Alliance for Public Health

ENDING HIV AND TB IN A CITY:

EXPERIENCE HANDBOOK

From the Eastern European and Central Asian region

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2019

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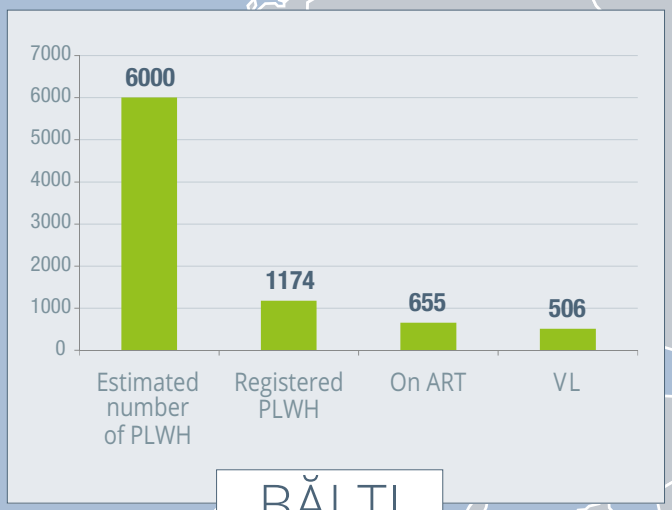
LIST OF ABBREVIATIONS

APH	Alliance for Public Health
ART	antiretroviral (ARV) therapy
CBO	community-based organisation
CITI	community-initiated treatment intervention
CP	contact point
CTF	city task force
DOTS	directly observed treatment
ECOM	Eurasian Coalition on Male Health
EECA	Eastern Europe and Central Asia
EHRN	Eurasian Harm Reduction Network
ENPUD	Eurasian Network of People who Use Drugs
GF	Global Fund to fight AIDS, TB and Malaria
HCV	hepatitis C virus
KP	key population
LGBTQ	lesbian, gay, bisexual, transgender, queer
(M)DR-TB	(multi)drug resistant tuberculosis
MDT	multidisciplinary team
MoH	Ministry of Health
MSM	men who have sex with men
NGO	non-government organisation

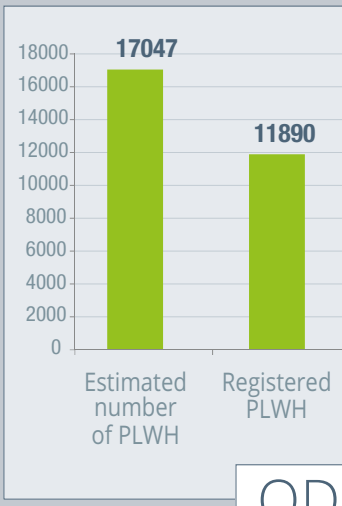
OCF	optimised case finding
OST	opioid substitution therapy
PLWH	people living with HIV
PWID	people who use injection drugs
PWUD	people who use drugs
SMT	substitution maintenance therapy
STBP	Stop TB Partnership
STI	sexually transmitted infection
SW	sex workers
SWAN	Sex Workers' Rights Advocacy Network
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
VCT	voluntary counselling and testing
VL	viral load
WHO	World Health Organisation
XDR-TB	extensively drug-resistant tuberculosis
ZTBI	Zero TB Initiative

HIV care cascade as of 01.01.2019



City:	**BĂLȚI**
Population:	151 200
Implementing partner:	Youth for the Right to Live
HIV prevalence: (latest available)	
PWID	17%
SW	22,3%
MSM	4,1%
New TB cases (2018) **73**	

HIV care cascade



BĂLȚI

OD

UKRAINE

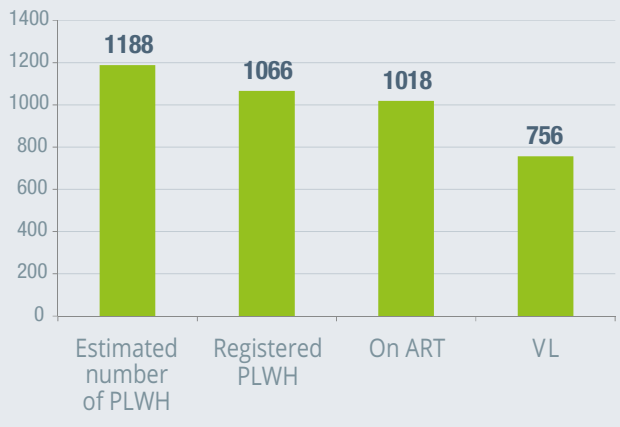
MOLDOVA

BULGARIA

GEORGIA

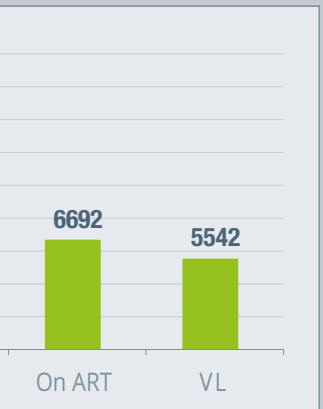
City:	**SOFIA**
Population:	1 323 637
Implementing partner:	Initiative for Health Foundation and Health Without Borders
HIV prevalence: (latest available)	
PWID	5,5%
SW	0%
MSM	12,7%
New TB cases (2017) **231**	

SOFIA



HIV care cascade as of 01.01.2019

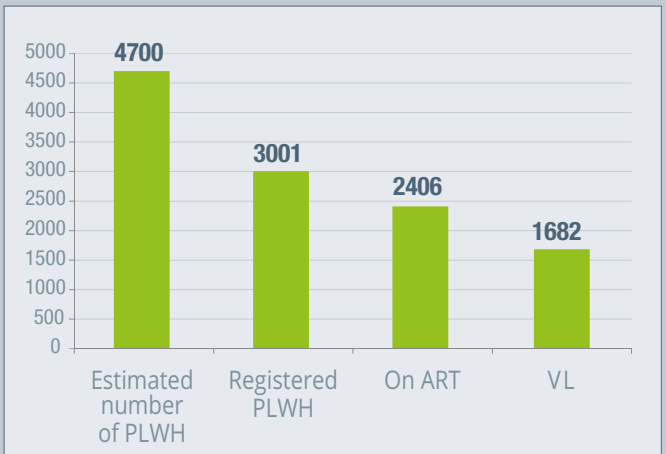
as of 01.01.2019



ESA

City:	**ODESA**
Population:	1 010 800
Implementing partner:	Youth Centre for Development
HIV prevalence: (latest available)	
PWID	27,5%
SW	9,5%
MSM	12,3%
New TB cases (2018) **1514**	

HIV care cascade as of 01.01.2019

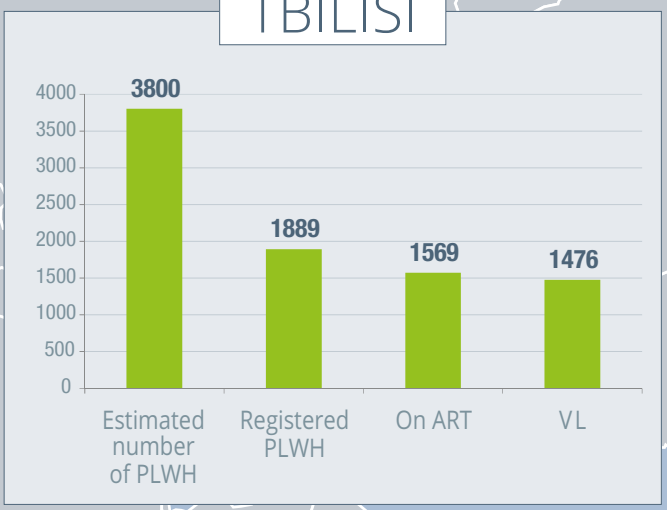


ALMATY

City:	**ALMATY**
Population:	1 854 556
Implementing partner:	AFEW Kazakhstan
HIV prevalence: (latest available)	
PWID	7,9%
SW	1,1%
MSM	4,5%
New TB cases (2018) **829**	

KAZAKHSTAN

TBILISI



City:	**TBILISI**
Population:	1 113 000
Implementing partner:	Tanadgoma
HIV prevalence: (latest available)	
PWID	1,2%
SW	1,5%
MSM	21,5%
New TB cases (2018) **829**	

HIV care cascade as of 01.01.2019

INTRODUCTION AND MODEL OVERVIEW

TETIANA DESHKO,
ALLIANCE FOR
PUBLIC HEALTH

Half the world's population lives in cities, and it is expected that within the next 30 years that will increase to nearly two-thirds. People migrate to cities to seek better life opportunities, or safety from war and climate change; they want to experience facilities for joy and fun, or anonymity to lead the life they want. Cities have higher prevalence of HIV and TB, as they host key populations at risk of those diseases.

Cities thus play an increasing role in HIV and TB responses globally. International initiatives such as Fast-track Cities and the Paris Declaration by UNAIDS, Zero TB cities, Healthy cities of WHO and the City Health International forum are all about city leadership and efficiencies in health.

Eastern Europe and Central Asia (EECA) is a region severely hit by AIDS and TB. This is one of only two regions globally where the AIDS epidemic is still growing. The situation is not much better regarding tuberculosis; Ukraine is the world's fifth worst MDR-TB burden country.

It is well known that the HIV/AIDS epidemic in the region is still driven by most affected key populations, which are concentrated in urban areas. Cities represent high burden areas for HIV in EECA: in Bulgaria 35 percent of all registered PLWH are in the capital Sofia; in Georgia 34 percent are in the capital Tbilisi, while the cities of Almaty (Kazakhstan) and Bălți (Moldova) account for 13 percent each of all national HIV cases in their respective countries.

ON THE PROJECT

Alliance for Public Health (APH, Ukraine) together with ***AFEW International*** (The Netherlands), ***licit*** and ***Stop TB Partnership*** (Switzerland) under the technical guidance of ***UNAIDS*** EECA office with funding from the ***Global Fund*** to fight AIDS, TB and Malaria, have initiated a regional project to support city responses to HIV and TB in key populations in the cities of EECA.

The project, Fast-track TB/HIV Responses for Key Populations in EECA Cities (EECA Fast-track Cities), was implemented throughout 2017–2019 in order to develop efficient and sustainable city models of HIV/TB responses that would reduce AIDS and TB mortalities in the project cities and increase the allocation of city funding to HIV/TB interventions for key populations. Support for the models has been provided from Bern and Amsterdam, the project's partnering cities, whose municipalities and civil society have committed to share experience and support their peers from EECA.

Five cities were selected for the project based on disease burden, the ability and commitment of municipalities to release resources (financial or in-kind), and the feasibility of effective implementation of the pilot project. They are: Almaty (Kazakhstan), Bălți (Moldova), Odesa (Ukraine), Sofia (Bulgaria) and Tbilisi (Georgia). The project also provided some technical and financial support for interventions in other cities in the five countries, such as a safe injection room in Sumy (Ukraine).

In each city a partner civil society organization coordinated activities: Initiative for Health Foundation and Health Without Borders in Sofia (Bulgaria); the Centre for Information and Counselling on Reproductive Health 'Tanadgoma' in Tbilisi (Georgia); AFEW Kazakhstan in Almaty (Kazakhstan); the Youth for the Right to Live in Bălți (Moldova), and the Youth Centre for Development in Odesa (Ukraine).

Importantly, regional key populations networks — the Eurasian Network of People who Use Drugs, the Eurasian Coalition on Male Health, the South Caucasus Network and Sex Workers' Rights Advocacy Network — were engaged to prioritize involvement of key groups in the project both on regional and city levels.

PICTURE: 'FAST-TRACK TB/HIV RESPONSES FOR KEY POPULATIONS IN EECA CITIES' PROJECT LAUNCH MEETING. KYIV, MARCH 2017

The project conducted strategic operational research to inform EECA city models to improve outpatient tuberculosis treatment (Odesa, Ukraine), collaborative HIV/TB interventions (Bălți, Moldova), and increased uptake of antiretroviral therapy by key populations based on a case management model (Almaty, Kazakhstan).

Project activities included city situation assessments; establishing City Task Forces (or strengthening existing City Coordinating Councils); developing City Improvement Plans; advocating and approving city budgets; establishing funding allocation mechanisms for NGOs; exchange with Western European peers, and advocacy on local resource allocation.

As a result of the project, we have arrived at a city model that brings significant improvements in the HIV/TB situation and helps sustain the response through municipal resources.

THE MODEL THE PROJECT DEVELOPED

Our paths have varied from city to city, and we tried to be very specific and responsive to local contexts. At the same time, we established a clear framework for activities in each city. There are five components of the model.

Coordination. Cities must have effective mechanisms for coordination, which ensure that key populations — for whom services should be designed — and NGOs have direct access to officials so that they can deliver on the health of communities with accessible and relevant responses. All partners should work together to create the necessary

environment for services operations for key populations, making sure they do not have barriers to accessing services. In our case, working on human rights-related barriers to access was very important for communities of people who use drugs, sex workers and men having sex with men.

Key Populations (KPs). The model focuses on those populations most affected by HIV and TB in the city. It is critically important to put them at the cornerstone of the approach. Some interventions are politically significant, to demonstrate that KPs are at the heart of municipal efforts. For example, opening a safe injection room, distributing free syringes in pharmacies or providing substitution therapy is a clear message of acceptance of drug use in the community and a pragmatic effort to reduce adverse harms that sometimes accompany drug use. Other interventions are to do with building community capacity so that KPs may take an active role in planning and implementing services. Our conclusion is that we should put those most affected by the diseases at the centre and establish access, systems and support around their needs.

Fast-track services. Good and comprehensive services should be evidence-based and introduced with efficient collaboration across sectors. Existing services can be fast-tracked to make sure they are speedy, cost-effective and result-oriented to maximize investment and impact.

Policies. Working with the highest city officials and maintaining working contact with municipalities is clearly a key to success. International mechanisms are a great help — the Paris Declaration, Zero TB cities — and come in time with an infrastructure to engage mayors. The ultimate sustainability step that the city should take is to develop a programme to end HIV and TB using global 90-90-90 targets and supported with city funding, including mechanisms to fund NGOs.

Exchange. City health diplomacy is not a new concept; city leaders have made their story on promoting health globally. Innovation, exchange and inspiration are among galvanizing forces behind city movements to end HIV and TB. In the project we facilitated horizontal exchange between the cities, as well as learning from more developed and better resourced Western European counterparts, Bern and Amsterdam. This has proved to work well thanks to peer trust between mayors, as well as a feeling of more independence and significance from cities as they stepped into international roles.

OUTCOMES OF THE PROJECT

The project achieved significant outcomes on funding and HIV/TB health profiles. During the lifetime of the project and thanks to its efforts over 3.8 million USD were additionally allocated for HIV and TB programmes in the project cities.

The leadership role in funding allocation was taken by Odesa, thanks to municipal commitment and engagement paired with decentralization reform in Ukraine which has channelled more funding to cities. Efforts in Sofia and Tbilisi were less successful, partly due to the political obstacles of working in capital cities and a smaller engagement in HIV and TB responses; in these two cities we did not do operational research. It was clearly more difficult to work in an EU capital, which was the most formalized and over-regulated. In Georgia healthcare is more centralized, therefore the city did not have the authority to make financial decisions and allocations. However, we managed to achieve a financial result in all five cities.

We also see significant outcomes related to HIV and TB in the project cities. In the cities that conducted operational research we saw strong developments in both HIV and TB outcomes. The primary indicator we looked at was related to HIV and TB mortality, which reduced across the project cities (see figure 1).

Below is a summary of project achievements in those cities that focused on HIV and TB services: **Odesa**, **Bălți** and **Almaty.**

In Odesa thanks to the project:

- 775 TB patients were enrolled into a new pilot model of DOTS (directly observed treatment short-course) in primary healthcare, with remuneration based on results established by the project (for comparison, some 1300 new TB cases are detected in Odesa annually). Thanks to this, susceptible TB treatment success within the project group was at the level of 90%, improving the result in the city as a whole: in the city of Odesa susceptible TB treatment success increased from 53% in 2016 before our pilot intervention to 71% in 2019 after 2 years of the pilot.
- the city started to control and improve its HIV care cascade to become the best performer in the country for this indicator: compared with 2016, ART coverage in the city in 2019 rose by 72%, adding almost 2800 new PLWH in treatment over two years.

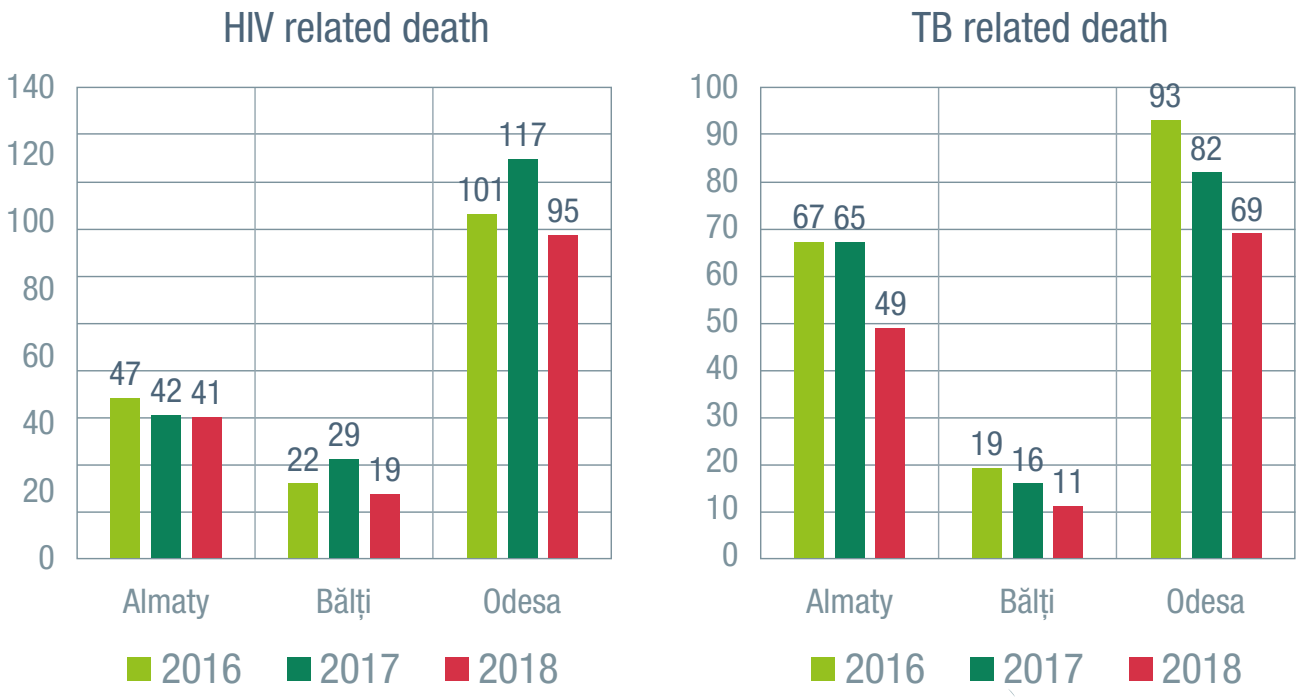


FIGURE 1: HIV AND TB MORTALITY IN THREE PROJECT CITIES 2016–2018 (TOTAL NUMBERS)

In Bălți the project:

- managed to significantly improve HIV case-finding in the city, thanks to utilization of optimized case-finding methodology developed by APH. Between October 2018 — August 2019 78 new HIV cases were detected compared to only 36 new HIV cases in Bălți overall in 2018.
- developed and piloted HIV/TB optimised case-finding for the first time, therefore working on networks of both HIV and TB new cases.

In Almaty the project:

- changed the national approach to HIV testing by piloting outreach lay provider-initiated oral testing for HIV and self-testing. A total of 6000 tests were performed between April 2018— October 2019 and 145 new HIV cases were found; this informed the new HIV protocol which mentions HIV self-testing and outreach-based testing by lay providers.
- Thanks to case management intervention initiated by APH, 538 new HIV cases and cases lost to follow-up were linked to care starting from April 2018, bringing Almaty closer to reaching 90-90-90 goals (by comparison, an average 470 new HIV cases were detected annually in Almaty over the last few years; this year thanks to the project ART linkage dynamics doubled).

- Susceptible TB treatment success within the project group was 90%, improving the result in Odesa as a whole
- 78 new HIV cases were detected in Bălți
- A new HIV protocol in Almaty includes HIV self-testing and outreach-based testing by lay providers

CONTENT OF THIS PUBLICATION

The content of this publication follows the above city improvement model logic and is filled with real examples from the cities in the project.

1 Chapter one explains mechanisms to better coordinate responses at city level among all parties and sectors, and to make sure KPs can access services by encouraging a more favourable human rights context.

2 Chapter two focuses on the communities most affected by HIV and TB, in our case people who inject drugs (PWID), sex workers (SW) and men who have sex with men (MSM). Based on international experience, it explains a model of social change rooted in inclusive approaches to vulnerable communities. It explores some mechanisms established in the project to reach out and improve linkage with KPs, and build their capacity to play a central role in designing and implementing interventions.

3 In Chapter 3 we present concrete examples of how existing city services can be improved to fast-track responses to HIV and TB. The project conducted operative research, piloting some innovative ways to streamline testing and treatment services and increase their coverage.

4 In chapter 4 we focus on international frameworks for work with city authorities, and specifically the steps that can be taken by mayors, councillors and city health services to improve and sustain HIV/TB responses and ensure municipal funding.

5 Lastly, chapter 5 focuses on the growing international role of the cities, and exchange which facilitates innovation, development and results.

CHAPTER 1

COORDINATION, INTEGRATION AND ENABLING ENVIRONMENT

To achieve success, city HIV and TB responses need to be coordinated across sectors and organisations. Key populations and NGOs/CBOs must have a direct input into service design and delivery, enabled through established communication channels with city officials and policy makers. Meanwhile, wider human-rights related barriers must be tackled, as it is often social and institutional discrimination and rights violations that reinforce vulnerability and deter KPs from using services.

This chapter examines experience of creating the necessary environment and coordination for improved service provision in cities. The EECA Fast-track Cities project achieved the establishment of HIV/TB coordinating bodies in all five project cities. City networks of KPs developed and were involved in city-level coordination, supported by regional networks. These networks and initiative groups were well-placed to monitor human-rights related barriers to services, and developed some innovative and effective mechanisms to reduce discrimination and rights violations which we examine in section 1.2.

1.1 COORDINATION OF HIV/TB PREVENTION, TREATMENT AND CARE FOR KEY POPULATIONS AT CITY LEVEL

Several trends and initiatives have developed to facilitate formation of a city where there is access to affordable and good quality health care for all, including key populations at risk of HIV, TB and viral hepatitis. Important aspects of this process include decentralisation and coordination.

