Moldova on a government level?

The group work resulted in concrete recommendations at the community, regional and national levels, aimed at strengthening or accelerating strategies and policies that can be implemented quickly and facilitating the evolution of clinical practice to take into account the latest scientific advances.



Workshop group work photo, 12 November 2024



Uniting science and community to accelerate the HIV response in the EECA region

Group work recommendations

12 November 2024

Chisinau, Moldova

IAS Educational Fund, UNAIDS Moldova and Union for Equity and Health - workshop

Location: The Sociocultural University Complex of the "Nicolae Testemițanu" State University of Medicine and Pharmacy, Chisinau, Moldova

Question: How can we involve young people in the process of developing, approving, and making decisions in interventions aimed at responding to HIV and AIDS?

Key Recommendations:

N°	Recommendations	When? (most precise timeline possible)	Who? (Stakeholders responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	By 2026, the inclusion, as permanent guests, at the CNC ¹ platforms, of one young representative of the communities and one representative of youth organizations	2025 - 2026	CCM Secretariat	Applying the mechanisms and procedures for updating the CCM	Global Fund Grant for CNC TB/SIDA
2	By 2026, training, empowering and promoting 35 young community leaders within Youth Centers / Youth Friendly Centers, in the sexually transmitted infections segment	2025 - 2026	Youth Clinics Youth Centers	Developing a training program for trainers, for young community leaders, on sexually transmitted diseases Identifying potential trainers in communities for professional training	Global Fund UN agencies WHO MoH CNAM MoE
3	By the end of 2027, the inclusion of optional classes dedicated to health culture in the school curriculum	2026 - 2027	Ministry of Health (MoH) Ministry of Education (MoE)	Creation of an inter-institutional working group, by joint order, MoH and MoE and development of an Action Plan with concrete steps and responsibilities	State budget – M. Education, M. Health, M. Finance, M. Labor and Social Protection
4	Towards the end of 2026, conducting a national survey among young people, through Youth Friendly Centers, to identify their needs in the field of HIV and sexually transmitted infections prophylaxis	2025 - 2026	Youth Clinics Youth Centers	Creation of a working group to carry out this activity + Action plan	MoH CNAM External donors

¹ CNC - National Council for the Coordination of National Programs for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections and Tuberculosis Control (CNC TB/SIDA)

Question: What innovative and creative approaches could we take to engage young people in HIV prevention using technology, digital culture and interactive methods?

Key Recommendations:

N°	Recommendations	When? (most precise timeline possible)	Who? (Stakeholders responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Adapt vending machines for young people to distribute condoms, lubricants and HIV tests. Develop a youth-friendly mechanism for using the machine. Mechanisms: - qr-code - HIV questionnaire on social networks to obtain a code for the machine	2026 - 2027	NGOs from Harm reduction network National Program Blogger Emilian Kretsu	Formulate a clear goal Assemble a technical working group on HIV, coordinated within the CNC TB/SIDA Discuss the idea within the group, conduct a vote, plan further steps with the group Develop this model with the developers of the vending device	Global Fund UN agencies WHO MoH CNAM
2	Development of the TWIN application for Moldovan youth	2025 - 2026	National Program Non-governmental organizations: GenderDoc-M Positive Initiative	Forming a technical working group, or it can be the same working group presented above, that will implement the idea Consult with countries where the application is already active (adopting experience, e.g. Conduct a focus group with young people about their expectations from the application Find specialists for the team (IT, SMM, design) Promotion through Instagram, FB, Tik-Tok	Global Fund UN agencies WHO MoH CNAM
3	Developing interaction with AUSR to implement informal education on sexual health	2025-2026	The Association University Students and Residents (AUSR) MoH NGOs from Harm reduction network Youth Friendly Clinics (YK)	Establish a working group Contact other NGOs (potential partners) Contact the Association Create an additional department in the AUSR related to health	Global Fund UN structures State budget (National Insurance Company) Medical University

Question: How can we leverage innovative technologies to improve the provision of HIV prevention, testing, and treatment services in the EECA region?

Key Recommendations:

N°	Recommendations	When? (most precise timeline possible)	Who? (Stakeholders responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Carry out a detailed and comprehensive mapping of existing digital solutions that enhance service provision existing in various countries in the EECA region, identify best practices and propose a plan for adaptation and localization of the best relevant solutions for the local context to prepare for implementation	About 6 months of 2025 (first 6 months of implementation period)	Regional research expert groups	Develop a methodology for the analysis. Formulate a set of criteria to assess best practice and country specific criteria to determine which solutions/best practices can suit best which country. Develop a catalogue Tailored recommendations (which solution and HOW to adapt) per country.	Global Fund External donors
2	Telemedicine and multimedia online supervision and consultations doc-to-doc and NGO/social worker-to-doc	By the end of 2026, and it will include at least 1 year active work	MoH (with extensive consultations with a number of stakeholders on various levels)	Analysis of existing solutions and the situation in the country in terms of the legislative regulation and practical implementation. Develop normative acts that will allow understanding and distinguish online consultations vs. offline consultations; make online consultations legally approved and considered official; criteria, guidelines; what kind of consultations can it be, etc. PILOT, testing etc.	Global Fund International donors WHO Fundraising efforts