ANKE VAN DAM AND JUDITH KREUKELS, AFEW INTERNATIONAL[1]

1 *AFEW International (Netherlands) has over 17 years experience in the Eastern Europe and Central Asia region. AFEW is dedicated to improving the health of key populations in society and strives to promote health and increase access to prevention, treatment and care for major public health concerns such as HIV, TB, viral hepatitis, and sexual and reproductive health. http://afew.org*

Cities are closer than central government to the local community. This means that they can provide services more effectively, with less bureaucracy and expense. Decentralization to city level means that cities develop policies that best fit their needs and local context, and administer their own budget. It allows for a structure of collaboration with local institutions, agencies and civil society organisations with short(er) communication lines, enabling better, convenient and easy access to services.

The failure of states to provide public services has resulted in an increased role for civil society. Civil society can influence individual behaviour and institutions to improve prevention, treatment and care for HIV, TB and viral hepatitis.

NGOs/CBOs can:

- lead grass-roots mobilization and advocate for access to health services and quality of care;
- support the wide dissemination of information on prevention of HIV and TB;
- form networks and action groups to promote the availability of health services and affordable medicines;
- advocate and support health promotion and health education campaigns;
- monitor and work with other stakeholders in the public and private sector;
- contribute to putting knowledge and evidence into practice.

Decentralisation processes can facilitate and embed NGO involvement in provision of social services, for example through social contracting mechanisms (see chapter 4) whereby state structures contract (finance) non-state actors to deliver health care and support or prevention services.

POLICE-MUNICIPALITY-CIVIL SOCIETY COORDINATION REDUCES CRIME IN AMSTERDAM

Due to an increase in the number of serious offences committed in Amsterdam in 2012, the mayor of Amsterdam and the chief police officer and commissioner introduced the Top600 Approach, directed at 600 top repeat offenders. The method aims to:

1) reduce the number of high impact crimes;
2) improve the personal prospects of the Top600 offenders (and their direct environment);
3) prevent future influx of offenders' siblings to become offenders.[2] (Offenders are those who have been arrested for a high impact offence, such as (street) robberies, violent crimes and assaults, within the last five years, and have been convicted of a minimum three offences).

An offender usually has a complex background with multiple problems, from debt to housing and healthcare problems. Offenders therefore deal with multiple organisations such as youth care, the probation service, debt assistance and the Public Prosecutor's Office. The Top600 Approach involves more than 40 organisations in Amsterdam working with offenders. The idea is to coordinate and link these organisations. The Action Centre for Safety and Health is responsible for overall coordination.

Offenders on the Top600 List are appointed a 'director' who creates a care and punishment plan. The director brings together the organisations with which the offender is in contact. Offenders are offered help to get their lives back on track. Moreover, families of offenders are visited and involved. Associated penalties, measures and interventions are carried out quickly and consistently, so that the group of 600 feel that they are put under control.

Central coordination on three levels between municipality and police further complements the Top600 Approach. The mayor of Amsterdam is the overall administrative coordinator and chairman of the Safety and Health Steering Committee. At the official level a programme manager directs implementation together with the programme team, who represent the core partners involved. An additional 80 or more case managers represent about 15 organisations. The director's responsibility continues even when the task of her organisation is over, only ending when an offender is taken off the Top600 list.[3]

In 2017, an evaluation concluded that offences decreased in Amsterdam by 48% compared to 2016.[4] This number equals the annual decline as of 2012. At regional and national level a decline in criminal offences can also be observed, but this downward trend is stronger in the Top600 Approach.

In 2014, the municipal agreement planned to extend the approach to 1000, and made funding available to create an additional Top400 approach. For the Top400, a complex set of criteria was used to combine the criminal behaviour of young people with care signals to get a picture of a younger group. This allows the government to identify a group of young offenders at an earlier stage and prevent an influx in the Top 600.

2 *http://www.leoverhoef.nl/dossiers/amsterdam/jaarrekeningen/amsterdam.2012jrk.pdf*

3 *https://blog.sbo.nl/veiligheid/vijf-jaar-aanpak-top600-waar-staan-nu/*

4 *https://assets.amsterdam.nl/publish/pages/791284/effectmonitor_top600_2017.pdf*

1.1.1 COORDINATION AND THE CITY TASK FORCE IN FIVE EECA FAST-TRACK CITIES

In 2017, at the beginning of the EECA Fast-track Cities project, a situation assessment was carried out to identify HIV/TB coordinating structures, key population needs, barriers and services, and sustainability of service resourcing. The assessment was designed to help stakeholders identify priorities for improvement in coordination, services and cost-efficiency, and arguments for increased local investment in response to HIV and TB.

Overall, the level of municipal coordination and municipal budget allocation for HIV/TB activities, except in Odesa, was low or non-existent at the beginning of the project in 2017.

One of the strategies of the project was to develop a **City Task Force** to coordinate HIV and TB responses. The City Task Force (CTF) or coordinating council functions as an advisory board and platform for information sharing, facilitating collaboration and joining forces.

In this project, cities strove to include representatives of people who use drugs, sex workers and MSM into this advisory body to the municipality to ensure their meaningful involvement.

At project start the cities varied in their levels of visibility, self-organisation and activity of key population groups, from Odesa and Sofia where previously active drug user communities were revived and boosted thanks to the project, to Almaty and Tbilisi where high stigma of MSM and sex workers meant that informing community representatives about their rights was a first basic step towards greater involvement. Regional networks came on board to provide support, expertise and important regional links and visibility.

ALMATY, KAZAKHSTAN

The Coordination Council on HIV and TB in Almaty was created within the Fast-track Cities project and facilitated by the Department of Health of Almaty's Akimat (municipality). It was encoded in an Almaty city Health Department Order, and includes representatives of the municipality authorities, medical institutions, UNAIDS, NGOs and CBOs. According to the order, the work group shall:

- develop and implement a strategy to achieve the 90-90-90 cascade on HIV and TB for key populations at risk of HIV and TB in Almaty city;
- establish effective cooperation between health and international organizations in Almaty city;
- facilitate and participate in signing the Paris HIV Declaration and Zero TB Initiative;
- ensure involvement of heads of health departments in project implementation, supporting provision of necessary documentation and introducing integrated health care mechanisms.

A later order establishes a Technical Working Group to finalize the roadmap on HIV prevention among key populations in Almaty.

The CTF does not receive any funding from the municipality.

BĂLȚI, MOLDOVA

Bălți city council established the Coordination Council for municipal HIV and TB programme implementation and monitoring. Tasks and responsibilities are described in the city council decision. The coordination council includes representatives of municipal authorities, police, medical institutions and CBOs.

The coordination council holds quarterly meetings as well as regular on-line discussions. The health service of the municipality of Bălți is responsible for coordinating all health issues, including integration of TB and HIV programmes.

ODESA

The City Task Force or Coordinating Council on prevention of HIV/AIDS, Addiction, Tuberculosis and Childhood Homelessness includes members of vulnerable populations (PWUD, sex workers, MSM) as well as officials from the municipal health department and other city council institutions. Coordination council meetings are held in the city hall once a quarter, and more often if necessary.

PICTURE: CITY TASK FORCE MEETING IN ODESA

The Eurasian Coalition on Male Health (ECOM)[5] supported MSM communities in the project cities, ensuring that MSM needs are voiced in coordinating councils and in finalized city programmes. Activists from **Almaty** are actively engaged in MSM capacity building. AFEW Kazakhstan hosts the annual Central Asian School of Leadership where the MSM community representative and other partners hold workshops and discussions aimed at improving the well-being of MSM in Central Asia. ECOM provides support by engaging experienced trainers and ensuring collaboration with other MSM/LGBTQ organisations in the region. This initiation of cross-country collaboration has contributed to uniting the work of LGBTQ NGOs in Central Asia; the first Central Asia LGBT+ forum aimed at discussing needs, objectives, challenges and collaboration opportunities was held in August 2019.

5 *The Eurasian Coalition on Male Health (ECOM) is an association of organizations, groups and activists in Eastern Europe and Central Asia advocating for improved access of men who have sex with men (MSM) and trans people to evidence-based and human rights oriented services in the field of sexual and reproductive health, including HIV prevention, treatment, care and support*

PWID PARTICIPATION IN COORDINATING HIV/AIDS RESPONSES: ODESA

YULIYA KOHAN,
WAY HOME

At the start of the project in 2017 in Odesa, it was a challenging task to mobilize and organize the PWUD community. PWUD were scattered, and we had to bring them together and start again from scratch.

For a starter, we advertised planned meetings of people who use drugs. We invited everyone who had the capacity and desire to improve the lives of PWUD. Posters indicating meeting addresses and times were put up at the two OST sites then working, as well as in some city NGOs — it was important to involve not only OST programme participants. Meetings were attended by representatives of the entire range of the PWUD population.

PICTURE:
MOBILISING THE
PWID COMMUNITY

In September 2017, PWUD in our coordinating group officially held elections for a community representative for the Fast-track Cities project. People from other coordinating groups were invited to observe and ensure elections were held correctly. Upon counting the votes, I (Yuliya Kohan) won the elections. Since 2017 I regularly attend working group meetings as the PWUD representative at the city and regional coordination council (CTF).

Our work is organized as follows: on Fridays at meetings of the PWUD Initiative Group, colleagues and I discuss the most important issues and problems. We found barriers to access to information, to treatment of HIV, TB, HCV and, most importantly, to the OST programme in Odesa. As community leader and member of the CTF, I presented our findings at working meetings headed by a city council deputy. I want to note that this model of interaction was introduced in the city for the first time and it works very well. All up-to-date information, all the problems that PWUD have, are immediately presented and the voices of PWUD are always heard.

I made my first speech explaining the community's most prioritized needs back in 2017. It was an appeal for vital new OST sites. And it was successful — another OST site has been opened in Odesa.

The new site does not solve all the problems, and there is still an urgent need for another site in the largest city district most remote from existing OST sites. But the project is not over, and I am sure our wishes will be taken into account and another site will open its doors.

Our interaction with city authorities is not limited to working groups. The PWUD Initiative Group always takes active part in events held by the city. We have not only joined ongoing campaigns, but also organized campaigns and events for our community: the **Hemp March** and **Support. Don't Punish**, the most important campaign for PWUD which takes place worldwide on 26 June.

Members of our Initiative Group participated in developing the City Programme to combat HIV infection, tuberculosis, HCV and drug abuse 2018–2021. At our group meetings, members were all informed and familiarized with the programme.

PICTURE: CITY TASK FORCE MEETING IN SOFIA

The Sex Workers Advocacy Network (SWAN)[6] focused on community mobilization and capacity-building for better involvement of sex workers in municipal HIV and TB responses. SWAN held a very successful training on community mobilization in **Sofia**. The city has no sex worker-led group, so this was a good opportunity for the network to get to know the sex worker community and potential allies and partners. SWAN worked closely with them on human rights violations documentation tools, and shared regional experience of the Human Rights Abuse Documentation Project (HRADP) and community mobilization. After the training, a sex worker was engaged for the first time as a community outreach worker, mentored by SWAN and Health and Social Development Foundation (HESED, Bulgaria)-SWAN members.

SOFIA, BULGARIA

A local City Task Force, or coordination council, had existed in Sofia for five years. Through the EECA Fast-track Cities project this council, called Sofia Local Public Committee for Prevention of HIV/AIDS, was re-established. The CTF involves city councillors from all political parties, city administration representatives and NGOs (including community organizations representing PWUD, sex workers, LGBT and PLWH). The committee is focused only on HIV. It holds official sessions 3-4 times a year and ad hoc groups in between regular sessions.

The municipality of Sofia coordinates the CTF, as the committee is established by a decision of Sofia council. The committee is chaired by the Chair of the Permanent Commission on social and health issues in Sofia city council. CTF statutes are approved by Sofia Council.

Sofia city council does not provide financial support for the CTF. There is an in-kind financial contribution through the participation of municipality officials, as their membership and work in it are part of their working schedule and obligations.

6 *The Sex Workers' Rights Advocacy Network (SWAN) is a sex worker-led regional network in Central and Eastern Europe and Central Asia that advocates for the human rights of female, male and transgender sex workers*

FAST-TRACK CITIES MAKES LOST PWID VOICES HEARD AGAIN: SOFIA

YULIYA GEORGIEVA, CENTRE FOR HUMANE POLICY

In 2017, through the EECA Fast-track Cities project, for the first time in six years we started to work with the community to increase their understanding of the importance of their involvement and motivate representatives to start a new and more effective movement. After several meetings with PWUD representatives, we involved two popular and recognized outreach workers from the Initiative for Health Foundation, who started a series of trainings on issues such as overdose, HIV, TB, hepatitis, and social and human rights for the most vulnerable populations (PWUD, PLWH, homeless people, and victims of trafficking and violence).

Our point of view was that we first needed to increase the understanding of people from key populations that their rights and obligations are equal with the rest of society, and increase their ability to fight for their interests. It was a big challenge in a country where discrimination is very high in almost every possible institution: police, health care, administration and authorities. Another very serious problem was the internalised attitude of most PWUD representatives that they deserve discrimination because they are guilty of using drugs. This is one of the main issues we are working with, and it will take a long time to be changed.

In July 2017, for the first time in six years I participated as a community representative in the working group for NGOs and state institution representatives (which started joint municipality/ NGO/KP work in the project). We discussed a tool for assessing key communities' needs and ensuring effective access for them. Community representatives were involved in follow-up project activities: meetings with authorities, workshops with international partners and a meeting with the mayor of Sofia.

We were also involved in various policy and research events in Bulgaria, and became an important source of information for international organizations. Our work on human rights (see section 1.2) resulted in some detailed findings on rights violations for KPs, and the registration of a new PWUD organization in Bulgaria.

PICTURE: CITY TASK FORCE MEETING IN TBILISI

Georgia is a unique example of PWUD activism in the region. The country decriminalized the use and storage of up to 75 grams of marijuana in 2018, which relieves stigma and discrimination towards the community and reduces barriers to access to services. Fast-track Cities project implementers, supported by the Eurasian Network of People Who Use Drugs (ENPUD)[7], were directly involved in advocacy and adoption of this decision. Members of the Georgian Network of People who Use Drugs (GenPUD) are represented in HIV and hepatitis coordinating mechanisms and committees, ensuring the interests of the community are considered when making decisions regarding their health and lives.

TBILISI, GEORGIA

The City Task Force was established under a Memorandum of Understanding between the director of Tbilisi Municipal Centre for Disease Surveillance and Control and the executive director of Tanadgoma. An initial 19 government and non-government organisations participated in the CTF, which held its first meeting in April 2018; member organisations currently number 24.

The Tbilisi CTF has no terms of reference and does not receive funding from the City of Tbilisi.

7 *The Eurasian Network of People Who Use Drugs (ENPUD) is a community of people who use drugs and their allies, who unite for the purpose to decriminalize drug use and achieve personal and social well-being. It is part of the Eurasian Harm Reduction Network and the International Drug Policy Consortium global network*

PARTNERS AND OPPORTUNITIES FOR THE FIRST SEX WORKER COMMUNITY ORGANISATION IN GEORGIA

The EECA Fast-track Cities project allowed Women for Freedom (WFF), the first community-based organization for current and former sex worker women in Georgia, to present SW community needs based on evidence and communicate with high level stakeholders. WFF were included in the City Task Force and participated in developing municipal programmes. Through the involvement of SWAN and links with SW organisations in the other four project cities, WFF became more sustainably strategic in advocacy work and building partnerships with the wider women's movement.

NATALIA KOPALIANI, WOMEN FOR FREEDOM

PICTURE: SWAN ADVOCACY PLANNING MEETING IN GEORGIA

The project brought WFF more partners and opportunities to continue community mobilization. Through hotline and face-to-face support, emergency funds mobilisation, advocacy and direct reaction to cases supporting community members, WFF gained more visibility in hidden sex workers groups. Sex workers began turning to the organization for HIV/TB/HCV referrals and in case of violence.

WFF also gained an international presence. It became a permanent participant of the Committee on the Elimination of Discrimination against Women (CEDAW) shadow reporting, promoting rights for SWs. Two members of the organization participated in the National Harm Reduction Conference in 2019 in Tbilisi, bringing the voice of sex workers to the discussion regarding sexual and reproductive health rights and HIV/HCV/TB treatment gaps. WFF's director has been elected to the SWAN board.

CHALLENGES TO CITY LEVEL COORDINATION IN THE EECA REGION

Decentralisation of tasks and allocated budgets to municipalities for prevention, treatment and care for HIV and TB is still in development in Eastern Europe and Central Asia. Municipalities in the EECA region (with the exception of Ukraine) have limited space to decide and limited budgets to fund their own policies, and need to adhere to national health frameworks.

Not all cities see the fight against HIV and TB as a priority on their political agenda. It is not easy to gain the interest of mayors and civil servants; health is just one of the many issues cities have to tackle. Knowledge about the role of civil society, ways of collaboration, and issues around accountability is still lacking among city authorities.

There is not yet a mechanism for transparent budget allocation and monitoring of budgets for health, including HIV and TB. NGOs have no insight into budgets for health at municipal level. Advocacy for transparency of budgets and accountability is necessary.

The tasks of NGOs are service delivery, watchdog functions, and advocacy for human rights and better care. Dependency on city budgets and active participation in a City Task Force can hamper the role of watchdog and advocate. All participants of a City Task Force should be aware of each other's role and function.

National CBOs do not have representatives of their constituencies in all cities, and may have limited knowledge of concerns and activities in cities. A good local counterpart should be selected to facilitate communication between local and national level. The local counterpart should receive input for advocacy from the national level, while the national level should be fed information from city level to ensure improvement of care.

Police participation in a City Task Force is not a given. In three out of five participating project cities, the police are absent from the City Task Force. Law enforcement agencies play a crucial role in decriminalization of key populations at risk of HIV and TB, and effective collaboration with them is a pre-requisite for success in improving access to health services.

There is a high turnover of staff in municipalities, which hampers relationship-building with the responsible people. A lot of time and investment is needed to meet, get acquainted with and identify the interests of responsible partners.

1.2 LEGAL SUPPORT AND HUMAN RIGHTS: MECHANISMS FOR ADDRESSING HUMAN RIGHTS VIOLATIONS

MAKSYM STRELCHUK, ALLIANCE CONSULTANCY

In general, representatives of key populations in all five EECA Fast-track Project cities face similar problems concerning violation of their rights. The main issue is status disclosure, which may imply stigmatization, dismissal, social isolation, threats of physical violence, and expulsion from the family. This problem is multi-faceted, as it often becomes a barrier when applying to lawyers to defend the person's rights.

The low awareness of key populations about their rights, the low level of communication between key populations and their networks, and the low level of trust in lawyers and representatives of public services are other important problems.

In some countries sex work and drug use are prohibited by law, which exacerbates the difficult situation of representatives of vulnerable communities.

Another important factor for PWID and SW groups is self-stigmatization — the belief that they deserve to be treated this way because of the lifestyle they lead, which is also a barrier to accessing legal aid.

For MSM, the main barrier is strong traditional and religious beliefs in some countries.

Most violations of the rights of key population representatives are committed by law enforcement officers and medical workers. Attitudes vary from city to city, but in general there is inherent stigmatization, and an unwillingness to work with KP representatives regardless of their type of statement or complaint.

The EECA Fast-track Cities project supported services for protecting the rights of key populations in all five cities. The project took into account available resources in the cities (legal clinics and human rights organizations), as well as approaches to service provision that would facilitate better reach to the target groups.

The KP legal support system in the project cities is still at the nascent stage. Some available government options (for example, free legal aid services) are often ineffective: they are aimed at solving completely different issues, in some cases are highly corrupt, and usually depend heavily on the cultural characteristics of countries that stereotype and are intolerant of KP representatives. In this context, a key role is played by NGOs and communities that provide services and support for vulnerable members, but their work is often uncoordinated and lacking common vision, strategy and systems of referral.

BEST PRACTICES IN THE FIVE CITIES

Some approaches and best practices in protecting the rights of KP representatives at city level include the following:

INITIATION AND DEVELOPMENT OF INTERSECTORAL DIALOGUE AND COOPERATION, WHICH WOULD INCLUDE BOTH NGOS AND COMMUNITY LEADERS, AS WELL AS STATE AND LOCAL (MUNICIPAL) BODIES.

Such cooperation may include: information and awareness work aimed at reducing stigma; referral of KP representatives to state or municipal services providing free legal assistance or other services; participation of KPs in developing and adopting municipal HIV prevention and control programmes. KP representatives were involved in adopting a municipal HIV programme in **Bălți**. Another example is **Odesa**, where in 2017 the human rights LGBT centre Our World, in collaboration with representatives of other organizations and individual LGBT activists, held a round table aimed at strengthening dialogue between civil society, local authorities and the national police on preventing discrimination and hate crimes.

DEVELOPMENT OF COMMUNICATION AMONG COMMUNITIES AND CREATION OF NGO NETWORKS.

This can contribute to KP awareness of the possibilities to protect their rights, focus efforts, and finance and develop specialization among NGOs. An example of such specialization in **Tbilisi** is the Georgian Young Lawyers' Association (GYLA), to which relevant NGOs refer clients including through the Fast-track Cities project. As part of the study, it was proposed to create an international platform for experience and information sharing.

ADOPTION OF THE PARALEGAL MODEL (COMMUNITY COUNSELLORS)

Paralegals accompany clients in the process of getting legal assistance. This model brings legal protection closer to ordinary KP members by making different types of primary legal assistance more accessible (e.g. legal information and consultation, preparation of documents). Special training, some elements of social work in the functional duties of paralegals, and a high level of trust among KPs can increase identification of clients' legal needs, developing them into strategic litigation and improving the effectiveness of such processes. The Youth for the Right to Life NGO in **Bălți** implements a legal aid mechanism largely driven by the work of paralegals and referral to lawyers from a human rights NGO or the state centre of free legal aid. The paralegal accompanies the client (a KP representative) to the lawyer, facilitates contact for further legal assistance, and collects primary information about the rights violation as reported by the client, thus informing the lawyer about the essence of the problem. Starting from 2019, for the first time the 'Paralegals' model was also launched in **Almaty**.

ROUND-THE-CLOCK LEGAL ASSISTANCE SERVICES.

This for example may be especially relevant in the context of increased danger for SWs who work on the street. In **Tbilisi** there is a fairly advanced office of the Ombudsman, with a night hotline and lawyers who take emergency calls. The Women's Initiatives Supportive Group (WISG) works in a similar format in Tbilisi. In **Odesa**, Legalife NGO's 24-hour hotline provides legal assistance by phone.

The above approaches are applied to a different extent in different cities (from declaration to actual implementation), depending on cultural and legislative contexts, resource provision, etc. One of the goals of the EECA Fast-track Cities project was to transfer and implement relevant local knowledge and practices to the maximum.

"EDUCATING PEOPLE ABOUT THEIR RIGHTS IS A VERY IMPORTANT, VERY LONG PROCESS": SOFIA

During the EECA Fast track Cities project the Centre for Humane Policy NGO supported organization of a focus group on human rights in Sofia. Over a year, we distributed about 230 questionnaires among key populations on human rights and discrimination. The results after processing the first 151 questionnaires were stunning. They show us clearly why PWUD do not like the idea of organizing and fighting for their rights. We are awaiting results of the other questionnaires and a professional analysis in order to use it as an advocacy tool for our future activities.

YULIYA GEORGIEVA, CENTRE FOR HUMANE POLICY

№	Question	Number of positive answers
1	Do you think the police behave differently to you than to other people? (are rude, arrest you for no reason, take advantage of their position, etc.);	149
	1.1 Have you ever been arrested for 24 hours?	65
	1.2 Have you kept a copy of the detention order?	22
2	Have you ever been denied help, or have medical staff behaved disrespectfully because they understand that you are PWUD /SW /PLWH/Roma?	61
3	Have you ever been denied a prescription for the pill or a free medical product to prevent unwanted pregnancy (spiral, diaphragm, condom, etc.)?	23
4	Have you ever been encouraged to undergo a sterilizing operation or have you been sterilized?	4
5	Have you ever attended social services which treat you in ways that put you in a disadvantaged position, thus harming you? (eviction or non-admission to accommodation, illegal waiver of social/family benefits, non-admission to disability, etc.)	96
6	Have you ever been denied a good education because you are PWUD/SW/PLWH/Roma?	42
7	Have you ever been denied work or been fired, or experienced disrespect in your workplace because you are PWUD/SW/PLWH/Roma?	60
8	Have NGO representatives who work to improve the quality of people's lives ever been disrespectful towards you?	30
9	Have state administration officials ever treated you disrespectfully over their services? (e.g. issuance of a tax certificate, etc.)	122
10	Have you ever been treated unequally by courts, prosecutors or lawyers? (a lawyer, a prosecutor or a judge has behaved disrespectfully or treated you differently, etc. because you are PWUD /SW /PLWH/ Roma)	132
11	Has someone else behaved badly towards you (shown discrimination)?	84
12	Is there a charge against you for earning income in an immoral way (Article 329 of the Criminal Code)?	51
13	Have you ever been recommended to visit a lawyer?	87

We have realized that educating people about their rights and improving their knowledge is a very important, but very long process, and we need to find better ways to work with community leaders who are sceptical about their possibilities to improve the situation of PWUD in Bulgaria.

After negotiations with the international PWUD community we decided that we need to collaborate with the European Network of People who Use Drugs (EuroNPUD). In January 2019 we organized a workshop for 10 PWUD activists who learned why the drug users rights movement is important, how PWUD can improve their situation, and how to fight for their rights. The participants were invited to became members of EuroNPUD Slack platform, where they can communicate with their colleagues from European countries.

PICTURE: WORKSHOP FOR PWUD ACTIVISTS

It was a very strong motivational event, although the feeling that Bulgaria is very far from the European movement's level was very strong. The main issues were identified: exclusion of PWUD from political decisions; lack of information; stigma and discrimination; harm reduction services; decriminalization; Hepatitis C treatment; the rights of women and mothers who use drugs.

Now there is a core of six to seven leaders who have worked very hard with ENPUD and EuroNPUD to ensure some funds to register a new PWUD organization in the country, make a video about the movement, and take part in the Support! Don't Punish campaign.

Meanwhile from 2018, we have been working very closely with one of the most successful human rights lawyers in the country. She is working on 4-5 different cases now, but has supported many more people with consultation and training.

CHAPTER 2

FOCUS ON THE HARDEST TO REACH AND MOST VULNERABLE

As cities respond to health-related issues, they face challenges ranging from social and economic inequalities and poverty, to violence, human rights abuses, discrimination and stigma that limit access to health and other essential services. Leaders in fast-track cities that have signed the Paris Declaration (see chapter 4) recognize that their strategies for responding to the AIDS epidemic offer them a platform for transformation that addresses the need for social inclusion, protection, safety and health.

HIV risk factors are typically exacerbated in cities, where economic and social disparities can create social marginalization. Stigma, discrimination, criminalization and violence increase vulnerability among key populations and make them harder to reach. Cities attract people in search of better job opportunities, including sex workers and migrant workers. These groups often experience social exclusion, which may limit their access to health information, services and support.

Tuberculosis infection rates and risk factors are also high in many cities including in EECA. At risk are homeless or migrant populations, and people in prisons and other closed settings because of poor living conditions, overcrowding, lack of clean water and sanitation.

Cities have historically taken the lead in providing services to key populations at increased risk of HIV and TB. In many cities such as Amsterdam, Frankfurt, Bern, New York and San Francisco, harm reduction programmes, including needle–syringe programmes and opioid substitution therapy, were first rolled out at city level.

Key populations are at the heart of the approach advocated and developed by the EECA Fast-track Cities project. This chapter looks at experiences in the project partner city of Bern, Switzerland, in establishing innovative harm reduction services for people who use drugs which helped change negative social attitudes and which are now being replicated in EECA. Other services set up with and for key populations in the five project cities include a new substitution therapy site in Odesa and a community centre for MSM and LGBT in Almaty.

2.1 SAFE CONSUMPTION ROOMS SOLVE PROBLEMS SUSTAINABLY AT THE ROOT: BERN EXPERIENCE

PICTURE: VISIT TO A SAFE CONSUMPTION ROOM IN BERN WITHIN THE PROJECT

When the Contact Foundation for Addiction Help Bern/Switzerland (Contact) opened the first safe consumption (injection) room or Contact Point in Bern in 1986, it was a worldwide novelty and an urgently needed earthquake for drug policy. The Bern experience offers an example and learning model for other cities in how to implement a successful harm reduction intervention to tackle city drug use. Existing professional and drug policy attitudes are fundamentally questioned by the Contact Point model — and are changing for the better.

JAKOB HUBER, FORMER CONTACT DIRECTOR, LICIT LLC[8] SENIOR PARTNER; BASIL WEINGARTNER

> "EXISTING PROFESSIONAL AND DRUG POLICY ATTITUDES ARE FUNDAMENTALLY QUESTIONED BY THE CONTACT POINT MODEL – AND ARE CHANGING FOR THE BETTER"

Untenable conditions for people who use drugs, the spread of HIV, hepatitis and tuberculosis, and open drug scenes in public spaces that burden the urban population: cities around the world are struggling with these problems. The Contact Point (CP) model efficiently combats these grievances, and is a central pillar of harm reduction in the field of addiction.

8 *Licit LLC is a Swiss organisation working for social change, especially pragmatic drug policies. Licit stands for integration rather than exclusion, for drug regulation rather than repressive prohibition, for consumption competence rather than abstinence. Harm reduction, early intervention, prevention, peer work, social enterprise and organizational consulting are licit's core competences.* www.licit.ch

The CP model includes the following core elements:

- Access to clean needles and drug paraphernalia (HIV, Hepatitis C and TB prevention)
- Monitored consumption rooms; no dispensation of substances (overdose prevention, saving lives)
- Medical first aid, social counselling and psychosocial support, crisis intervention, triage (health, social integration, motivation for treatment — substitution, detoxification)
- The Contact Points of Contact Bern offer beverages, food and showers

POSITIVE EFFECTS ON DRUG CONSUMERS AND PUBLIC HEALTH

Data from different countries show that the Contact Point model works in combination with other harm reduction services such as methadone and heroin substitution.

In Switzerland, the number of drug-related AIDS deaths has been reduced by around 90 percent, thanks, among other things, to the CP, while the number of deaths from overdose has fallen by around 80 percent. The number of severely addicted opioid drug users has decreased by over a quarter. Drug-related crime has decreased by approximately 70 per cent.

Several studies show, analogous to figures from Switzerland, that CPs do not lead to an increase in consumption.

FURTHER POSITIVE EFFECTS OF THE CONTACT POINT ARE:

- Consumers can be better integrated socially.
- Drug use can be integrated into the daily work of clients. They can work or stay at home, and the burden on their relatives is relieved.
- Consumer competence can be taught. Improvements are made in hygiene and safe use of drugs, e.g. switching to less harmful forms of consumption such as smoking instead of injecting.
- The number of injection utensils and needles lying around in the public space is reduced.
- Public order and safety can be better guaranteed. Police and prison services are relieved.

- Psychiatric hospitals are relieved because they have to provide less treatment.
- Direct contact with consumers makes it easier for them to be referred to drug treatment centres.

THE FIRST CONTACT POINT – FROM RESISTANCE TO SUCCESS

"The aim of harm reduction is to enable people to survive a phase of drug use in their lives with as little physical, psychological and social harm as possible." Definition by the Swiss Federal Office of Public Health, 2011.

The problems associated with drug use which today occur in many places, including many Eastern European countries, were a major issue in Central Europe from the mid-1970s onwards. In Switzerland, the first heroin deaths occurred as early as the mid-1970s. In the 1980s, the number of drug users rose massively; annual drug deaths increased tenfold within a few years. Large, chaotic and open drug scenes emerged.

In 1975, a therapeutic approach was first mentioned in Swiss national laws. At the same time, however, the use of narcotics was made a punishable offence in Switzerland. Swiss drug policy was still based on the dogma 'abstinence or repression'. However, it quickly became clear that abstinence was an unrealistic goal for some of those affected, while repression alone didn't solve the problems, and even aggravated some of them. The police and the judiciary were frustrated by the 'revolving door' effect (when people are arrested, detained, and released, only to be arrested again) and the problems on the streets.

In the 1980s various affected cities and later some cantons in Switzerland began to set up harm reduction services. In 1986 the NGO Contact opened the world's first state-subsidised and recognised safe injection room or Contact Point, in Bern's historic old town. It was the first time that people had a place where they were accepted for their drug use while receiving medical and social care.

At the time, harm reduction in practice was years ahead of legislation. However, as time passed and the model proved successful, it was possible to pave the way politically, legally and socially for the idea.

It was a long, rocky and arduous road. The CP project in Bern had to fight a lot of resistance. For a long time, Contact was involved in disputes with the police, authorities and politicians.

COLLABORATION WITH POLICE, HEALTHCARE AND CIVIL SOCIETY IS CRUCIAL

In the early days, Contact employees even faced criminal investigations after an article about the CP in the daily newspaper 'Neue Zürcher Zeitung' was interpreted as a public announcement promoting drug use. Right from the start, however, Contact emphasised that the Contact Point was not a place outside the law, but where the applicable law is interpreted and applied in a realistic way.

> "THE CONTACT POINT WAS NOT A PLACE OUTSIDE THE LAW, BUT WHERE THE APPLICABLE LAW IS INTERPRETED AND APPLIED IN A REALISTIC WAY"

In time, the police began to change their attitude. This was partly because they were asked to do so by politicians — Contact's active drug policy involvement played a very central role. But the police also noticed themselves that only a joint approach with addiction experts could remedy the difficult conditions in the drug scene. Since then, cooperation with the police in Bern has long been institutionalised and is based on mutual partnership.

It was also important to embed harm reduction in the existing health system. Treatment for drug addiction should be included in state or private health insurance companies. Health institutions such as hospitals should be willing and able to take in and care for people who use drugs.

Experience with harm reduction in Bern shows that it is particularly successful when it comes from below. Civil society organisations are much closer to the target group than government agencies can be. A strong civil society is needed if such organisations are to emerge and become active. Contributing to the creation of such a society is an important political goal in the context of harm reduction.

It was also important for long-term operation and success that the funds for CP were fixed components of recurring public budgets. This is a guarantee for long-term operation and sustainable work.

SOCIETAL LEARNING: THE REASON FOR POLITICAL AND SOCIAL SUCCESS

That the CP model became a great success despite initial resistance was of course partly because it tackled actual problems in a social and integrating way. But there is a second central point: the common learning process of society. Without this, improvements such as those achieved in Bern are hardly possible. The term 'societal learning' can be used for this common learning process.

Societal learning is not just about acquiring individual knowledge or skills, but about a collective process that involves society as a whole. Societal learning thus means the cooperative and collective handling of socially relevant problems — both analysis and the finding of solutions. Finally, societal learning should go as far as the legal institutionalization of collective learning processes (Huber & Reinhard, 2009).

In order for societal learning processes to get off the ground at all, there needs to be public or social suffering, such as with open drug scenes in public spaces, which pose a moral challenge to society as a whole. The higher the level of suffering, the more the problem penetrates the collective consciousness and thus becomes the motor of societal learning processes. In the 1980s and 1990s — when the drug scene largely moved into the public space — the societal learning process was initiated with regard to the way Swiss society dealt with problematic drug consumption and in particular with harm reduction.

The drug problem was — and still is — perceived as a disturbance and threat to public safety and order. The publicly discussed drug problem not only refers to the sometimes difficult life situation and health of drug users, but to all the side effects of drug consumption, such as drug-related crime, prostitution, drug trafficking or the public visibility of neglect and misery. These accompanying symptoms violate the prevailing moral, social and legal norms. In the 1980s and 1990s, the drug problem in large Swiss cities was accordingly recognised as a social and medical problem. This can also be seen in the subsequent social processes to remedy the problem, such as the development of drug policy strategies or the legal anchoring of harm reduction. In other words, societal learning in Switzerland — and in many other cities and countries — has fundamentally changed what was once a repressive drug policy.

It took more than 22 years after the opening of the first CP for the model to be given a clean legal basis and thus become institutionalised. In 2008, voters in Switzerland voted in favour of an amendment to the Narcotics Law, which codified the models tested in practice over the previous decades. **The Swiss four-pillar model** was thus officially implemented in drug policy.

THE SWISS FOUR-PILLAR MODEL

1. PREVENTION:

- Campaigns and prevention programmes
- Protection of minors
- Early detection, early intervention
- Prevention with a focus on framework conditions

2. HARM REDUCTION:

- Syringe exchange
- Condom distribution
- Consumption rooms
- Work integration
- Harm reduction in prisons
- Substitution (methadone and heroin prescription)
- Drug Checking (night clubs)
- Regulation of the drug market

3. THERAPY:

- Outpatient therapy
- Inpatient therapy
- Substitution

4. REPRESSION, CONTROL:

- Drug trafficking
- Security and order in public spaces
- Organised crime
- Money laundering

FIRST SAFE INJECTION ROOM IN EASTERN EUROPE – THE REVOLUTION CONTINUES

In early 2019, a major breakthrough in drug policy was achieved in Sumy, Ukraine. Within a psychiatric clinic, a harm reduction service in the form of a CP with a safe injection room was opened with funding from the EECA Fast-track Cities project and cooperation with experts from Bern. This is a milestone. It is the first CP in Ukraine and throughout Eastern Europe. The Sumy clinic management, together with the police and local authorities, had the courage to name existing problems – people using drugs in public places who endanger their health – and react to them effectively. The CP provides support for approximately 50 to 80 people; a second CP within the city of Sumy is already planned.

2.1.1 “WE HAVE ACHIEVED A LOT” INTERVIEW WITH JAKOB HUBER

JAKOB HUBER,
FORMER CONTACT
DIRECTOR, LICIT LLC
SENIOR PARTNER

As part of the Global Fund project, you advised five EECA cities. What was the procedure like?

We showed our sustainable, evidence-based successes in social integration and how we achieved that the HIV rate in Bern and Switzerland fell to an absolute minimum. In short, we passed on what we have achieved and learned over the last 35 years.

What is the core element of the successful strategy in Bern?

Integrated harm reduction, in which all major players are involved: medical and social experts, but also the police. A shared objective of political, administrative, police and addiction institutions: for health and against the exclusion of people who use drugs, and for relief, security and order in the public sphere. This cooperation must be established, maintained and cultivated through functioning structures.

Who were the contact people for this exchange in the five cities?

On the one hand, whenever possible, the highest political bodies in the cities: the administration, the city council, the person responsible for health sectors. On the other hand, it was necessary to find civil society organisations that are committed, work cost-effectively and have the structures to implement requirements in the long term and conduct the necessary drug policy discussions. There are many good organisations working for and with drug users already. It was important to make them sufficiently professional. I am impressed by the level of commitment with which the civic organisations on the ground work under the most difficult conditions.

> "THERE ARE MANY GOOD ORGANISATIONS WORKING FOR AND WITH DRUG USERS ALREADY... I AM IMPRESSED BY THE LEVEL OF COMMITMENT WITH WHICH THE CIVIC ORGANISATIONS ON THE GROUND WORK UNDER THE MOST DIFFICULT CONDITIONS"

How do authorities and civil society organisations work together?

That is a question that aroused a great deal of interest in our project cities. We showed them how Bern does it: the administrative-political level decides what is done, but how it is implemented in practice must be laid out in service agreements with non-governmental organisations. To this end, we were able to demonstrate practice-tested contract models that include important controlling structures, among other things.

How can the current situation in EECA cities be compared with the situation in Bern in the 1980s?

In many cities the problems are very similar. In many places, drug problems are primarily tackled repressively. In contrast to Bern, this is unfortunately still the case in most cities today. Until recently, this was no different in the five project cities.

What is the problem with this approach?

Repression and prohibition are counterproductive and create most problems in the first place. People who use drugs are afraid, they hide. All previous offers and measures, including repression, do not reach these people at all. As a result, they are completely on their own. This increases the danger of the spread of HIV, hepatitis and TB as well as the increase of drug-related deaths. Prohibition also leads to procurement crime.

What does it take for repression to be replaced by harm reduction?

In my experience, it is a great challenge to create the political will to steer in the direction of harm reduction. Those responsible must recognise that the drug problem is a public health problem. Therefore, existing repressive drug laws in the area of consumers must be overcome. Of course, in the area of large-scale drug trafficking, repression is still necessary. The second major challenge is to mobilise enough money for harm reduction. Because when there is money, good projects can usually emerge.

Why is it difficult to get these funds?

The drug problem is not a top priority in many of these cities. There are usually other pressing problems, such as poverty or unemployment. Nevertheless, it is important that the funds are available even when international donors such as the Global Fund are no longer able to raise funds. Donors like the Global Fund have done a lot. In my view, however, they failed to get the local authorities to increasingly co-finance services at an early stage. This is now backfiring.

How has the situation in the five cities changed over the three-year project?

About 80 percent of the goals were achieved. The primary objective was to improve and sustainably finance harm reduction services. The latter is fulfilled when local authorities include the funds previously financed by international donors in their budgets. The decisive and difficult step is to get into municipal and state budgets. Once the service is in there, there is a good chance that it will stay there. We have achieved much more in this area than we had initially thought.

What about the development of the services offered?

These have developed positively. In Sumy, for example, the first Contact Point in Ukraine and Eastern Europe was opened. This is an enormous drug policy step. The understanding of the problem has grown in the cities. It has been recognised in which direction the path should go; that harm reduction is needed and that repression can only cover a certain part. The police should and must look after public security and order. The addiction experts, on the other hand, are responsible for the medical-social aspect. We have also had an exchange with the police in the five cities, and achieved a great deal in the process. There are some very open-minded people. On the streets, they notice that repressive measures only aggravate suffering and don't lead to anything

> "THE UNDERSTANDING OF THE PROBLEM HAS GROWN IN THE CITIES. IT HAS BEEN RECOGNISED IN WHICH DIRECTION THE PATH SHOULD GO; THAT HARM REDUCTION IS NEEDED"

What can civil society organisations do to strengthen harm reduction?

There are always two levels. One is practical help. The other is to change the framework by working at the political level. It is important to keep harm reduction in the public discourse in a positive way, for example through media reports. Successes must be shown time and again. In this way, the issue remains present in society. If it is only discussed in small circles in parliaments and councils, there is a greater danger that the money will be cut. It is also important to establish good cooperation with the authorities. Contacts with decision-makers are very important.

Another problem is the stigma against drug use or HIV-positive people. What can be done about this?

Such stigma exists worldwide. The stigma has not yet been overcome in Switzerland either. It is important to create acceptance. The same applies to the awareness that drug addiction is a disease. This sensitisation of society is important. Good harm reduction services have an advantage. They relieve the burden on the public space, the neighbourhoods. They reduce crime rates and help families. This is why these services are accepted by the local population. It is therefore important for providers to emphasise that they are not only doing something for people using drugs, but for society as a whole. This is how goodwill is created.

2.2 CITY OST SITE EXPANDS LOWER-THRESHOLD SERVICES AND ALLEVIATES DRUG-RELATED HARM IN ODESA

Until 2018 the Odesa city opioid substitution therapy (OST) programme provided services to almost 450 patients at two sites which reduce many drug-related harms for clients and link them with health and social services. However, the need for OST is still high; the programme needs to reach at least 1,200 patients. In addition to insufficient site capacity, Many PWID find it difficult to join the OST programme because first they have to undergo a lengthy registration process with official drug services.

ELENA TALALAEVA (GRYBOVA), YOUTH CENTRE FOR DEVELOPMENT

PICTURE: IN THE NEW OST SITE, ODESA

To improve the situation, Odesa municipality in the framework of the EECA Fast-Track Cities project launched a new OST site at a municipal psychiatric clinic.

The new OST site operates from a detached building and has a separate entrance. This particular medical facility was selected in consultation with the city department of health back in 2017, at the start of the project, because of its geographic convenience for patients. In this city district there are no other OST sites; it is located close to a bus station in the old Moldavanka borough of Odesa which is traditionally blighted by drug problems.

The site was developed to offer a range of services, including both medical services and psychosocial support. A medical doctor together with a team of nurses at the site administer OST medication, and a

The allocated premises for the new Odesa OST site were in a derelict building which had been abandoned for almost 20 years. Project partner the Youth Centre for Development organised major repairs, including:

1) Applying for a building expert report on the integrity of the building's framework and surrounding structures, which would allow using the premises to receive patients and store and administer narcotic and psychotropic drugs.
2) Repairs including installing plumbing and drainage systems, constructing a separate entrance to the OST site, repairs inside the three offices, installing bars on the windows, fixing the door step and porch roof.
3) Installing security and fire safety systems, Internet and phone lines.

team of psychologists and social workers provides psychological care and support to clients, including those seeking rehab services. Clients can join a self-help group, and freely choose between enrolling into the OST programme or going into rehab. The site's capacity is 200 OST patients.

The launch of the new OST site is an excellent example of financial and technical cooperation between civil society organisations, municipalities, and international agencies.

Within a regular contest to support social projects held by Odesa City Council, for two years in a row (2017 and 2018) funds were awarded to OST projects, and used to purchase furniture and equipment.

Utilities and salaries for the site are covered by the city psychiatric clinic (city budget-funded). Currently the new site provides OST to almost 50 people, and continues to carry out activities to attract new patients. Through the Fast-track Cities project, NGOs have developed and improved case management for OST clients, while Odesa's new social contracting mechanism, adopted in spring 2019, has announced tenders for NGO-provided OST linked services.