3	Create sub-module/course on innovative approaches/digital technology and communications in the field of HIV response (and working with key populations (KPs) and include it into academic curricula (as a part of the basic high education program for future medical professionals and social workers and/or as continuous education for acting in Moldova)	Year 1: 2025, 6 months for development and negotiations with relevant stakeholders to create the environment for them to be officially accepted and incorporated into national level educational programs Year 2: 50 HCW trained the module OR up to 100 students/interns/residents	MoH, MoE, Ministry of Social Affairs (MoSA), University dep. and communities and National program	Through Partnership: offline and online for continuous medical education	MoH planning to include in the next year program elaboration Medical facilities pay for their workers;
4	Fast-track implementation of Lenacapavir	Year 1: 2025: make available: legal aspect - registration: protocols; training; Year2: 2026 - 1000 clients used	MoH, HIV Program and community	Working group at MoH: included community, HIV program;	Inclusion in the ART budget (HIV program); State insurance fund
5	Develop/adapt/improve a comprehensive app – for service providers and the clients (related mapping) focus on the feedback	Year 2: 2026	HIV program and community	Project plan;	Global Fund

Question: How can we close the gap in the treatment cascade in EECA/Moldova on a community level?

Key Recommendations:

N°	Recommendations	When? (most precise timeline possible)	Who? (Stakeholders responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	By the end of 2026, 1,000,000 people of the population of Moldova will be well informed and involved in HIV testing	2025 – 2026	Community, HIV service NGOs in partnership with government agencies and international partners	Creation of an organizing committee for 2 years, creation of an implementation plan	Global Fund, UN agencies and government structures
2	By the end of 2026, conduct 800,000 tests (targeted)	2025 – 2026	Community, HIV service NGOs in partnership with government agencies and international partners	Create a Working group and a detailed Working plan Make tests available in public places (pharmacies, stores, etc.) and public events (concerts, sensitizing events, etc.) Include the result in the new National Program	Global Fund, UN agencies, government, and NGOs
3	By the end of 2026, include 1,500 people in PrEP	2025 – 2026	Community, HIV service NGOs in partnership with government agencies and international partners	Introduce prolonged-release drugs into the treatment regimen	UN agencies, WHO, international partners and government structures
4	By the end of 2026, increase the detection of HIV+ by 50% Through INDEX testing	2025 – 2026	Community, HIV service NGOs in partnership with government agencies and international partners	The National Program team will develop an implementation plan taking into account all partners	Global Fund, UN agencies and WHO
5	Double the number of centers for the provision of medical and social services, based on one window principal (either on the basis of an NGO, or a government structure, or the private sector).	2025 – 2026	Community, HIV service NGOs in partnership with government agencies and international partners	Include the result in the new National Program Create a Working group and a detailed Working plan	Global Fund, UN agencies, WHO, international partners, government structures

Question: How can we close the gap in the treatment cascade in EECA and Moldova on a government level?

Key Recommendations:

N°	Recommendations	When? (most precise timeline possible)	Who? (Stakeholders responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Improving the knowledge of medical personnel in the field of testing, communication and correct information on HIV/ HB/ STIs of the population, in the Republic of Moldova and EECA region	May 2026- May 2028	Ministry of Health National HIV/AIDS/STI Program	Inclusion in the national program Organization of online (FORMARE.MD) and offline trainings	Global Fund State budget
2	Access to condoms and rapid self-testing tests for youth center network beneficiaries through vending machines. With subsequent coverage of the general population (via QR-code).	2025 – 2026	Ministry of Health National HIV/AIDS/STI Program	Providing Youth Friendly Clinics with the necessary near field communication (NFC) reading equipment and providing each beneficiary with a personalized card. Developing an electronic mini-program.	Global Fund
3	Index testing	2025 – 2026	Ministry of Health National HIV/AIDS/STI Program	The snowball method. For every person tested positive - reward.	Global Fund
4	Increasing by 50% the access of key groups and people leaving with HIV (PLHIV) to integrated medical and social services, including aspects of non-communicable diseases - cervical and breast cancer screening, cardiovascular, etc.	2025 – 2026	National HIV/AIDS/STI Program	Performance indicator for doctors	Global Fund CNAM UNICEF UNFPA
5	Increasing the rate of tuberculosis prophylactic treatment administration among people living with HIV – up to 75% by the end of 2026	2025 – 2026	National HIV/AIDS/STI and TB Program	Performance indicator	Global Fund CNAM