"NGOS HAVE DEVELOPED AND IMPROVED CASE MANAGEMENT FOR OST CLIENTS, WHILE ODESA'S NEW SOCIAL CONTRACTING MECHANISM, ADOPTED IN SPRING 2019, HAS ANNOUNCED TENDERS FOR NGO-PROVIDED OST LINKED SERVICES"

Before the start of the project, the main barrier for PWUD to start OST was the required registration process with city drug services. The procedure involves enrolling in the drug treatment clinic inpatient department for about 10 days; patients are also expected to procure drug testing kits themselves. The project initiated negotiations with the regional psycho-neurological clinic to optimise the registration process. As a result, prospective clients can be put on the drug registry after a maximum of three days instead of 10.

2.3 COMMUNITY CENTRE STRENGTHENS KEY POPULATION INVOLVEMENT AND CHALLENGES STIGMA IN ALMATY

The people of Central Asia including in Kazakhstan traditionally follow Islam, even though many are not practising Muslims, and these religious beliefs tend to fuel growing homophobia. When society at large is not accepting of LGBT and MSM, these communities are forced to live in the shadows, for reasons of safety and well-being.

In Kazakhstan the LGBT community is therefore hard to reach, and suspicious of NGOs and the services they provide. The country lacks outspoken LGBT community activists and programmes, while international donor funding rarely focuses on mobilising the LGBT community. There is a lack of awareness within the community itself about legal rights and health issues, coupled with internalised stigma, which significantly limits the scope of work for independent activists and NGOs when providing services to MSM and transgender people.

AMIR SHAIKEZHANOV, ECOM REPRESENTATIVE IN ALMATY, LGBT ACTIVIST

PICTURE: SCHOOL OF LEADERSHIP FOR MSM AND TRANSGENDER IN ALMATY

In order to help improve the situation I decided to concentrate my activities within the Fast-track Cities project framework on setting up trans-inclusive groups for MSM which would deliver up-to-date, comprehensive information on HIV and other STIs, improve legal knowledge and provide support on self-acceptance as LGBT.

Throughout my activities I have always maintained a high media profile, which helped form a rapport with the group. Meetings were advertised in open and closed groups which helped reach a significant number of people.

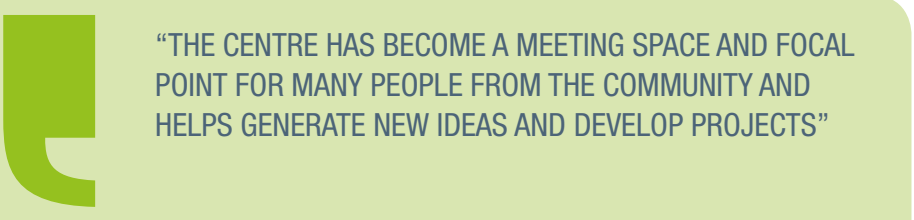
In 2018 the first meetings were organised as short lectures with a follow-up discussion, however, they lacked interaction with the audience and participants quickly lost interest. In discussions with the participants we decided to hold Q&A sessions which proved much more successful.

Meetings were held regularly, and the planned date, venue, and theme were extensively advertised, which attracted more participants many of whom would bring a friend. This helped forge a community which would independently decide on the topic of discussion and the meetings' format, and attract new people.

After discussing the project with AFEW Kazakhstan it was decided to organise a series of retreats which would provide a much deeper level of engagement and create a core team of participants, as well as provide art therapy and psychological training. Off-site retreats for MSM were born, nicknamed Boys' Clubs. These retreats could reach more people due to their informal nature, they were held at attractive locations and offered an interesting programme. The MSM community was strengthened by networking with other projects, such as participation in weekly LGBT meetings. These meetings were used to advertise NGO services, distribute brochures, organise joint meetings on HIV prevention or offer legal assistance. On 1st December, 2018 over 80 project participants turned up to mark World AIDS Day.

In due time the MSM self-help group expanded, a core group of participants was formed and it became evident that the project needed a new meeting space that would be safe and secure. Upon conducting negotiations with AFEW Kazakhstan and several active community members, we launched the Safe Space Community Centre for LGBT with financial support from the AFEW Foundation and the community.

The centre has become a meeting space and focal point for many people from the community and now helps generate new ideas and develop projects; it also helped identify new community leaders and active members. Currently activities include self-help groups for MSM and English language courses; the centre also has a library, holds movie nights and organises events for other initiative groups. It launched the first ever support group for Kazakh-speaking MSM and offers psychological support and therapy. The centre operates with support from volunteers and community activists.



By centring our activities around real needs and regularly involving more people, we managed not only to identify the MSM community in Almaty but to significantly strengthen and expand it. As a result, at the moment the MSM group is the most mobilised and active part of the LGBT community as a whole.

CHAPTER 3.

CUSTOMISING AND OPTIMISING TESTING AND TREATMENT SERVICES

The EECA Fast-track Cities project conducted operational research or pilots for improved testing and treatment services, aimed at making them faster, more cost-effective and results-oriented. The pilots focused on ensuring accessibility to key populations and a wider take-up of testing and treatment services by those who need them. Strategic operational research on lay-provider initiated HIV testing services, or results-funded TB treatment through primary health facilities, offer documented successful examples that are affordable for city budgets and can be scaled up in cities across the region.

This chapter provides case studies of integrated fast-track services including increasing uptake of ART among key populations in Almaty, improving out-patient tuberculosis treatment in Odesa with results-based financing, and coordinating and linking TB and HIV detection and treatment in Bălți.

The project pilots described here resulted in significant outcomes related to HIV and TB.

3.1 OUTREACH LOW THRESHOLD HIV TESTING RESULTS IN MORE COMPREHENSIVE SERVICE COVERAGE IN ALMATY

AINURA BATYRBEKOVA, AFEW KAZAKHSTAN

Almaty's harm reduction programme to prevent HIV among PWID works on the basis of 19 'trust sites' located at city clinics and hospitals. Sites are funded from state and local budgets, while separate activities such as behavioural research interventions aimed at expanding existing services are funded by international projects.

Although the trust sites have shown positive results in containing the HIV epidemic among key populations, and HIV testing as a service is available in health facilities, key populations are likely to avoid these facilities because of stigma and discrimination, self-stigma, fear of status disclosure, the unfriendly attitude of medical staff, long distances to the sites, lack of money for transport, lack of time, etc.

Global practice has shown that stigma and discrimination are the dominant factors in the spread of HIV among key populations. Innovative, client-oriented interventions with the direct involvement of key population groups or community-based organizations are needed to tackle this.

In April 2018 the **operational research 'Low-threshold model of access to testing and treatment of HIV for PWID and their sexual partners'** was launched in Almaty with the support of AFEW Kazakhstan and the Alliance for Public Health under the EECA Fast-Track Cities project.

Outreach testing of PWID and their sexual partners using rapid oral tests with the direct participation of an outreach worker/peer consultant is a new intervention not only for Almaty, but for Central Asia.

To launch the operational research in Almaty, a research protocol was prepared and approved by the ethical review board of the School of Public Health (Ministry of Health). An agreement was concluded with the company OraSure for 6,000 rapid oral tests for assisted self-testing.

When the research strategy was discussed in 2017, eight AIDS centre trust sites were already participating in a project led by a partner organization which also provided testing and social support to clients. The other trust sites, and the areas they are located, were identified for implementation of operational research on assisted HIV testing.

The goal of the operational study was to introduce and evaluate the effectiveness of assisted HIV testing and social support using the Community Initiated Treatment Intervention (CITI) approach.

THE PROJECT HAS TWO COMPONENTS:

PICTURE:
SALIVA HIV TESTS

A. HIV testing and client support for timely enrolment into ART by a non-medical worker:

- Outreach HIV testing for PWID and their sexual partners;
- Introduction of the CITI social support model. This model includes targeted and integrated work with a specific client from the moment of positive serological status detection to enrolment into ART.

B. Active search for PWID who are not under medical observation or in treatment, as well as enrolment into ART with the assistance of a health worker; engaging peer consultants in medical teams looking for and enrolling clients into ART.

DATA MONITORING AND CONTROL

The Alliance for Public Health has optimized and adapted a tool for monitoring and controlling data from operational research. This Optimized Case Finder (OCF) mobile app actively tracks contacts and engagement of HIV-positive participants, as well as their partners, friends and acquaintances from risk groups.

The project uses a two-stage model for recruiting participants, which begins by attracting HIV-positive index clients (outreach workers invite clients to participate in the project by giving them the appropriate coupons). The outreach worker marks clients in the OCF as a positive index and asks them to invite three people who they believe may be at risk of HIV, thus forming an extended network of people at risk. These people are then encouraged to invite three people from their social circle, regardless of serological status, to be tested by an outreach worker. Clients who are tested receive mobile phone credit, or food or hygiene kits for an equivalent amount. The most active clients who have close access to a risk group can participate in the project as recruiters to attract clients to outreach workers. For each new client the recruiter receives mobile credit.

All clients from the risk group can take part in the project every six months, unless they are found to be HIV-positive, in which case they are classified into the category of index clients and enter the second or third stage of engaging contact persons.

The Syrex cloud (mobile app) uploads and stores all data, and is used in real time to monitor the programme, allowing users to register each client, test result and case taken for follow-up, as well as to scan QR codes on invitation coupons for screening. The outreach worker, or case finder, registers all HIV-positive clients in the programme and monitors their treatment process.

An outreach worker provides additional support to HIV-positive clients at all subsequent stages: social support at the AIDS Centre for ELISA testing; registration and timely ART prescription. If necessary, the outreach worker addresses the client's social needs if they pose a barrier to enrolling and receiving treatment: replacing identity documents, arranging temporary registration in social institutions or crisis centres, registering in a city clinic, etc.

RESULTS

To compare the efficacy of the two models — CITI, used as part of the operational research, and current testing and treatment practices in medical facilities — we requested data from the AIDS centre on the services cascade. However, the existing city electronic tracking database lacks the requested data export function. Therefore, here we present only data derived through an operational study from April 2018 to October 2019:

- The number of people tested for HIV was 6000, of whom 4031 (67%) were PWID and 1969 (33%) were their partners;
- 145 (2,4%) people were diagnosed with HIV;
- 538 PLWH started ART with the help of outreach and medical workers.

CITI programme data indicates an improvement in the range of the cascade of services for PWID and their partners, from detecting HIV to early access to ART and supporting adherence to treatment.

Compared to standard practice, the research model facilitated early access to treatment for people who use drugs and their partners. The average time from rapid HIV testing to medical registration was 13 days, and the average time from registration to enrolment into ART was 5-7 days.

SUSTAINABILITY

Both in the city of Almaty, and generally in the Republic of Kazakhstan, the benefits of rapid oral tests were highly appreciated not only by the non-governmental sector and medical facilities, but by clients themselves, the recipients of services. Systematic work is now underway at country level to register rapid tests, arrange centralized public procurement and make them available in pharmacies so that anyone who wishes may purchase and test themselves.

Within the operational study, a guide for conducting assisted rapid testing with outreach workers was developed and approved at city level. State regulations on free HIV testing have been revised to include the possibility of HIV testing using rapid tests, including by NGOs working with key populations. The MoH's infectious diseases centre plans to develop and include in curricula a training module for NGO employees to conduct assisted rapid testing.

3.2 TUBERCULOSIS DIRECTLY OBSERVED THERAPY BASED ON RESULTS-BASED FINANCING BRINGS HARD-TO-REACH PATIENTS TO TREATMENT IN ODESA

ANZHELA YURIEVA, YOUTH CENTRE FOR DEVELOPMENT

PICTURE: REPORTING ON TB CLIENTS TREATMENT

Since 2013 the social structure of the population in Ukraine has changed, and we now talk more and more about labour migrants, temporarily displaced persons, refugees and other population groups who are vulnerable to tuberculosis. Approaches to prevention, detection and treatment of tuberculosis have also changed, altering the effectiveness of these measures in different population groups.

Three years before the EECA Fast-track Cities project was launched in Odesa and during the two years of project implementation, TB rates increased by 34.4% in the overall population of Odesa. However, among the city's permanent residents the registered increase was only 6.9%, meaning that the biggest increase is among the migrant and homeless community, who are hard to reach.

In raw numbers, 2018 estimates include 353 people with TB who are work migrants, internally displaced or homeless people.

These people do not have access to primary care and cannot register at primary health centres, as they have no permanent address or documents confirming place of residence. Usually such patients are detected by in-patient departments or hospitals, or by specialised regional TB clinics.

This patient population does not include as many patients with destructive forms of the disease, and the overwhelming majority are detected during routine testing and screening. The share of open TB cases among the overall number of first-time patients in the three years before project launch was on average 54.9%.

Odesa has high MDR-TB prevalence and high TB/ HIV co-infection. The number of first time patients affected by TB/HIV co-infection continues to rise annually; the share of HIV-positive patients among people with TB is also increasing.

The EECA fast-track Cities project conducted operational research into models to improve out-patient treatment for TB patients.

CARE PROVISION AND PROBLEMS PRIOR TO PROJECT LAUNCH

Before the project launch TB patients in Odesa could access in-patient and out-patient care equally. The oblast (regional) TB clinic which provides tertiary medical care also provided access to a 'day hospital' for a small proportion of patients, intended as an alternative to in-patient care. However treatment efficiency remained insufficient.

Out-patient care included several models:

- Treatment at a DOTS site at the City TB clinic supervised by a nurse;
- Home care provision by TB clinic visiting nurses;
- Care delivery by NGO lay healthcare providers delivering TB medicines together with psychosocial services which include food and hygiene products. These interventions were implemented by the Red Cross Society and AIDS-service NGOs.

Key issues undermining these models include:

- Transport fares and time the patient has to invest to travel to and from the TB clinic;
- Lack of patient motivation;
- AIDS-service NGOs concentrate exclusively on patients with HIV;
- The models delivered by lay healthcare providers lack mechanisms to monitor adverse side-effects as providers do not have the necessary training;
- Social workers do not monitor patients' follow-up visits and test schedules;
- Patients with alcohol abuse issues tend to drop out of treatment following the first health improvements and as soon as the clinical disease is under control.

SUGGESTED PROJECT ACTIVITIES FOR ODESA

With a view to increasing the efficiency of care provision and ensuring quality of medical services provided to TB patients, together with scaling up access to DOTS, care delivery was organised within Primary Care Clinics (PCC).

Three care delivery models were researched, including:

- patients receive care from a catchment PCC nurse or any other nurse who is also the patient's case manager;
- a medical nurse makes home visits and directly monitors medicine intake by the patient;
- both nurse and patient schedule a meeting at a location suggested by the patient, to protect the patient's right to privacy if the patient does not want to disclose his or her status.

Over 700 TB patients were enrolled into the new pilot models.

Activities to prepare for launch of the pilot project included:

- Project feasibility studies were conducted;
- visits to PCCs to assess their accessibility and convenience for patients;
- organised workshops for PCC heads of departments and administrative staff;
- 65 PCC medical nurses received training;
- the Department of Health of Odesa City Council developed an order supporting implementation of the pilot project in the city;
- the project was widely discussed by the City Coordination Council on HIV/AIDS, tuberculosis and drug abuse.

PILOT PROJECT OUTCOMES AND FUTURE SUSTAINABILITY

In the course of project implementation, the proportion of patients with open TB among primary patients has declined to 51.7% (compared to 54.9%), meaning that TB patients are detected at an early stage before they can pose an epidemiological risk to others. There has been a registered decrease in destructive forms of TB, which also supports early detection since the start of the project.

The share of MDR-TB among newly detected cases decreased from 18% in 2016 to 15.7% of primary TB cases registered in 2018.

Susceptible TB treatment success within the project group was 90%, improving the result in the city as a whole: in the city of Odesa susceptible TB treatment success increased from 53% in 2016 to 71% in 2019 after two years of the pilot project.

From October 2019, medical nurses involved in DOTS provision will receive monthly results-based remuneration for each patient financed by the city budget in the framework of the municipal HIV programme.

3.3 MULTIDISCIPLINARY TEAMS INCREASE ART COVERAGE IN ODESA

The EECA Fast-track Cities project provided an opportunity to revise the approaches applied to dealing with HIV and TB in Odesa, and develop more effective strategies. The main objective was to introduce a system of HIV case detection which could identify the overall number of HIV-positive patients in need of services.

Success in reaching the first two UNAIDS 90-90 indicators (i.e., 90 percent with HIV diagnosed and in treatment) depends on the effectiveness of the city's medical care infrastructure in detecting HIV-positive patients, with 90% of them being enrolled into medical care delivered by specialised clinics (including the city's AIDS centre, TB clinic, and oblast centre for socially dangerous diseases). The service delivery model had to change, together with the system as a whole.

To this end, the department of health under Odesa City Council issued a series of decrees, which have altered the approach to HIV detection in the city by introducing rapid tests. City budget funds were used to procure test kits, including rapid HIV tests. Orders issued by the department of health helped strengthen the city's medical care system and prepare it for working in a changing environment, but most importantly the whole medical network in the city is now geared towards fighting the spread of HIV.

In 2017 work began to train healthcare staff in testing for HIV, detecting the infection, referring diagnosed patients to specialised clinics, and ensuring clinical tracking and enrolment into ART. These objectives required systemic thinking and a holistic approach from healthcare providers.

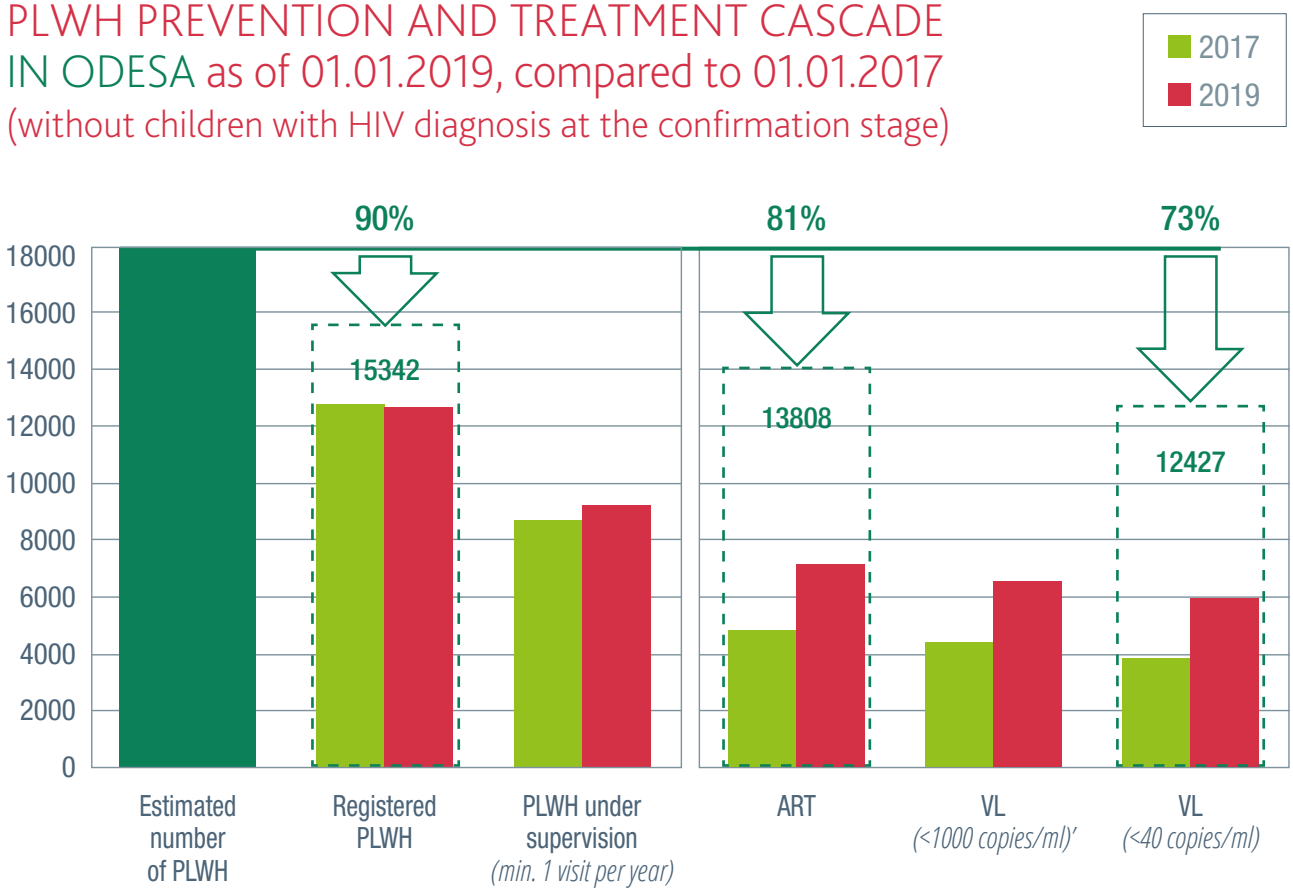
In January 2018 Odesa launched the application of rapid tests for HIV throughout its healthcare network. In June 2018 the city council adopted the city's 2018-2020 Targeted Programme to fight HIV/AIDS, tuberculosis, hepatitis and drug abuse (Fast-Track Odesa). The programme aims to enrol into treatment 90% of the city's HIV patients; it also strengthens partner relations between the agencies involved in project implementation including municipal departments and services and NGOs.

Odesa city health department set up multidisciplinary teams (MDT) within the city's healthcare system of clinics. MDTs include the clinic's deputy head doctor for clinical care of HIV, doctors and nurses representing each of the clinic's departments, a medical doctor involved in the AIDS centre's 'trust site' closest to the clinic, and an NGO representative as per existing agreements on cooperation.

MDTs are not a new form of collaboration, but creation of a properly working MDT system monitored by the head of the Odesa health department and the city AIDS centre showed concrete positive results. Every week the health department collects analytical data on the number of people tested for HIV, the share of HIV positive results and the number of patients referred to specialised clinics (AIDS centre, TB clinic). Monthly analysis includes data on the intake of ART patients.

As of 01.07.2019, the number of clinically tracked patients is 11,707. A total 6,692 patients are enrolled into ART, and 5,542 patients (82.8%) have undetectable viral load. The positive change in the Odesa HIV care cascade is shown the table below:

PLWH PREVENTION AND TREATMENT CASCADE IN ODESA as of 01.01.2019, compared to 01.01.2017 (without children with HIV diagnosis at the confirmation stage)



The underlying strategy of the EECA Fast-Track Cities projects creates hope that the HIV epidemic could be brought under control. Other innovative components of Odesa's fast-track programme include prevention services delivered through a network of pharmacies (17 communal pharmacies are engaged in provision of prevention kits purchased by the municipality and provide syringe exchange to PWUD referred by NGOs) and developing a registry of service recipients.

ALA IATCO, YOUTH FOR THE RIGHT TO LIVE

3.4 IMPROVING LINKS BETWEEN TB AND HIV SERVICES BRINGS MORE PATIENTS INTO CARE IN BĂLȚI

PICTURE: TRAINING ON THE SEX WORKER IMPLEMENTATION TOOL, BĂLȚI

In Bălți implementation of fast-track measures to curb HIV and TB among vulnerable populations and increase the involvement of city authorities began in June 2017 with signing the declaration of intent to join the Zero TB Initiative (see chapter 4). The City Task Force or coordinating council was set up to strengthen cooperation.

Since the launch of the EECA Fast-Track Cities project the municipal health services in Bălți have organised regular trainings and other activities for healthcare providers and representatives of municipal services and law enforcement agencies. Training was delivered by a team of medical doctors, including infectious diseases, TB and addiction specialists, and focused on HIV/TB co-infection, as well as the importance of scaling up HIV/TB testing including testing people most vulnerable to infection.

Another series of training workshops was delivered to key populations, covering TB prevention, overcoming fear of treatment with Isoniazid, nutrition while in TB treatment, psychological states and depression while in TB treatment, and patients' rights. Almost 200 people from populations most vulnerable to HIV and their family members participated in the TB Patient School, of whom 50% were in TB treatment. Each participant received a copy of the TB Patient's Handbook and, on completing the school's fourth information session, were given motivation kits which included a food package.

To strengthen TB detection a single screening form was developed and introduced across the city's medical clinics and NGOs working in HIV and TB.

LOW THRESHOLD COMMUNITY INITIATED SCREENING AND TREATMENT

To strengthen detection of HIV/TB co-infection, HIV optimised case finding (OCF) and community initiated treatment intervention (CITI) were introduced in the framework of the **'Model of low threshold access to testing and treatment of HIV and tuberculosis for populations most at risk of HIV, including injecting drug users and sex workers and their partners in Bălți City'**. The model was developed to support early detection of HIV and tuberculosis among PWUD and SW and their sexual partners, but also to ensure timely delivery of treatment, care and support services which remain an important component of epidemic control.

PICTURE: TRAINING FOR OUTREACH WORKERS ON RAPID TESTING

Five outreach workers were engaged in implementing the optimised HIV testing model (with application of rapid tests). Together with testing clients for HIV, the model required application of TB screening procedures. Following a positive screening test result the client was followed up by the outreach worker to ensure timely delivery of ART or tuberculosis treatment.

To provide confirmatory testing for TB the screening procedure involved additional tests (Gene Xpert, x-ray and CT scan). It is vital to stress the application of computerised tomography (CT), as it proved highly efficient with HIV-positive patients, helping to diagnose TB in 7 out of 20 patients who received a CT scan of the lungs and abdominal cavity (internal organs).

RESULTS

Eight months of implementing optimised case finding for HIV and community initiated treatment intervention (CITI) yielded the following results:

- 1,993 people tested, including 78 newly detected HIV cases;
- 50 people initiated ART; 28 people in the process of starting;
- TB screening procedures helped identify and confirm 7 new cases of infection; 15 people started TB treatment, including 15 follow-up.

To follow up HIV/TB co-infection cases, the model applied a case management approach previously used in CITI. Clients who tested positive during screening test procedures received social support. An outreach worker helped the client to navigate the healthcare system to ensure timely delivery of ART and TB treatment. The outreach workers as a result were mostly responsible for situation assessment, developing an individual treatment plan for managing each case, and providing immediate social and treatment adherence support (for a period of up to five months).

Outreach workers provided support to PWUD and SW who were officially diagnosed with HIV and registered with their local ART site but for various reasons had not received treatment over the last six months; outreach workers helped them re-enrol into care with active support from the clinic's medical staff.

To ensure adherence to TB treatment, ART and OST, existing interventions were combined under a One Stop Shop model, i.e., OST sites provided methadone delivery and prevention treatment with Isoniazid, the TB service provided TB treatment in combination with OST, DOTS was made available to clients with HIV/TB and PWUD/TB/HIV, and ART sites introduced a system of referral for x-ray testing.

In Bălți the project helped strengthen coordination between different stakeholder organisations, including TB care provision services, local ART sites, sites for voluntary HIV testing and counselling, drug treatment services, centres for family medicine, municipal health services, the Bălți municipal department of social protection, the police, and communities and organisations of KPs, PLWH, TB patients and LGBT.

CHAPTER 4

WORK WITH CITY AUTHORITIES: HIV/TB PROGRAMMES AND BUDGETS

This chapter looks at work with city authorities. Several international initiatives and frameworks have been set up within which municipal authorities can collaborate with service providers, civil society and key populations to create and improve HIV and TB responses. Here we introduce some of these initiatives, and explore how they have contributed to city-level HIV and TB responses in the five EECA fast-track cities.

PICTURE: THE MAYORS OF BĂLȚI, BERN AND ODESA DURING A STUDY VISIT

Case studies examine the processes required for authorities (mayors, city health departments, city councillors), with the impetus of civil society, to join international commitments and take concrete action to improve and sustain HIV/TB responses.

Section 2 looks at the municipal budget allocation and financing mechanisms for city HIV and TB programming, including social contracting of NGOs introduced as part of the EECA Fast-track Cities project.

4.1 BUILDING CITIES TO COMMIT ON THE HIGHEST LEVEL TO ENDING HIV AND TB: INTERNATIONAL INITIATIVES

Urban strategies and actions are central to achieving the UN Sustainable Development Goals, including ending the AIDS epidemic by 2030. Integrating the HIV and TB response into the UN Sustainable Development agenda provides further opportunity to ensure better health, reduce inequality, advance human rights, and promote inclusive and equitable societies.

4.1.1. THE PARIS DECLARATION

PICTURE: SIGNING THE PARIS DECLARATION ON WORLD AIDS DAY. PARIS, FRANCE, 1 DECEMBER 2014

On World AIDS Day 2014, mayors from around the world came together in Paris, France, to sign a declaration to end the AIDS epidemic in their cities[9]. In signing the Paris Declaration, mayors commit to putting cities on the fast-track to ending the AIDS epidemic through a set of commitments. Those commitments include achieving the UNAIDS 90–90–90 targets, which will result in 90% of people living with HIV knowing their HIV status, 90% of people who know their HIV-positive status on antiretroviral treatment, and 90% of people on treatment with suppressed viral loads, keeping them healthy and reducing the risk of HIV transmission. Achieving zero stigma is the initiative's fourth, but no less important, target.

The Fast-Track Cities network[10] includes more than 300 cities and municipalities that are committed to attain the 90-90-90 targets by 2020, as the starting point on a trajectory towards getting to zero new HIV infections and zero AIDS-related deaths.

9 *https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/december/20141201_PR_citiesreport*

10 *https://www.unaids.org/en/cities*

The Paris Declaration includes commitments to focus on the communities most affected by HIV, to mobilise resources for the better integration of public health and development, to build and accelerate urban HIV strategies and to use the AIDS response as a catalyst for positive social transformation.

Ending the AIDS epidemic in the world's cities will require leaders who can inspire and harness the compassion and generosity of ordinary urban citizens in order to bring about lasting change. It will depend upon energized communities accelerating and sharpening the focus of local AIDS responses and sharing best practices across urban centres.

> "ENDING THE AIDS EPIDEMIC IN THE WORLD'S CITIES WILL REQUIRE LEADERS WHO CAN INSPIRE AND HARNESS THE COMPASSION AND GENEROSITY OF ORDINARY URBAN CITIZENS IN ORDER TO BRING ABOUT LASTING CHANGE"

Cities signing the Paris Declaration commit to seven objectives:

1) Ending the AIDS epidemic in cities by 2030 and reaching ambitious goals by 2020.
2) Putting people at the centre of the AIDS response.
3) Addressing the causes of risk, vulnerability and HIV transmission.
4) Using the city AIDS response for positive social transformation and building societies that are equitable, inclusive, responsive, resilient and sustainable.
5) Building and accelerating an appropriate response to local needs.
6) Mobilizing resources for integrated public health and development.
7) Uniting as leaders, working inclusively and reporting annually on progress.

AINURA BATYRBEKOVA, AFEW KAZAKHSTAN

SIGNING THE PARIS DECLARATION – GUIDELINES FOR A NEW CITY: ALMATY

PICTURE: PARIS DECLARATION ON HIV SIGNED IN ALMATY

City mayors, together with other municipal authorities, should play a leading role in supporting common well-being, promoting policies which provide risk-free and easy access to medical care and social services for all, and ensuring provision of human rights. By signing the Paris Declaration and joining the EECA Fast-track Cities project, mayors publicly declare a political commitment to support HIV initiatives among key populations and reach the UNAIDS 90-90-90 targets.

The obligations of the Paris Declaration foresee targeted city interventions which reflect local needs and provide financial support from the local budget. The declaration encourages inter-sectoral partnerships and cooperation. To this end, all stakeholders and donors need to offer joint technical assistance to cities, to develop a reliable system which ensures that mechanisms for financing civil society organisations gradually transition to municipalities. Experience shows that financial support provided by cities to NGOs helps reach the 90-90-90 targets, decrease AIDS mortality and overcome stigma and discrimination.

Signing of the Paris Declaration and other strategically important, legally-binding documents by officials from the city administration requires essential leadership qualities from NGOs, namely:

Personal attributes	Commitment, strong beliefs, systematic and strategic thinking, flexibility
Social standing	Good reputation and respect from partner organisations, indisputable leadership qualities
Professional qualities	Competence, proactive position, good organisational skills, capable of building partner relations and negotiating with government agencies and decision makers, analytical qualities

The Paris Declaration was signed by the mayor of Almaty in July 2017. Some of the NGO-led steps that led to that event and ensured its success are:

THE INITIAL STAGE: CRYSTALLISING INTENT

- NGOs should clearly understand all aims and objectives of the Paris Declaration;
- Schedule a meeting with UNAIDS to discuss strategy; submit an official request to receive the declaration in both Russian and English languages;
- Submit to the mayor's office an official letter from UNAIDS, a donor organisation, a local NGO or a coalition of organisations, etc.;
- Schedule a meeting with officials from the city health department and the mayor's office with the aim of promoting the intent to sign the Paris Declaration;
- Be quick to respond to requests and clarifying questions from city authorities in relation to the Paris Declaration;
- NGOs should work on becoming the municipality's allies and technical partners;
- Government agencies and civil society should join forces and take the initiative;
- Help the mayor fully comprehend the level of commitment and future prospects!

STUDY THE MAYOR'S OFFICE PROTOCOL PROCEDURES AND FOLLOW THEM:

The city's public health department (or other department which manages health issues) submits a letter of support to the mayor's office, containing a preliminary date for the signing ceremony of the Paris Declaration; it also includes the signing ceremony programme and text of the declaration;

The text of the declaration is formally examined by relevant municipal departments: legal, state language, international affairs, protocol, etc. (NGOs should not provide their own translation!);

Get involved with developing the signing ceremony programme, putting together a list of participants and schedule of events; coordinate activities with the mayor's office.

For further realisation of Fast-track City initiatives, NGOs need to act in concert with other stakeholders and become the municipality's trusted ally and partner in the fight against HIV, TB, and other social diseases affecting key populations.

LIA
MAMATSASHVILI,
TANADGOMA

TRAINING AND PERSONAL CONTACT HELPS WITH SIGNING THE PARIS DECLARATION: TBILISI

PICTURE: PARIS DECLARATION ON HIV SIGNED IN TBILISI

On 1 December 2018, as part of the EECA Fast-track Cities project the deputy mayor of Tbilisi signed the Paris Declaration to end the AIDS epidemic in Tbilisi by 2030.

Eighteen months of preparation and extensive advocacy, from April 2017, preceded the official signing ceremony. Although City Hall, and the mayor himself, expressed support for the project in 2016 before it had even started, the project team encountered several obstacles.

The first obstacle was municipal and mayoral elections in Tbilisi in late October 2017. City Hall representatives suggested waiting until the new mayor was elected before resuming negotiations. After the new mayor took office, NGO project partner Tanadgoma worked together with the National Centre for Disease Control and Public Health (NCDCPH) and the Ministry of Health, which made official applications to the mayor to sign the declaration.

The second important obstacle was the attitude of top officials from the city healthcare and social services department. HIV/TB programmes in Georgia are heavily centralized, with all responsibility, including funding, on the central budget and the Ministry of Health. Therefore, city health

department officials did not see a role for themselves or the city in the process, and regarded signature of the declaration as an additional burden on them and municipal health programmes in general.

In response, Tanadgoma started sensitization and motivation of municipal representatives by including them in several important courses and visits. One leading specialist from the Health and Social Programmes Department participated in the Harm Reduction Academy organized by APH. Another senior specialist from City Hall participated in the City Health International conference in Odesa in 2018. The head of health and social programmes, who is the main health policy maker in City Hall, was invited to take part in a study and knowledge-sharing visit to Amsterdam. Project team members, partners, the vice-director general of NCDCPH and the minister of health of the Autonomous Republic of Adjara also participated in the study visit (see chapter 5). Participants were positive about the visit and expressed their willingness to have further discussions regarding the declaration process.

Tanadgoma management also established personal communication with the 'night mayor' (the head of night economic development) and vice-mayor of Tbilisi. Several informal meetings were organized to provide information and updates on the EECA Fast-track Cities project, the importance of fighting HIV/TB at city level, and benefits of signing the Paris Declaration.

These initiatives led municipal officials to reconsider their role as important players in national responses to HIV and TB. They became more aware of the international trend of fast-track cities, and agreed to sign the Paris Declaration.

As a result of signing the Paris Declaration and establishing a City Task Force, the visibility of the EECA Fast-track Cities project increased in Tbilisi. Different communities (LGBT, SW and PWUD) started to prepare a common strategy for budget advocacy at city level. Another very tangible result is the development of a pilot project oriented on HIV testing and awareness-raising activities targeting beauty and tattoo salon staff and clients, to be implemented by Tanadgoma and the National Centre for Disease Control and Public Health.

TOM NICHOLSON, AA&D EXECUTIVE DIRECTOR

4.1.2 THE STOP TB PARTNERSHIP AND ZERO TB INITIATIVE

Another initiative that cities may join is Zero TB Cities. Similar in format to the Paris Declaration, it is signed by the Mayor and representative of the TB programme — Stop TB Partnership or Zero TB Cities. After the signing ceremony, intensive work begins with the city to improve plans and responses for tuberculosis.

PICTURE: ZERO TB CITIES WORKSHOP IN DUBAI, JULY 2018

The Stop TB Partnership and Zero TB Initiative support the Global Plan to end TB's 90-(90)-90 targets. By 2020, at least 90% of all people with TB should be diagnosed and placed on appropriate therapy. As a part of this approach, at least 90% of the most vulnerable, underserved and at-risk populations should be reached. The third 90 means that of all people diagnosed with all forms of TB, 90% should be treated successfully.

The Stop TB Partnership, the Department of Global Health and Social Medicine at Harvard Medical School, alongside non-governmental organizations Advance Access & Delivery (AA&D), and Interactive Research and Development (IRD) came together in 2016 to launch the Zero TB Initiative to support cities, islands, and districts that publicly commit and take meaningful steps to achieve a rapid reduction in the number of people suffering from TB.

The purpose of the initiative was to create 'islands of elimination' that contribute to lowering rates of TB, while answering important operational and care delivery questions that can support national scale-up of a comprehensive strategy across the world. The Zero TB Initiative is unique in three ways. Firstly, it supports coalitions of local governments, businesses, and civil society. Secondly, it uses the comprehensive Search-Treat-Prevent approach, which is based on common principles of epidemic control that have not been comprehensively implemented in countries where TB is still a public health challenge. Thirdly, it is framed to focus on active screening, timely prevention and effective treatment centred around households, the places where people seek care, and where they work.

Zero TB Initiative support is contingent on meaningful initial steps being taken by a partner site/coalition to utilize the Search-Treat-Prevent approach.

ODESA ALIGNS WITH THE ZERO TB INITIATIVE

PICTURE: THE MAYOR OF ODESA SIGNING THE ZERO TB DECLARATION

On 30 May, 2017, Odesa joined the global movement, publicly stating through the Mayor's office the local government's intention to design and implement a comprehensive programme against tuberculosis in line with the ZTBI approach. Financial support was made available through the Global Fund, local health services, and state and national budgets that typically fund TB services delivered through the public/government sector. This financial support allowed for a pilot period during which new approaches could be applied.

Time spent in Odesa by ZTBI consultants from the Stop TB Partnership and other partners has made clear several areas where the Odesa programme has the potential to grow, strengthen, and make more efficient its efforts to create a comprehensive programme.

Odesa has high rates of drug-resistant TB, coupled with challenges in access to government services generally that extend far beyond the mandate of the health services alone. For their part, Odesa TB services are working to more effectively identify high risk groups and improve active case finding and prevention among them, including people who are homeless or imprisoned, people with HIV, and migrant workers.

For those already in treatment, further analysis of patient medical records and targeted interviews with patients would help to understand risk factors for advanced forms of TB in this particular setting. Odesa is moving boldly toward 100% coverage of ART with TB therapy for all TB/HIV co-infected patients, despite many challenges including limitations to HIV detection among populations that the programme has trouble reaching systematically.

4.2 MUNICIPAL HIV/TB PROGRAMMES AND FUNDS ALLOCATION

The next step after signing the Paris Declaration or Zero TB Declaration is to develop a city action plan or city programme, which will spell out concrete steps to achieve the 90-90-90 goals and identify resources.

4.2.1 GUIDELINES FOR MUNICIPAL HIV BUDGETS: ODESA

TETIANA DESHKO, ALLIANCE FOR PUBLIC HEALTH

Municipal HIV/AIDS programmes are generally developed by the city's department of health. The department is also the programme's key implementing agency. Technical support and distribution of financing for interventions are delivered by the city's AIDS centre or other structures responsible for AIDS control within the city health department. NGOs can also be involved.

FAST TRACK CITIES APPROACH IN REACHING 90-90-90

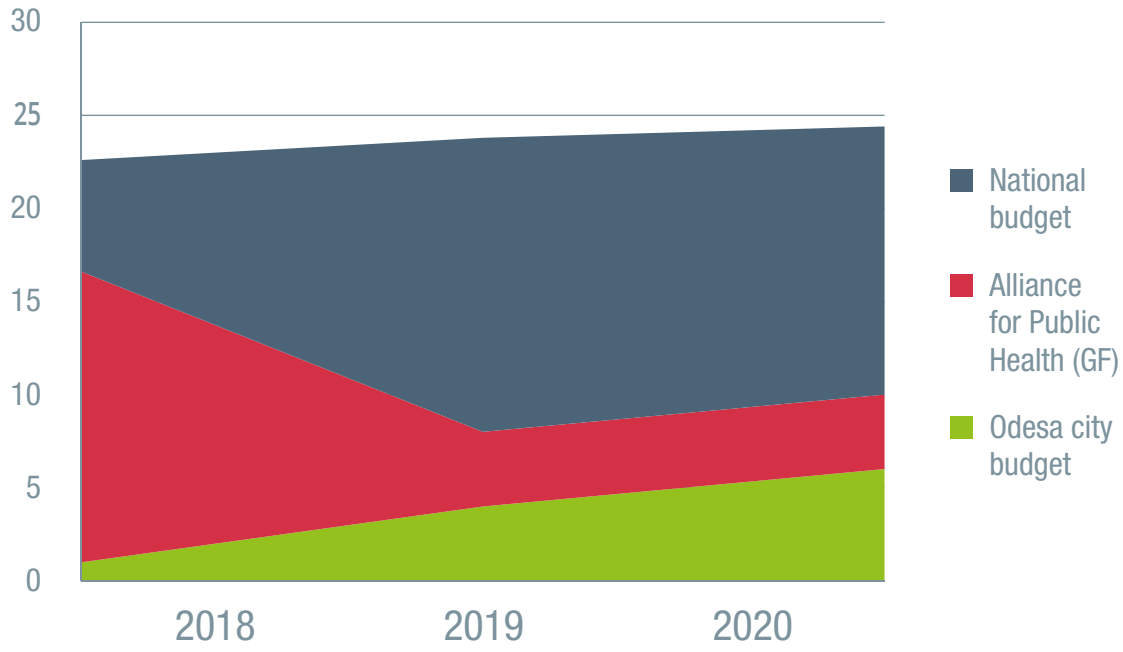
The municipal programme is developed based on targets defined by the national AIDS programme or global targets, which usually include the 90-90-90 targets. Interventions and financing to support programme activities are designed and planned to conform to the key programme directions, which generally include prevention, case detection, and care provision.

Fast-track programme activities include evidence-based interventions aimed at fast-tracking responses to reach the 90-90-90 targets. The list of activities in the table above was developed by UNAIDS to be used as basis for fast-track responses.

The municipal programme should go beyond utilising local funds and demonstrate its ability to attract financial support from alternative sources, e.g., the national budget, or donor funds. This is important because usually procurement of medical drugs is organised at national level, while prevention programmes could be contracted and financed from both national and city budgets. After the programme has secured sustainable financing from different sources it can comprehensively promote a range of activities in the city while being able to manage risks, such as funders (for example, international donors) deciding to reduce their financial support. As a result, gaps in financing may be covered by other sources.

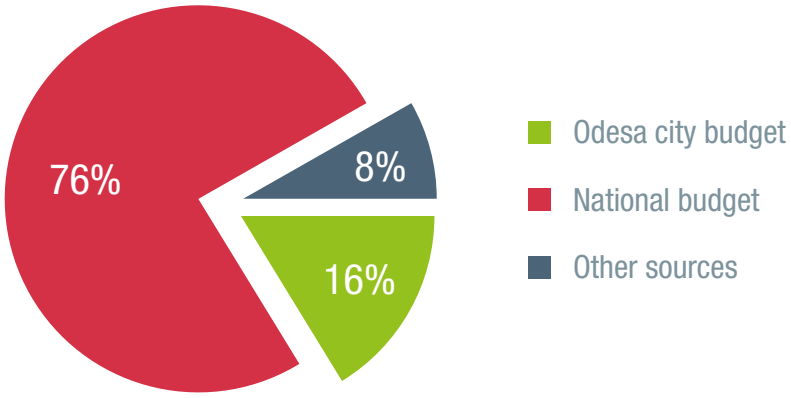
It's important to note that EECA countries are experiencing a gradual withdrawal of donor financing for HIV programmes, and a concomitant transition to utilising national and donor funds. The following table shows this dynamic for Odesa, Ukraine.

FIGURE 1: TRANSITION IN SHARE OF FUNDING SOURCES FOR KEY POPULATIONS, IN MILLION HRYVNYA. ODESA



Odesa is a leader in the five EECA Fast-track project cities (thanks in part to decentralisation processes in Ukraine) for municipal budget allocation to HIV/TB programmes.

FIG.2: DISTRIBUTION IN THE SHARE OF FUNDING SOURCES OF ODESA CITY'S 2018–2020 HIV/TB PROGRAMME



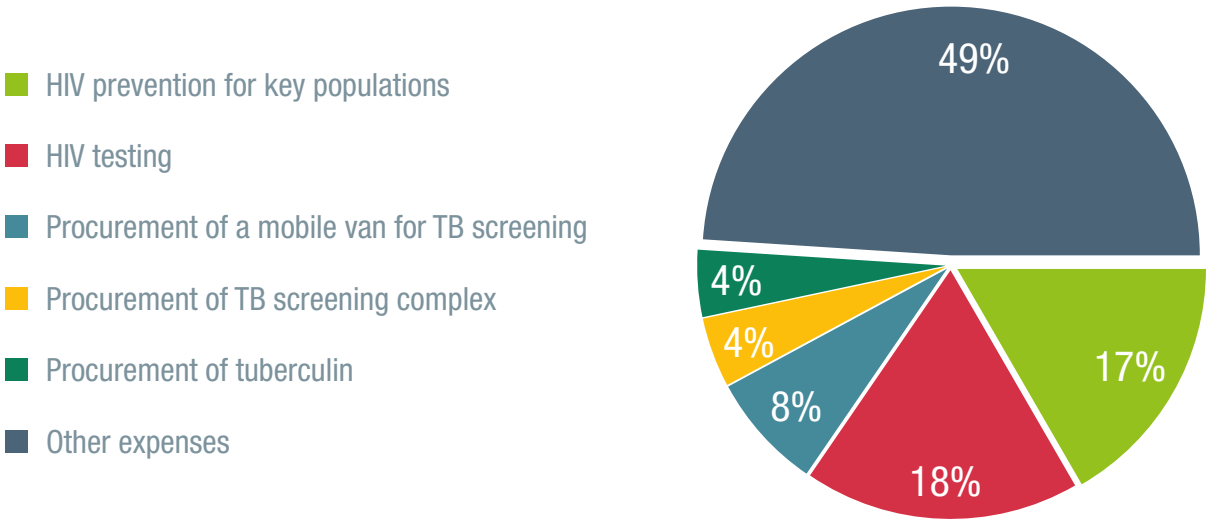
For the most part, local city budgets tend to actively support prevention programmes, pilot interventions, innovative approaches, and effective procurement procedures which reflect the city's specific needs.

For example, starting from 2018 the city of Odesa has committed to sustainably increase financing of interventions aimed at key populations, namely:

- 11 million hryvnya have been allocated to finance medical and social services for key populations in 2018 reaching 20,814 clients; in 2019 these services will reach 23,266 clients, rising to 25,761 clients in 2020;
- 3 million hryvnya have been allocated to launch syringe exchange programmes (SEP);
- 600,000 hryvnya have been allocated to launch a new OST site.

FIG.3: PROPORTION OF THE MUNICIPAL BUDGET FOR DIFFERENT COMPONENTS OF THE 2018–2020 CITY PROGRAMME TO CONTROL HIV AND TB, ODESA

The following pie chart shows the distribution of budget lines financed by Odesa municipality in the framework of the current city programme to control HIV and TB.



With a total budget of 65 million hryvnya from the municipality, 51% of financial aid is utilised to support five budget lines. Most funds are directed towards prevention programmes aimed at most at risk populations. Odesa has developed a social contracting mechanism to fund NGOs to provide some of services for KPs, along with psychosocial support and case management.

HOW TO CALCULATE BUDGETS FOR KP SERVICES

Usually programme budgets for prevention activities are calculated based on the annual unit cost of reaching one client.

These unit costs may greatly differ from country to country and generally depend on the basic package of services and the country's level of income. The following is an example of calculations used in Ukraine:

Basic package of services for PWUD		
	UAH	**USD***
Counselling	198	8,15
Distribution of syringes/needles, wipes, condoms, brochures	37	1,52
HIV testing	100	4,12
HIV support services	2	0,08
TB questionnaire	16	0,66
Communication and commuting expenses for social workers	7	0,29
Consumables	4	0,16
Administrative costs	55	2,26
Office expenses	36	1,48
HIV test kits	39	1,60
Syringes/needles	187	7,70
Wipes	18	0,74
Hepatitis C test kits	12	0,49
Naloxone	2	0,08
Information materials	5	0,21
Condoms	18	0,74
Total	**736**	**30,29**

The total annual budget is calculated based on the unit cost per client multiplied by 90% of the estimated number of PWUD in the city, with the aim of reaching 90% coverage of PWUD.

* *Rate 24,3 for 14/11/2019*

INTERNATIONAL EXPERIENCE: MUNICIPAL BUDGET ALLOCATION AND PUBLIC HEALTH SERVICES IN THE NETHERLANDS

As of 2015, because of a nation-wide decentralization process, municipalities in the Netherlands are now responsible for provision of healthcare services for the elderly and chronically ill, income and employment assistance, and youth care services.

The overall annual budget of all Dutch municipalities covers implementation of national policies as well as local services. Municipal revenues can be divided into taxes, ear-marked funds and the general grant. The latter two cover most implementing tasks derived from the national decentralization process. The general grant represents 47% of a municipality's total income. Municipal councils are free to decide how to allocate this money, which should cover safety and security, infrastructure and social services.

The Ministry of Health, Wellbeing and Sports is involved in policy setting for public healthcare at national level. At municipal level, the Municipal Public Health Service implements healthcare policy. There are 25 Municipal Public Health services operating in the 25 Dutch 'Safety Regions' which each cover several municipalities.

Prevention, treatment and care of HIV and TB is the responsibility of Municipal Public Health Services. Obligatory health insurance covers testing and treatment. TB treatment is allocated to hospitals, which diagnose about 80% of TB cases. The remaining 20% is diagnosed at the Municipal Health Service itself. The Municipal Public Health Service is therefore involved from the moment of diagnosis in screening, diagnosis, treatment and information provision. Strong coordination at municipal levels allows for qualitative and equal public health service delivery.

ANNA LYUBENOVA,
INITIATIVE FOR HEALTH FOUNDATION

ADVOCATING THE MUNICIPAL HIV PROGRAMME AND BUDGET: SOFIA

PICTURE: MEETING WITH THE MAYOR OF SOFIA ON WORLD AIDS DAY, 2017

Preparation of a city HIV prevention strategy in Sofia started with informing and sensitizing city council members. A draft municipal programme was developed, including a detailed five-year work plan and budget outlining diverse financial resources, including national, municipal and donor funding. The work was finalized with a comprehensive draft of a Strategy and Programme for Prevention and Control of HIV and STIs in Sofia Municipality 2019–2023.

An ad hoc working group appointed by the mayor of Sofia reviewed and revised the draft in line with other municipal strategies and programmes. As a result the budget was taken out. Unlike the national HIV programme, but similar to other municipal strategies and programmes, the Sofia HIV prevention programme for 2019–2023 contains no long-term budget forecast; instead the budget is decided on a yearly basis. This is a challenge to future implementation, and civil society will have to mobilize in the next few years to ensure that the programme is financially supported and realised to meet needs.

> "THIS IS A CHALLENGE TO FUTURE IMPLEMENTATION, AND CIVIL SOCIETY WILL HAVE TO MOBILIZE IN THE NEXT FEW YEARS TO ENSURE THAT THE PROGRAMME IS FINANCIALLY SUPPORTED AND REALISED TO MEET NEEDS."

In line with Bulgarian legislation, the HIV prevention programme was made available online for public discussion for one month before being approved and adopted by Sofia Council. The fact that the Sofia Local Public Committee on

HIV already included representatives of all political parties and the Ministry of Health, as well as a proper representation of civil society and key populations, played a positive role here.

Additionally the EECA Fast-track Cities project applied an innovative advocacy approach by combining NGO efforts with the expertise of a professional consulting company, Fipra. Fipra and project partners organized a campaign to support the municipal HIV programme and increase publicity. In November-December 2018 several media publications covered the new initiative of Sofia municipality, as well as a public rally by NGOs in cooperation with Sofia municipality on 1 December.

The Programme for Prevention and Control of HIV and STIs in Sofia Municipality 2019–2023 was approved by Sofia Council on 20 December, 2018.

PICTURE: PUBLIC RALLY OF NGOS AND SOFIA MUNICIPALITY, DECEMBER 2018

PICTURE: MEDIA PUBLICATIONS ABOUT THE NEW MUNICIPAL PROGRAMME

ALA IATCO,
YOUTH FOR THE
RIGHT TO LIVE,
BĂLȚI

ENSURING CITY BUDGET FUNDING AND A SOCIAL CONTRACTING MECHANISM: BĂLȚI

PICTURE: PROJECT TEAM MEETING WITH THE MAYOR OF BĂLȚI

In Moldova both national government and municipalities pay special attention to HIV and TB control through regular five-year public health programmes operating at national and city level.

In October 2017 Bălți City Council unanimously voted in support of the current 2017–2020 municipal programmes. The programmes include the following key objectives:

- Ensure prevention services for most at risk populations;
- Ensure access to care and psychosocial support for people affected by the diseases.

As rule, municipal programmes reflect national programmes and include action plans and monitoring indicators adapted to local conditions. However, the current programme is different:

- It includes a budget with detailed funding distribution per sources of financing (e.g., local city budget, NGOs/Global Fund);
- NGOs were actively involved in developing the programme and coordinating efforts to get it approved;
- The programme helped set up a City Task Force (CTF) including KP representatives, and continues to support its activities;
- The CTF serves as an important mechanism to coordinate and harmonize the two programmes on HIV/AIDS and TB. This is especially important as the city has high rates of co-infection and related mortality.

For the first time ever, the city of Bălți has allocated budget funds to support NGOs working in prevention among vulnerable populations. The mechanism to fund NGOs which is embedded in the municipal programme is greatly welcomed. However, it is currently limited to procuring prevention supplies such as syringes, condoms and disinfection materials, and cannot be used to fund human resources.

Current project activities in Bălți are aimed at developing a social contracting mechanism, which will allow city funds to be used for a comprehensive package of services on HIV/TB prevention, care and support for key populations delivered by NGOs.

This task is realistic in the context of new public procurement legislation, which now covers not only the procurement of goods, but also of services. Since most NGOs in Moldova are actively accrediting their prevention and psychosocial support services on the basis of standards developed by the Ministry of Health, Labour and Social Protection, the NGO social contracting mechanism can guarantee quality services and ensure their accessibility and sustainability.

CHAPTER 5

EXCHANGE AND LEARNING

Cities are often pathfinders in the AIDS and TB response, scaling up the numbers of people receiving treatment and adopting innovative approaches to identifying infections and reducing transmission. Key to the concept of Fast-track Cities is national and international leadership, and exchange of such innovative practices and of shared problems and solutions.

This section focuses on some mechanisms within the EECA Fast-track Cities project, including expertise provided from the cities of Amsterdam and Bern, that facilitate international experience and learning. An interview with the mayor of Bern is an illustration of personal and political leadership at city level to support a harm reduction approach to HIV and harmful drug use.

5.1 CITY HEALTH CONFERENCE UNITES AND PROMOTES URBAN HEALTH EXPERTISE

ANKE VAN DAM, AFEW INTERNATIONAL

A great way to involve city authority representatives into HIV and tuberculosis issues is to take them to a specialized conference where they may be immersed in the topic, establish contacts and be inspired to take further action. One such option is the City Health International conference.

Founded[11] in 2012, City Health International is a network of individuals and organisations engaged in the study of and response to structural health issues and health behaviours in the urban environment. It provides a platform for exchange of information and experience for experts working with and for cities.

As national governments struggle with the pressures and demands of growing urban populations against a backdrop of financial deficits and uncertainty, it is increasingly left to those working at city level to provide leadership and support to tackle key health issues. Further challenges to urban quality of life are likely to arise in the next decades. These circumstances have given rise to imaginative and creative 'bottom-up' community responses to meet needs in relation to health and well-being.

City Health International concentrates on health behaviours — including alcohol and drug use, diet, sexual behaviour, and violence — and the structural factors that affect them, including housing,

11 *https://cityhealthinternational.org/chi/about-chi*

migration and tourism. It employs an inclusive approach, engaging with NGOs, community projects and advocacy groups as well as academics, policy makers and those who deliver services and interventions.

City Health International holds an annual international conference, in a different location each year, which examines current policy and practice in relation to public health and health behaviours in cities.

PICTURE: PROJECT PARTNERS DURING CITY HEALTH INTERNATIONAL 2017 IN BASEL

Topics of discussion range from micro level issues like involving local communities into urban healthcare and safety, to macro level challenges like environment and city planning which must be resolved by policy makers and city officials to ensure sustainable urban development. Participants include healthcare specialists, prison experts, policy makers, civil servants, community representatives, researchers and academics.

ODESA HOSTS THE FIRST CITY HEALTH CONFERENCE IN EECA

One of the activities of the EECA Fast-track Cities project was the organization of a City Health Conference in Odesa on 13–14 September 2018. The theme was 'Developing healthy responses in a time of change — a regional perspective'.

Odesa municipality was very supportive and contributed financially to host this first City Health Conference in the EECA region. Banners and videos advertised the event locally, and in order to engage the citizens of Odesa, a fair with related activities was organised outside the conference venue.

To attract representatives of municipalities as well as communities, the conference programme included a wide range of topics from policy to service delivery and from research to practice. Themes relevant to combatting HIV and TB in the current EECA region context were discussed. In the opening plenary session an overview of recent developments in the AIDS epidemic, drug use and harm reduction in Eastern Europe and Central Asia was presented.

Parallel sessions on substance use and harm reduction in the urban environment, and on safe injection rooms, allowed exchange of experiences and approaches between Eastern and Western cities. Another relevant parallel session on migrants and internally displaced people addressed the barriers for migrants in accessing health services and the situation in East Ukraine where access to essential care and medicines is hampered by armed conflict. Topics that are relatively new to the region, like e-health and its tools, and how to accommodate disabled people, were discussed.

PICTURE: ODESA CONFERENCE PARTICIPANTS

Sixty-five speakers and chairs and 244 participants came from over 25 countries in Europe, Central Asia and the Caucasus region, the United States and Australia. Municipal representatives from different countries, including from London and Amsterdam, presented policies and processes around city health issues in order to enhance further exchange between cities in the project and with the Eastern European and Central Asian region in general.

PICTURE: OPENING SESSION PANELLISTS. FROM LEFT: PROF. GERRY STIMSON (UK), DAVID MACKINTOSH (UK), ANDRIY KLEPIKOV (UA), OLEXIY KIRICHENKO (UA), PROF. MICHEL KAZATCHKINE (CH), TOM VAN BENTHEM (NL)

In the open-air zone organized in the nearby park, Odesa inhabitants and visitors could be tested for diabetes, hepatitis and HIV/AIDS, and attend lectures and discussions on healthy lifestyles, sport, nutrition and recreation.

PICTURE: PUBLIC ZONE

The conference's lasting legacy is the archive website, where the programme, presentations, videos, photos and other materials generated by the conference can be accessed.

https://cityhealthinternational.org/conferences/previous-events/2018

5.2 INTERNATIONAL EXCHANGE: AMSTERDAM AND BERN

5.2.1 TRAINING ENCOURAGES COLLABORATIVE APPROACHES TO SERVICE PROVISION AND FUNDING

ANKE VAN DAM,
JUDITH KREUKELS

Along with the Swiss organisation licit, AFEW International provided technical expertise for the EECA Fast-track Cities project. AFEW International is well-connected to the Municipal Public Health Service and police in the Netherlands, and this expertise was shared in two training courses and a study tour.

The first training series, 'Collaboration between municipalities and civil society — models and realities', were designed as an exchange and sharing of experience and best practices in successful models of municipality and NGO partnerships. Five integrated work meetings and counselling sessions with selected project city stakeholders from municipality, health and social sector, NGOs and key populations were conducted by licit and AFEW International.

The goal of these trainings was to improve key populations' service access through better collaboration between relevant city stakeholders — most importantly, between municipalities, police and NGOs.

Participants gained new knowledge of collaboration models. Yet one of the biggest constraints in all five cities was the presence of public officials from the municipality. At those trainings where the municipality was present, hierarchical constraints between municipality and NGOs were visible, leading to difficulties in creating collaboration models. Police officers meanwhile were not present at any trainings, and relationships were not established.

The second training series on innovative municipality funding approaches planned to exchange and adapt such approaches and income generating activities. Best international practices of public-private partnerships at city level and private funding for key population programmes were shared. The aim was to be able to replicate successful practices in the project cities through learning from experiences in Amsterdam.

5.2.2 PROFIT FROM PREVIOUS EXPERIENCE: STUDY TOURS

Another method of engaging city authorities in health issues and supporting professional development is experience exchange visits. Delegations from the five project cities visited Bern and Amsterdam, and could also familiarize themselves with each other's work across the project.

International best practice suggests that collaborative city level models have been most effective in reducing HIV and TB burdens. The aim of study tours within the EECA Fast-track Cities project was therefore to share models and activities that demonstrate successes and challenges in increasing access to health for key populations. Professionals working in NGOs, the municipality and public health services could meet their counterparts in other cities and discuss and visit initiatives and projects to reach out to key populations.

What is needed in order for such study visits to be successful and, above all, sustainable?

JAKOB HUBER, BASIL WEINGARTNER

PICTURE: ALMATY AND TBILISI DELEGATIONS MEETING WITH AMSTERDAM MUNICIPALITY

PICTURE: BĂLȚI, ODESA AND SOFIA DELEGATIONS MEETING WITH THE MAYOR OF BERN

THE VISIT PROGRAMME MUST BE MUTUALLY AGREED IN ADVANCE

The needs and situation in the home towns of visiting delegations must be taken into account, including different financial, cultural and political realities, when deciding on the programme. However, many problems and phenomena faced by cities in the field of HIV/TB and key populations are very similar. The study visit framework should cover theory as well as practice. Political questions and issues as well as practical ones have to be discussed. Furthermore, the basic values and full range of prevention and treatment models for KPs should be demonstrated. This only works well if several coordinated services are available in different areas.

In collaboration with the visitors, the following were pre-defined as general objectives of the EECA Fast-track Cities study visit to Bern:

- Provide expertise on development of a pragmatic and coherent drug policy at national, regional and urban levels.
- Mutual exchange of experience and knowledge on best practices of successful models, such as the partnership established and functioning in Bern between the city, the canton (regional authorities) and NGOs, or tried and tested models for sustainable financing of harm reduction projects.
- A meeting of the mayors of the project cities with the mayor of Bern. This ensures commitment to achieving goals at executive level.
- Knowledge transfer between hosts and visitors on innovative, field-tested harm reduction measures. This applies to a wide variety of areas such as HIV and hepatitis prevention, sex work, nightlife, substitution, promotion of safe injection, and social companies and housing projects.
- Explain the important partnership model of cooperation with the police.
- Explore the important role of the city and canton (regional authorities) in Swiss drug policy.

The city delegations to Bern had an extensive agenda: participants visited harm reduction NGOs, a counselling centre for sex workers, work integration programmes, a clinic for addiction and substitution treatment, the Ministry of Health, Bern regional prison where condom, syringe distribution and OST are available, a pharmacy where PWID have access to OST, and a safe injection room where people can consume drugs and have access to other services including showers, laundry, food and counselling. The study visit ended with a meeting with the Mayor of Bern.

PREVENT STUDY TOURISM – ENCOURAGE COMMON STANCES, DIALOGUE AND NETWORKING

The dialogue must be mutual, not one-way from the host to the visitors. Both sides must look together at what should be communicated, what possibilities there are, what questions are most pressing. A process-oriented approach and discussions are the key to fruitful and participatory learning processes.

There is a risk that the composition of delegations will not always reflect the top performers on the ground, and a study visit becomes just a free trip abroad for some visitors. Care should be taken to ensure that only people who are active and do practical work in the field take part in the study visit, be that politicians who make concrete political decisions, administrative staff who are directly and centrally responsible for the field of addiction, or experts who work in practice on and in harm reduction projects.

> "PEOPLE WHO ARE ACTIVE AND DO PRACTICAL WORK IN THE FIELD SHOULD TAKE PART IN THE STUDY VISIT, BE THAT POLITICIANS WHO MAKE CONCRETE POLITICAL DECISIONS, ADMINISTRATIVE STAFF WHO ARE DIRECTLY RESPONSIBLE FOR THE FIELD OF ADDICTION, OR EXPERTS WHO WORK IN PRACTICE ON AND IN HARM REDUCTION PROJECTS"

It is important that study delegations are hierarchically permeable and internally well connected. Thus, professional relationships can be strengthened during a joint study trip and common attitudes and project ideas can be developed. This is a very positive side effect which prepares the ground for improved cooperation back in the home town and country.

The programme of such study visits lasting several days tends to be very dense. For this reason, organizers should make sure that some time remains free for other activities, such as a city tour.

FOLLOW-UP ENSURES SUSTAINABILITY

It makes little sense, also in view of the scarcity of funds in these projects, to make several study trips to places with similar models. It is better to ensure more deep and long-term collaboration between fewer cities or sites. Further exchange within the framework of follow-ups and/or further local accompaniment helps to improve sustainability.

5.2.3 “A LANDSLIDE SUCCESS.” INTERVIEW WITH ALEC VON GRAFFENRIED, MAYOR OF BERN

ALEC VON GRAFFENRIED, MAYOR OF BERN

How did the city of Bern become a pioneer with decades of experience in drug policy work?

Harm reduction and safe consumption rooms in Bern were the first of their kind. They have been in existence for more than 30 years. They were born out of necessity. The impoverishment of the drug scene in Switzerland was obvious at that time. The conditions were known to a broad public through press reports, but also through the very impressive description of the Berlin heroin milieu in the book Wir Kinder vom Bahnhof Zoo. During this period, the so-called four-pillar model of drug policy was anchored in the cities of Switzerland. First and foremost, of course, is prevention, and repression continues to be needed, especially against organized crime in international drug trafficking. Thirdly, people addicted to drugs should continue to be treated and, if possible, be able to be brought out of addiction. These three pillars are well known and are actually familiar throughout the world. The fourth pillar, the harm reduction pillar, was new at the time. It was based on the experience that even with the best therapy offers, the fight against addiction often has no chance. Although drug trafficking and consumption are illegal, drug users should not be left alone in the vicious circle of illegal consumption, drug-related crime, repression, health risks and even death. They are human beings and it is our social duty as fellow human beings to accompany and support them even in drug misery.

> “DRUG USERS SHOULD NOT BE LEFT ALONE IN THE VICIOUS CIRCLE OF ILLEGAL CONSUMPTION, DRUG-RELATED CRIME, REPRESSION, HEALTH RISKS AND EVEN DEATH. THEY ARE HUMAN BEINGS AND IT IS OUR SOCIAL DUTY AS FELLOW HUMAN BEINGS TO ACCOMPANY AND SUPPORT THEM”

Was it difficult to initiate this model at that time?

Yes and no. Yes, it was difficult because all those involved had to jump over their shadows. The police have the task of combating and suppressing drug consumption and drug trafficking efficiently and successfully. NGOs in the field of drugs are supposed to do prevention and lead people out of addiction, and thus enable them to lead a life without drugs as far as possible. And the politicians want to be successful in all these areas and show how sovereign they are in controlling drug addiction. In the 1980s, everyone in Bern had to admit that their efforts had failed. The police lost themselves in a cat-and-mouse game with drug users, who also did not correspond to the pattern of common criminals under criminal law. The NGOs had to admit that despite their efforts more and more young people got caught up in the maelstrom of drugs and lost themselves in it. The emergence of HIV and hepatitis led to a dramatic escalation. Politicians had to admit that their drug policies had failed and that all goals had been missed. It was this accumulation of suffering that led all sides to realize that something had to be changed.

And what was the innovation in harm reduction?

The initiative came from the NGOs in Bern, from Contact. These outstanding and visionary drug experts were the first to recognize the potential of the new drug policy of harm reduction. At first people using drugs were collected on the streets, but instead of throwing them in prison, survival on the streets was made a priority. Clean syringes were distributed, food and shelter were provided. That was survival aid. Thanks to medical care, deaths were averted and the worst impoverishment stopped. But the vicious circle of consumer procurement criminality and drug prostitution remained, of course. Therefore, new medically indicated offers were invented: methadone substitution and controlled heroin substitution. Meaning state-supported agencies provide drug users with their daily controlled heroin doses. This is a revolutionary idea — the state as a drug dealer! This thought was understandably intolerable for many law-and-order politicians for a long time. Only the breakthrough success of harm reduction convinced everyone of this somewhat unconventional model.

"STATE-SUPPORTED AGENCIES PROVIDE DRUG USERS WITH THEIR DAILY CONTROLLED HEROIN DOSES. THIS IS A REVOLUTIONARY IDEA – THE STATE AS A DRUG DEALER! THIS THOUGHT WAS UNDERSTANDABLY INTOLERABLE FOR MANY LAW-AND-ORDER POLITICIANS. ONLY THE BREAKTHROUGH SUCCESS OF HARM REDUCTION CONVINCED EVERYONE OF THIS SOMEWHAT UNCONVENTIONAL MODEL"

How did the success of harm reduction for Bern manifest itself, both historically and currently?

From today's perspective one can speak of a breakthrough success. The primary goal, the fight against the miserable conditions in the streets, was achieved very quickly. In addition, severely dependent drug users, for whom there was little prospect of successful therapy and withdrawal, were able to stabilise their health and were even reintegrated into society in the long term. Finally, we are now seeing an overall reduction in the number of people with

serious drug-related illnesses. Most of them still come from the 1980s, there isn't really a 'young generation' following in their footsteps. Today we have to care more and more for drug users in old age, young people are less likely to become addicted to heroin. So there was even a rather unexpected effect here! The pictures of open drug scenes in Bern are finally over today and are very far behind us. Accordingly, harm reduction organizations today enjoy an excellent reputation.

In Bern, harm reduction was set up by civil society organizations such as Contact. How important was this, and are there other success factors?

The history of harm reduction in Bern shows that the involvement of NGOs was and still is very important. These organizations are close to the target group. This is central, because the most important thing at that time was to reach people who use drugs with low-threshold services and offer them medical and social help. This step was so surprising and paradoxical — government agencies would hardly have been able to do so. Equally important, however, was the joint and partnership-based commitment of the authorities — politicians, administration, police. It only works if everyone works together.

Where does the city of Bern stand today?

The Bern model was legally anchored in Swiss drug policy with the integration of harm reduction and the four-pillar model and is a success story. Innovation and sustainable financing are prerequisites for this success. Another success factor is good cooperation between the city, the police and drug institutions. Visitors from all over the world have been inspired by our model. In the city of Bern, harm reduction is now completely undisputed and an integral part of our drug policy.

In 2017 you received mayors from Odesa, Bălți and Sofia. How did you experience this exchange?

The mayors were all very interested in our model. Here in Bern, the successes of the harm reduction policy are directly visible in the streets and the drug scene. The interest of our colleagues was therefore correspondingly high. In these cities today there are drug problems similar to those in Bern in the 1980s. They were impressed by our public health attitude towards the drug problem. They were also impressed by our pragmatism in relation to reality. These are the keys to effective drug work. But it was also particularly important that everyone within the delegations worked together across the hierarchy levels: politicians, drug specialists, social workers, the police and even those responsible for administration in this area.

"IT WAS PARTICULARLY IMPORTANT THAT EVERYONE WITHIN THE DELEGATIONS WORKED TOGETHER ACROSS THE HIERARCHY LEVELS: POLITICIANS, DRUG SPECIALISTS, SOCIAL WORKERS, THE POLICE AND EVEN THOSE RESPONSIBLE FOR ADMINISTRATION IN THIS AREA"

Can such exchanges be an impulse for other cities?

Certainly, much has emerged from earlier visits by other city delegations. For me, cities are at the pulse of time and many problems. They are, so to speak, the drivers of innovation. Their dynamics also have a great influence on national drug policies. New impulses and solutions are in great demand. Several of the mayors who visited us as part of the EECA Fast-track Cities project subsequently tackled issues such as planning Contact Points.

As a politician and mayor, how do you view the model of harm reduction in the drug sector?

Like all mayors in Switzerland, I am somewhat proud of what has been achieved in this area, but above all relieved and grateful that we have overcome the very difficult conditions. We can only recommend our experience and our methods to all interested cities!

ANNEX 1 PARIS DECLARATION

ПАРИЖСКАЯ ДЕКЛАРАЦИЯ

PARIS DECLARATION

ИНИЦИАТИВА ДЛЯ УСКОРЕНИЯ ДЕЙСТВИЙ В ГОРОДАХ: ПОКОНЧИТЬ С ЭПИДЕМИЕЙ СПИДА

FAST-TRACK CITIES: ENDING THE AIDS EPIDEMIC

Стремиться к достижению целевых показателей 90-90-90

90% людей, живущих с ВИЧ, знают свой ВИЧ-статус.

90% людей, знающих о своем позитивном ВИЧ-статусе, получают лечение.

90% людей, получающих лечение, имеют подавленную вирусную нагрузку.

Achieving 90-90-90 Targets

90% of people living with HIV knowing their HIV status.

90% of people who know their HIV-positive status on treatment.

90% of people on treatment with suppressed viral loads.

ПАРИЖСКАЯ ДЕКЛАРАЦИЯ

Мы находимся на решающем этапе противодействия СПИДу. Благодаря научным достижениям, социальной активности и политической приверженности общим целям у нас появилась возможность достичь одного из ориентиров Целей Устойчивого Развития - покончить с эпидемией СПИДа к 2030 году.
Города сильно затронуты эпидемией и уже давно находятся на переднем крае борьбы с ВИЧ. В настоящее время у них имеется уникальная возможность возглавить инициативу для ускорения действий и стремиться к достижению целевых показателей 90-90-90 и др. Достижение этих показателей выведет нас на траекторию, ведущую к целям: ноль новых случаев ВИЧ-инфекции и ноль случаев смерти, связанных со СПИДом.

Мы признаем, что прекращение СПИДа требует всеобъемлющего подхода, который обеспечивает всем людям доступ к качественным, сохраняющим жизнь и улучшающим ее качество услугам по профилактике, лечению, заботе и поддержке в связи с ВИЧ, туберкулезом, вирусным гепатитом. Интеграция этих услуг в медицинские услуги по обеспечению сексуального, репродуктивного, психического здоровья является критически важной для достижения всеобщего доступа к услугам в сфере здравоохранения.

Мы можем покончить со стигмой и дискриминацией, если мы будем основывать наши действия на научных данных. Понимание того, что успешное лечение ВИЧ и достижение неопределяемой вирусной нагрузки предотвращает передачу ВИЧ (Неопределяемый = Не передающий) может помочь снизить уровень стигмы и способствовать тому, чтобы люди, живущие с ВИЧ, начинали лечение ВИЧ и сохраняли приверженность этому лечению.

Работая сообща, города могут ускорить действия на местах, направленные на прекращение эпидемий СПИДа, туберкулеза и вирусного гепатита на глобальном уровне к 2030 году. Как призывает к тому Новая повестка дня для развития городов, мы будем использовать нашу сферу влияния, инфраструктуру и человеческий потенциал для создания более справедливого, инклюзивного, процветающего и устойчивого будущего для всех наших жителей – независимо от возраста пола, сексуальной ориентации, социального и экономического положения.

PARIS DECLARATION

We stand at a defining moment in the AIDS response. Thanks to scientific breakthroughs, community activism and political commitment, we have a real opportunity to achieve the Sustainable Development Goals target of ending the AIDS epidemic by 2030. Cities have been heavily affected by the epidemic and have been at the forefront of responding to HIV. Cities are uniquely positioned to lead Fast-Track action towards achieving the 90–90–90 and other targets by 2020. Attaining these targets will put us on a trajectory towards getting to zero new HIV infections and zero AIDS-related deaths.

We recognize that ending AIDS requires a comprehensive approach that allows all people to access quality life-saving and life-enhancing prevention, treatment, care and support services for HIV, tuberculosis and viral hepatitis. Integrating these services into sexual, reproductive and mental health services is critical to achieving universal access to health care.

We can eliminate stigma and discrimination if we build our actions on scientific evidence. Understanding that successful HIV treatment and viral suppression prevents HIV transmission (Undetectable = Untransmittable) can help reduce stigma and encourage people living with HIV to initiate and adhere to HIV treatment.

Working together, cities can accelerate local actions towards ending the AIDS, tuberculosis and viral hepatitis epidemics globally by 2030. As called for by the New Urban Agenda, we will leverage our reach, infrastructure and human capacity to build a more equitable, inclusive, prosperous and sustainable future for all our residents, regardless of age, gender, sexual orientation and social and economic circumstances.

МЫ, МЭРЫ ГОРОДОВ ОБЯЗУЕМСЯ:

1. Покончить с эпидемией СПИДа в городах к 2030 году

Мы обязуемся приложить все усилия для достижения целевых показателей 90-90-90 и других показателей по ускорению действий, что выводит нас на путь к прекращению эпидемий СПИДа, туберкулеза и вирусного гепатита к 2030 году. Мы обязуемся обеспечить устойчивый доступ к услугам по тестированию, лечению и профилактике, включая до-контактную профилактику (ДКП), в качестве поддержки всеобъемлющего подхода к прекращению СПИДа, который также учитывает проблемы, связанные с туберкулезом, вирусным гепатитом, инфекциями, передаваемыми половым путем, психическим здоровьем, расстройствами, вызванными употреблением психоактивных веществ, коморбидностью при процессе старения при инфицировании ВИЧ. Мы покончим со стигмой и дискриминацией.

2. Нацелить все наши действия на людей

Мы нацелим наши действия, в частности, на людей, которые являются уязвимыми для ВИЧ, туберкулеза, вирусного гепатита и других заболеваний. Мы будем содействовать реализации и уважению прав человека всех затронутых людей, и не оставим никого позади в работе нашего города по предотвращению СПИДа, туберкулеза и вирусного гепатита. Мы будем значимо включать людей, живущих с ВИЧ, в принятие решений по политикам и программам, которые затрагивают их жизни.
Мы будем действовать на местах и в партнерстве с нашими сообществами с тем, чтобы активизировать глобальную поддержку для здоровых и энергичных обществ и для устойчивого развития.

3. Устранять факторы, способствующие риску, уязвимости и передаче инфекции

WE, THE MAYORS, COMMIT TO:

1. End the AIDS epidemic in cities by 2030

We commit to achieve the 90–90–90 and other Fast-Track targets by 2020, which will put us firmly on the path to ending the AIDS, tuberculosis and viral hepatitis epidemics by 2030. We commit to provide sustained access to quality HIV testing, treatment and prevention services, including pre-exposure prophylaxis (PrEP), in support of a comprehensive approach to ending AIDS that also addresses tuberculosis, viral hepatitis, sexually transmitted infections, mental health, substance use disorders, and comorbidities associated with aging with HIV. We will eliminate HIV-related stigma and discrimination.

2. Put people at the centre of everything we do

We will focus our efforts on all people who are vulnerable to HIV, tuberculosis, viral hepatitis and other diseases. We will help to realize and respect the human rights of all affected people and leave no one behind in our city's AIDS, tuberculosis and viral hepatitis response. We will meaningfully include people living with HIV in decision-making around policies and programmes that affect their lives. We will act locally and in partnership with our communities to galvanize global support for healthy and resilient societies and for sustainable development.

3. Address the causes of risk, vulnerability and transmission

Мы будем использовать все средства, в том числе постановления муниципальных властей, политики и программы для устранения факторов, которые делают людей уязвимыми перед ВИЧ и другими заболеваниями, включая законы, которые дискриминируют или криминализуют ключевые уязвимые группы населения. Мы обеспечим людям, затронутым ВИЧ, равное участие в гражданской, политической, экономической и культурной жизни, свободной от предрассудков, стигмы, дискриминации, насилия или преследования. Мы будем тесно сотрудничать с сообществами, с теми, кто оказывает клинические и иные услуги, правоохранительными органами и другими партнерами, а также с подвергающимися маргинализации и уязвимыми группами населения, в том числе с обитателями трущоб, мигрантами и другими перемещенными лицами, молодыми женщинами, работниками секс-бизнеса, потребителями наркотиков, геями и прочими мужчинами, имеющими половые контакты с мужчинами, и трансгендерными людьми, с тем чтобы развивать социальное равенство.

We will use all means, including municipal ordinances, policies and programmes, to address factors that make people vulnerable to HIV and other diseases, including laws that discriminate against or criminalize key populations. We will ensure that people affected by HIV enjoy equal participation in civil, political, social, economic and cultural life, free from prejudice, stigma, discrimination, violence or persecution. We will work closely with communities, clinical and service providers, law enforcement and other partners, and with marginalized and vulnerable populations, including slum dwellers, migrants and other displaced people, young women, sex workers, people who use drugs, gay men and other men who have sex with men and transgender people, to foster social equity.

4. Использовать наши меры в ответ на СПИД для позитивных социальных преобразований

Наше лидерство позволит использовать инновационные социальные преобразования для создания обществ, которые будут справедливыми, инклюзивными, энергичными и устойчивыми. Мы интегрируем программы здравоохранения с социальными программами для улучшения услуг, в том числе услуг в связи с ВИЧ, туберкулезом, вирусным гепатитом и другими заболеваниями. Мы будем использовать достижения в сфере науки, технологии и коммуникации для осуществления повестки дня в сфере социальной трансформации, в том числе в контексте усилий по обеспечению равного доступа к образованию и учебе.

4. Use our AIDS response for positive social transformation

Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable. We will integrate health and social programmes to improve the delivery of services, including for HIV, tuberculosis, viral hepatitis and other diseases. We will use advances in science, technology and communication to drive the social transformation agenda, including within the context of efforts to ensure equal access to education and learning.

5. Развивать и ускорять ответные меры с учетом местных потребностей

Мы будем разрабатывать и пропагандировать услуги, которые будут инновационными, безопасными, доступными,

5. Build and accelerate an appropriate response to local needs

We will develop and promote services that are innovative, safe, accessible, equitable

справедливыми и свободными от стигмы и дискриминации. Мы будем поощрять и развивать социальное лидерство сообществ для создания спроса на услуги и для оказания услуг с учетом местных потребностей.

and free from stigma and discrimination. We will encourage and foster community leadership to build demand for, and to deliver, quality services that are responsive to local needs.

6. Мобилизовать ресурсы для интеграции общественного здравоохранения и развития

Вложение средств в осуществление мер по прекращению распространения СПИДа, а также обеспечение сильной приверженности общественному здоровью – это обоснованное вложение в будущее нашего города, которое будет способствовать увеличению производительности, росту процветания для всех и общего благополучия для наших граждан. Мы будем адаптировать планы и ресурсы нашего города в целях реализации инициативы для ускорения действий по профилактике ВИЧ, туберкулеза, вирусного гепатита и других заболеваний в контексте интегрированного подхода к общественному здравоохранению. Мы разработаем инновационные стратегии финансирования и мобилизуем дополнительные ресурсы с тем, чтобы покончить с эпидемией СПИДа к 2030 году.

6. Mobilize resources for integrated public health and development

Investing in the AIDS response together with a strong commitment to public health and sustainable development is a sound investment in the future of our city that will yield increased productivity, shared prosperity and the overall well-being of our citizens. We will adapt our city plans and resources for a Fast-Track response to HIV, tuberculosis, viral hepatitis and other diseases within the context of an integrated public health approach. We will develop innovative funding strategies and mobilize additional resources to end the AIDS epidemic by 2030.

7. Объединиться в качестве лидеров

Мы обязуемся разработать план действий для руководства усилиями нашего города по ускорению действий, применять прозрачное использование данных для собственной ответственности и присоединиться к сети городов для того, чтобы сделать Парижскую Декларацию реальностью. Работая в тесном сотрудничестве со всеми заинтересованными сторонами, мы будем регулярно измерять наши результаты и вносить изменения в предпринимаемые нами меры с тем, чтобы сделать их более быстрыми, разумными и эффективными. Мы будем поддерживать другие города, делиться нашим опытом, знаниями и данными о том, что работает и что можно улучшить. Мы будем отчитываться о нашем прогрессе ежегодно.

7. Unite as leaders

We commit to develop an action plan to guide our city's Fast-Track efforts, embrace the transparent use of data to hold ourselves accountable and join with a network of cities to make the Paris Declaration a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter and more effective. We will support other cities and share our experiences, knowledge and data about what works and what can be improved. We will report annually on our progress.

Мэр города _____

Подпись

_____

Уполномоченный Представитель
«Ускорения Действий в городах»

_____

Подпись

_____

Подписано ___/__/___,
в г. _____

Mayor of _____

Signature

_____

Appointed Representative of
“Fast-Track Cities”

_____

Signature

_____

Signed on___/__/___,
the City of _____

Anne HIDALGO
Mayor of Paris

Gunilla CARLSSON
UNAIDS

Maimunah Mohd SHARIF
UN-Habitat

José M. ZUNIGA
IAPAC

Fast-Track Targets

by 2020	by 2030
90-90-90 Treatment	**95-95-95** Treatment
500 000 New infections among adults	**200 000** New infections among adults
ZERO Discrimination	**ZERO** Discrimination

ANNEX 2 ZERO TB DECLARATION

CITIES ZEROTB PROJECT

Stop TB Partnership

Declaration of Interest: Alignment with Zero TB Initiative	**Декларация о намерениях: Присоединение к Zero TB Initiative**
The global struggle against tuberculosis (TB), the world's leading infectious killer of adults, has been unacceptably slow and ineffective. Five thousand people die each day, and more than four million people with TB disease are never treated and continue to transmit the disease to their families and others in their communities.	Глобальная борьба с туберкулезом (ТБ), ведущей в мире инфекцией убийцей взрослых, была неприемлемо медленной и неэффективной. Пять тысяч человек умирают каждый день, и более четырех миллионов человек с заболеванием ТБ никогда не лечатся, и продолжают передавать болезнь своим семьям и другим людям в своих сообществах.
Comprehensive, tried and tested epidemic control interventions as well as new innovative approaches that have been shown to be effective against TB should be used, regardless of whether a nation or community is poor or rich.	Необходимо использовать комплексные, верные и проверенные меры по борьбе с эпидемией, а также новые инновационные подходы, которые, как было показано, эффективны против туберкулеза, независимо от того, является ли нация или сообщество бедными или богатыми.
Given this stark reality, we, the undersigned, representing _____ municipality and the STOP TB Partnership declare our interest to:	Учитывая эту суровую реальность, мы, нижеподписавшиеся, представляющие муниципалитет _____ и STOP TB Partnership, заявляем о нашем интересе относительно:
1. Pursue a comprehensive approach against TB in line with established and new epidemic control strategies used by successful programs	1. Применения комплексного подхода в борьбе с ТБ в соответствии с принятыми и новыми стратегиями в ответ на эпидемию, применяемыми успешными программами.
2. Maintain a multi-institutional coalition to push this agenda and monitor its progress over time	2. Поддержки работы многосторонней коалиции с целью продвижения этого вопроса и дальнейшего отслеживания его решения.
3. Utilize a patient-centered care delivery platform to make progress toward wider public health goals where possible.	3. Использования платформы предоставления услуг с учетом потребностей пациента с целью достижения по возможности более широких целей в сфере общественного здоровья.
4. Integrate by future mutual agreement and engagement with the Zero TB Initiative (ZTBI) and the Zero TB Cities Project, a	4. Создания путем достижения будущих взаимных договоренностей и участия в инициативе Zero TB Initiative (ZTBI) и

multi-institutional alliance calling for comprehensive, accelerated efforts against TB in all its forms. This integration takes place by: a. Sharing informational resources and experiences with other ZTBI-supported coalitions b. Committing to work with representatives of other ZTBI projects at regular intervals c. Receiving (upon request and given availability) technical, programmatic, clinical, and/or financial support from ZTBI and its founding partners d. Studying and disseminating successes and challenges encountered during this program through peer-reviewed journals, print and social media as possible	проекте Zero TB Cities многостороннего объединения, призывающего к всесторонним, ускоренным усилиям по борьбе с ТБ во всех его формах. Соответствующая интеграция будет происходить путем: a. Обмена информационными ресурсами и опытом с другими коалициями, поддерживающими ZTBI; b. Обязательством регулярно взаимодействовать с представителями других проектов ZTBI; c. Получения (по запросу и при наличии) технической, программной, клинической и/или финансовой поддержки от инициативы ZTBI и ее учредителей; d. Изучения и распространения информации об успехах и проблемах, возникающих в ходе реализации этой программы, через публикации в рецензируемых журналах, печатных изданиях или социальных сетях по мере возможности.
Dr. Lucica Ditiu *Executive Director, Stop TB Partnership* *Zero TB Initiative Representative (Founding Partner principal)* *Zero TB Initiative and Zero TB Cities Project* **Name** *Mayor of City*	**Д-р. Лучика Дитиу** *Исполнительный директор, Stop TB Partnership* *Представитель Zero TB Initiative (главный партнер основатель)* *Zero TB Initiative и Проект Zero TB Cities* **Имя** *Мэр города*

ANNEX 3 CITY HIV/TB PROGRAM: EXAMPLE FROM ODESA

RESOLUTION OF ODESA CITY COUNCIL

№ 3320-VII DD 06.06.2018.

On approval of the City Target Program for Combating HIV/AIDS, Tuberculosis, Hepatitis and Drug Addiction in Odesa, Fast-Track Odesa for 2018-2020

According to Part I Paragraph 22, Article 26 of the Law of Ukraine ***On Local Self-Government in Ukraine***, the Law of Ukraine ***On Approval of the National Targeted Social Program for Combating the HIV-AIDS Epidemic for 2014-2018***, Order of the Cabinet of Ministers ***On Approval of the Strategy for Ensuring a Sustainable Response to TB, Including Chemoresistant, and HIV / AIDS for the Period Up to 2020 and Approving a Plan of Measures for its Implementation***, Orders of the Ministry of Health of Ukraine dated March 27, 2012 #200 ***On Approval of the Procedure for Substitution Maintenance Therapy Provision for Patients with Opioid Dependence***, dated February 08, 2013 #104 ***On Approval of the List and Criteria for Identification of Risk Groups for HIV Infection***, dated May 15, 2014 #327 ***On the Identification of People with TB and Infected with Tuberculosis Micobacteria***, dated December 01, 2017 #1517 ***On Approval of the Distribution and Delivery Schedule of Medicines for Substitution Maintenance Therapy Purchased at the Expense of the State Budget of Ukraine for 2016***, Procedures for developing urban targeted and integrated programs, monitoring and reporting on their implementation, approved by the Mayor Order No. 1115 dated November 8, 2016, with the purpose of introducing a systematic approach to overcome the factors that cause people's vulnerability to HIV/AIDS, tuberculosis, viral hepatitis and drug addiction and the implementation of the Paris Declaration dated December 01, 2014 on overcoming AIDS as a threat to public health by 2030 Fast-Track Cities, Odesa City Council

RESOLVED:

1. To approve the City Target Program for Combating HIV/AIDS, Tuberculosis, Hepatitis and Drug Addiction in Odesa (Fast-Track Odesa) for 2018-2020 (see Annexes).
2. The control of the implementation of this resolution should be vested in the permanent commissions of the Odesa City Council on health; on social policy and labor.

City Mayor ***Gennadiy Trukhanov***

ANNEX TO THE RESOLUTION
OF ODESA CITY COUNCIL
№ 3320-VII DD 06.06.2018.

CITY TARGET PROGRAM FOR COMBATING HIV / AIDS, TUBERCULOSIS, HEPATITIS AND DRUG ADDICTION IN ODESA

(Fast-Track Odesa)
for 2018-2020

Odesa — 2018

1. PASSPORT OF THE CITY TARGET PROGRAM FOR COMBATING HIV / AIDS, TUBERCULOSIS, HEPATITIS AND DRUG ADDICTION IN ODESA (FAST-TRACK ODESA) FOR 2018-2020 (hereafter — Program)

1.	Initiator of Program development	Public Health Department, Odesa City Council
2.	Author of the Program	Public Health Department, Odesa City Council
3.	Co-authors of the Program	Department of Labor and Social Policy, Odesa City Council; Department of Education and Science, Odesa City Council; municipal institution Odesa City Center for HIV/AIDS Prevention and Control; municipal institution Odesa TB Hospital; municipal institution Odesa Psychiatric Hospital; Odesa City Center for Social Services for Family, Children and Youth; International Charitable Foundation Alliance for Public Health
4.	Principal implementing partner of the Program	Public Health Department, Odesa City Council
5.	Program implementing partners	Public Health Department, Odesa City Council; Department of Labor and Social Policy, Odesa City Council; Department of Education and Science, Odesa City Council; Department of Internal Policy, Odesa City Council; Advertising Department, Odesa City Council; municipal institution Odesa TB Hospital, municipal institution Odesa Psychiatric Hospital; municipal institution Odesa City Student Clinic # 21, municipal institution Odesa City Health Center, municipal enterprise Odesapharm, Odesa City Center of Social Services for Family, Children and Youth; Service for Children, Odesa City Council; Principal Directorate of the National Police in Odesa region (as agreed), non-governmental organizations which activities are related to providing services to high risk groups (as agreed), City Coordination Council on HIV/AIDS, Tuberculosis and Drug Addiction
6.	Program implementation period	2018-2020
7.	The total amount of financial resources needed to implement the Program, overall	395 390.40 (thousand) UAH
	including:	
7.1.	From national budget	297 366.00 (thousand) UAH
7.2.	From Odesa local budget	65 984.60 (thousand) UAH
7.3.	From other sources	32 039.8 (thousand) UAH

2. DEFINITION OF THE PROBLEM THE PROGRAM IS TARGETED AT

The degree of negative impact on the well-being of the population and the incidence of HIV infection, tuberculosis, parenteral hepatitis and drug addiction in the city occupy a dominant place in the structure of the epidemic growth and cause the greatest attention due to the scale and speed of their spread in the social environment.

HIV, tuberculosis, hepatitis and drug addiction, as a mental disorder, are socially significant diseases, the main factors of which are political, social, economic aspects, and the consequences threaten the economy and national security of the state, due to the fact that the majority of patients are individuals of working and reproductive age.

In a short period of time, these diseases spread rapidly among the general population and were given the status of problems nationwide.

According to the Public Health Center of the Ministry of Health of Ukraine, the city of Odesa remains a city with a high incidence of HIV, tuberculosis, including multidrug-resistant, and hepatitis, so the problem of spreading these infections is extremely urgent.

According to international and national experts, the number of people living with HIV/AIDS at the end of 2017 in the city of Odesa exceeds 17 047 people, of which more than 12 000 are enrolled into medical care, ie 70.4% of the estimated number. Only 5 601 people receive antiretroviral therapy, accounting for 46.7% of the number of patients being monitored, or 33% of the estimated number of people living with HIV/AIDS.

This is a very weak response to the epidemic because, according to current international guidelines, at least 90% of people living with HIV/AIDS need to be aware of their status and at least 90% of them should receive treatment to stop the spread of HIV-infection and reduce the damage caused by it.

In the context of the socio-economic crisis associated with the events in the east, the epidemic of HIV, tuberculosis and hepatitis has worsened, requiring a set of urgent organizational measures, provided with funding, aimed at overcoming the HIV epidemic and tuberculosis in the city of Odesa.

According to official data, more than 30 000 IDPs and combatants live in territories where the epidemiological situation of HIV/AIDS, TB and hepatitis is not controlled by the state.

The analysis of the situation with HIV/AIDS, tuberculosis and hepatitis indicates that epidemic control is not fully implemented and requires additional measures and a systematic approach.

Particularly threatening is the untimely seeking of care among people living with HIV, as a consequence, the late detection of AIDS and TB/HIV comorbidity, and with a high proportion of 61% among new AIDS

cases, which causes high morbidity among patients with co-infection. In the overall structure of mortality of AIDS patients, 73.9% are individuals with TB, over 20% are infected with hepatitis C and die from cirrhosis of the viral etiology of the liver. This may indicate the lack of an effective integrated approach, prevention and treatment programs at the national and regional levels.

Viral hepatitis is one of the most acute public health problems today, and has become of medical, social and economic importance not only in Ukraine but all over the world.

There are 2 622 persons officially registered in care for hepatitis, of which: 1 887 – have hepatitis C, 735 – have hepatitis B (in the Odesa region 5 288 persons: 3,209 with hepatitis C and 2 079 with hepatitis B).

Among new cases of HIV infection, the prevalence of hepatitis is over 20%. Most often, parenteral hepatitis affects HIV high risk groups – drug users (63.3%), sex workers (18.9%) and people who practice unprotected sex. Decree #104 of the Ministry of Health of Ukraine dated February 8, 2013 approved the List of high-risk groups for HIV infection (hereinafter – high-risk groups), namely:

1. People who inject drugs (PWID).
2. Commercial sex workers (CSW).
3. Men who have sex with men (MSM).
4. Sexual partners of injecting drug users.
5. Clients of commercial sex workers.
6. Sexual partners of men who have sex with men.

According to Newsletter #48 of the State Institution Center for Public Health of the Ministry of Health of Ukraine, the State Institution Hromashevsky Institute of Epidemiology and Infectious Diseases of the National Academy of Medical Sciences of Ukraine, the data recommended for use on the estimated number of high-risk groups in Odesa region are the following:

- PWID (people who inject drugs) — 38 300
- CSW (commercial sex workers) — 7 700
- MSM (men who have sex with men) — 11 900.

In total there are 57 900 people in Odesa representing main groups of high risk; 37 000 people from high-risk groups.

To improve the virological diagnostics of patients with viral hepatitis B and C, to prevent cases of occupational and nosocomial infections, timely treatment requires the purchase of diagnostic test systems.

Odesa is in a unfavorable situation with the incidence of tuberculosis. Thus, over the last few years, the tuberculosis incidence rate exceeds the similar indicator in Ukraine and in 2017 amounted to 107.6 cases

per 100 thousand population, and its prevalence was 166.4 cases per 100 thousand population. At the same time, tuberculosis mortality in the city was 8.2 cases per 100 thousand population, which was significantly lower than in Ukraine. In this regard, at present, coordination of actions to take the situation under effective control is extremely important.

According to the Order of the Ministry of Health of Ukraine dated May 15, 2014 #327 ***On the Identification of People with TB and Infected with Tuberculosis Micobacteria*** the list of persons classified as at-risk for tuberculosis is approved:

1. People who live with HIV.
2. People in contact with tuberculosis patients (personal or professional contacts).
3. People with diseases that lead to a weakening of immunity.
4. Smokers, persons with alcohol or drug abuse.
5. Immigrants and refugees from regions with a high incidence of tuberculosis.
6. People below the poverty line and unemployed.
7. Homeless.
8. Patients of psychiatric institutions.
9. Detainees and people in custody when sent to pre-trial detention centers, being held or released from prison, or subjected to administrative supervision.
10. Employees of penitentiary, psychiatric and health care facilities that have frequent contact with people with tuberculosis while carrying out related care.

Odesa has achieved some success in detecting new TB cases. This is facilitated by the introduction of incentives for medical professionals (family doctors) for newly diagnosed cases and the registration of patients for further treatment.

Of particular concern is the high prevalence of multidrug-resistant tuberculosis, with 33.9% among patients with a first-time diagnosis and 55.6% among patients with recurrent cases. There is a rapid increase in the incidence of virtually incurable tuberculosis with advanced drug resistance requiring palliative care.

The growth of multidrug-resistant tuberculosis and the high rate of interruptions in treatment indicate that patients have limited access to DOT services (outpatient treatment services) at the outpatient stage. Therefore, the issue of social support for patients for the period of their treatment (providing adequate nutrition, covering transportation costs) is to be addressed.

A particular risk is HIV/TB coinfection. The proportion of such patients among people with first-diagnosed tuberculosis in 2017 was 46.5%.

There is a high prevalence of tuberculosis in socially disadvantaged categories of people (homeless, people who use drugs and misuse alcohol), which significantly aggravates the epidemic situation.

Due to lack of motivation, many patients in this category interrupt treatment, which leads to development of chemoresistant forms of tuberculosis. The number of patients who discontinued treatment is approximately 15% among newly diagnosed cases of susceptible tuberculosis.

During 2017, more than 1670 patients received outpatient treatment at the TB clinic.

It should be noted that the material and technical base of TB facilities needs improvement, and social support for patients at the outpatient stage of treatment is a prerequisite for effective curative and preventive measures to combat tuberculosis.

According to official data in Ukraine, 550,000 people use heavy drugs, of which about 150,000 are registered with law enforcement agencies.

According to independent experts in Ukraine, up to 120,000 people die each year from drug addiction and related diseases such as HIV / AIDS, viral hepatitis, and tuberculosis.

Odesa region is one of the leading places in the country in terms of the number of people using heavy drugs and the number of deaths.

The negative trend for the spread of co-infections indicates that certain programs and measures to combat tuberculosis, HIV and hepatitis have not significantly improved the situation in the city and require revision.

The measures taken were aimed at solving purely medical problems (purchase of medicines, medical devices and equipment, etc.), not taking into account prevention, which is much less costly and more effective than mere diagnostics and treatment. This justifies the need for complexity in approaches combining prevention and treatment programs at the urban level into a single effective system of counteraction.

3. AIM OF THE PROGRAM

The aim of the Program is to create an effective system on the city level for combating HIV/AIDS, TB, hepatitis and drug addiction; providing high-quality and affordable social and health services for the prevention and diagnostics of HIV infection to the population, first of all representatives of high-risk groups, services for treatment, medical and social care and support of people living with HIV and drug addiction.

The program aims to create the conditions for reducing the number of new HIV infections and AIDS-related mortality, including tuberculosis and comorbidities, including viral hepatitis, drug addiction, which will lead to the shortest path to combating AIDS as a public health threat and improving TB treatment results.

4. RATIONALE FOR THE WAYS AND MEANS OF SOLVING THE PROBLEM, THE SCOPE AND SOURCES OF FUNDING; TERMS AND STAGES OF IMPLEMENTATION OF THE PROGRAM

Today, cases of these diseases need to be considered as a complex problem, and therefore the response must be global in scale and effective in result. These requirements led to the need to create a single city program for combating socially significant diseases, which will ensure the implementation of comprehensive measures for the prevention and treatment of diseases that have the most negative socio-demographic and economic impact.

The problem has two possible solutions.

The first option involves an integrated approach to the epidemic response, based on the National Targeted Social Program for HIV/AIDS for 2014-2018.

The second, most adequate option is to create a system of continuous provision of high quality and affordable HIV prevention and diagnostics services, especially for high-risk groups, HIV treatment, care and support services, as part of health care reform:

- optimization of the system of medical and social services, provision of professional training of personnel (family doctors, employees of institutions and institutions providing services to representatives of high-risk groups and their partners, people living with HIV);
- respect for the rights of people living with HIV;
- providing access to counseling, HIV testing and diagnostic services to the general population;
- access of health workers to healthy and safe working conditions;
- ensuring that, within the framework of the Program, priority is given to the coverage, care and support of people living with HIV and their surroundings;
- improving the effectiveness of preventive measures against high-risk groups to reduce the rate of HIV infection;
- forming a tolerant attitude of the population towards people living with HIV in order to overcome their discrimination;
- implementation of a gender-oriented approach in the planning and implementation of activities in the field of HIV/AIDS;
- ensuring the interaction of central and local executive authorities in the implementation of state policy on HIV/AIDS;

- involvement of community associations in providing HIV prevention, treatment, care and support services to at-risk representatives and people living with HIV;
- developing and implementing measures to continue to implement effective HIV / AIDS programs, including through charitable contributions;
- introducing ongoing social dialogue in the area of labor relations between executive authorities, employers and trade unions regarding people living with HIV and AIDS patients (prevention of discrimination; forming tolerant attitude towards people living with HIV; HIV working conditions).

The program is designed in accordance with the laws of Ukraine ***On Approval of the National Targeted Social Program for Combating HIV/AIDS for 2014-2018***, ***On Combating the Spread of Diseases caused by Human Immunodeficiency Virus (HIV), and the Legal and Social Protection of People Living with HIV***, ***On Ensuring the Sanitary and Epidemic Wellbeing of the Population, On Ratification of the Loan Agreement (Tuberculosis and HIV / AIDS Control Project in Ukraine) between Ukraine and the International Bank for Reconstruction and Development***, Order of the Cabinet of Ministers of Ukraine #248-p dated March 22, ***2017 On Approval of the Strategy for Ensuring a Sustainable Response to the Epidemic of Tuberculosis, Including Chemoresistant, and HIV/AIDS for the Period up to 2020 and Approving a Plan of Measures for its Implementation***, Orders of the Ministry of Health of Ukraine of March 27, 2012 #200 ***On Approval of the Procedure for Substitution Maintenance Therapy for Patients with Opioid Addiction***, dated February 08, 2013 #104 ***On Approval of the List and Criteria for Identification of High-Risk Groups for HIV Infection***, dated May 15, 2014, #327 ***On Identification of People with Tuberculosis or Infected with Mycobacteria***, dated February 24, 2015 #92 ***On Approval and Implementation of Medical and Technological Documents on Standardization of Medical Care for HIV-infected Children***, dated December 01, 2017 #1517 ***On Approval of Distribution and Delivery Schedules for Substitution Methadone Therapy Medications, Purchased from the State Budget of Ukraine for 2016*** and the objectives of the Paris Declaration dated 1 December 2014 to combat AIDS as a threat to public health till 2030 — Fast-Track Cities. The program defines the main tasks, forms and directions of activity of the Odesa City Council, its executive bodies, institutions and organizations in achieving the goals of the Paris Declaration "90-90-90" (ie 90% of people living with HIV/AiDS (hereinafter — PLWHA) know their status, 90% of PLWHA are on ART and 90% of PLWHA receiving antiretroviral therapy (hereinafter — ART) have long viral load suppression and eradication of discrimination and stigma.

The program is designed for 2018-2020.

Funding for the Program is planned to be within the limits of the funds approved in the Odesa city budget for the respective goals for the respective year, the state budget and the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter — Global Fund).

Given that the Program objectives are complementary to the objectives of the Global Fund programs, it is optimal to involve into the Program principal recipients and sub-recipients of the Global Fund programs operating under the Law of Ukraine dated June 21, 2012 ***On Implementation of Global Fund Programs to Combat. AIDS, Tuberculosis and Malaria in Ukraine.***

5. PRIORITY AREAS AND ACTIVITIES OF THE PROGRAM

The basic principle of the Program is to concentrate efforts on the implementation of certain tasks in priority areas. Based on this, the following priority areas for the implementation of the Program have been identified:

1. Coordination and monitoring of achievement of the goals of the Global Fast-Track Cities Initiative in Odesa.
2. Strengthening the human resources and HIV/AIDS resource base to achieve the goals of the Fast-Track Cities Global Initiative.
3. Prevention of the spread of HIV infection among the population.
4. Prevention of the spread of HIV among persons at high risk.
5. Diagnosis of HIV infection and involvement of people living with HIV/AIDS in medical care.
6. Ensuring access to treatment for people living with HIV and clinical and laboratory monitoring of treatment effectiveness.
7. Achieving high treatment efficiency in people living with HIV and receiving antiretroviral therapy.
8. Prevention of tuberculosis.
9. Diagnosis of hepatitis B and C.

6. EXPECTED RESULTS AND EFFECTIVENESS

Program implementation will allow:

- to create a surveillance system for socially significant diseases;
- to contribute to increasing the number of cases of detection of people living with HIV (PLWHA) to further reach 90% of the estimated number (17 047 persons), ie 15 000;
- to increase the level of enrollment of PLWHA in care and retention in it (PLWHA on active official registration) to 90% of the indicator (13 807 people); to increase the coverage of PLWHA with ART to further reach 90% of the indicator (12 426 people);
- help to increase the number of people living with HIV and who are virally supressed to further reach 90% of the figure (8 303 people);
- to provide effective treatment for 80% of new and recurrent cases of pulmonary tuberculosis through the introduction of controlled outpatient treatment;
- reduce the number of tuberculosis and multidrug-resistant tuberculosis patients who interrupted treatment to 30%;
- stabilize the mortality rate from tuberculosis and co-infection;
- identify 30% of tuberculosis patients with primary-level sputum smear microscopy among those with suspected tuberculosis;
- to strengthen the integrated care delivery model for patients with HIV, tuberculosis and viral hepatitis at all levels of care;
- to introduce social support of patients during outpatient tuberculosis treatment;
- to increase the level of detection of viral hepatitis B and C by 5% annually;
- to reach at least 10% of the estimated number of injecting drug users through low-threshold substitution therapy programs, as well as by providing information on other addiction treatment (rehabilitation) programs that have proven effective.

7. COORDINATION AND MONITORING OF THE PROGRAM IMPLEMENTATION

The responsibility for implementation of the Program is held by the Department of Health of Odesa City Council and the Department of Labor and Social Policy of Odesa City Council.

To coordinate the activities of executors and co-executors of the Program of the Mayor, a consultative and advisory body is created — the City Coordination Council on HIV/AIDS, TB and drug addiction, which includes representatives of the deputy corps, executive bodies, organizations and institutions of Odesa, the Principal Directorate of the National Police in Odesa Region, the Southern Interregional Directorate for the Execution of Criminal Sentences and Probation of the Ministry of Justice of Ukraine, as well as non-governmental organizations.

The implementation of the Program is monitored by the Permanent Commissions of Odesa City Council on Health; on social policy and labor.

The Department of Health of Odesa City Council quarterly, by the 15th of the month following the reporting period, prepares and submits to the Department of Economic Development of Odesa City Council summarized information (received from all executors of the Program) on the status of implementation of the Program.

The Program executors shall submit to the Department of Health of Odesa City Council, quarterly by the 5th of the month following the reporting month, the status of its implementation.

Odesa City Council Health Department reports annually on the implementation of the Program for the reporting period at the meeting of the Odesa City Council Executive Committee in the first half of the year following the reporting year.

After the deadline for implementation of the Program, the Department of Health of Odesa City Council prepares a final report on the results of its implementation and submits it to the Executive Committee of Odesa City Council, and after approval — for approval by Odesa City Council, not later than six months after the expiration of the deadline for its implementation.

The Department of Health of Odesa City Council promulgates the main results of the Program implementation in mass media.

The City Council Secretary *Oleksii Potapsky*

RESOURCES AVAILABLE FOR CITY TARGET PROGRAM FOR COMBATING HIV/AIDS, TUBERCULOSIS, HEPATITIS AND DRUG ADDICTION IN ODESA "FAST-TRACK ODESA" for 2018-2020

Sources of funding proposed for the implementation of the Program	Program years			Total running costs for the Program (thousand UAH)
	2018	2019	2020	
Total	106 817.10	141 314.20	147 259.10	395 390.40
National budget	70 385.00	106 332.00	120 649.00	297 366.00
Odesa city local budget	14 128.6	29 467.2	22 388.8	65 984.6
Including following main actors:				
Department of Health, Odesa City Council	13 258.6	28 597.2	21 518.8	63 374.6
Department of Social Policy and Labor, Odesa City Council	750.0	750.0	750.0	2 250.0
Department of internal Policy, Odesa City Council	120.0	120.0	120.0	360.0
Other sources	22 303.5	5 515	4 221.3	32 039.8

PRIORITY AREAS AND ACTIVITIES CITY TARGET PROGRAM FOR COMBATING HIV/AIDS, TUBERCULOSIS,HEPATITIS AND DRUG ADDICTION IN ODESA "FAST-TRACK ODESA" for 2018-2020

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
I. Coordination and monitoring of the achievement of the goals of the Global Fast-Track Cities Initiative in Odesa									
1.1.	Supporting the activities of the City Coordination Council on HIV/AIDS, Tuberculosis and Drug Addiction	2018-2020	Department of Health, Odesa City Council	Total, including.:	36.00	12.00	12.00	12.00	Coordination of activities and cooperation of executive bodies of all levels, local self-government, medical, social, educational and other institutions, organizations, public associations
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	36.00	12.00	12.00	12.00	
1.2.	Ensuring the activities of the working group on issues Achievement of the goals of the Global Fast-Track Cities Initiative in Odesa	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Coordination of activities and cooperation of executive authorities, local self-government, medical, social, educational and other institutions, organizations, public associations on the implementation of the Paris Declaration on AIDS
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.3.	Holding regular consultative meetings with international experts from the International Alliance for Public Health, UNAIDS, USAID, AHF	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Collaboration with national and international organizations and foundations
				national budget	0.00	0.00	0,00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
1.4.	Adaptation and implementation of global and national best practices in the field of HIV/AIDS	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Implementation of HIV testing of the population of the city of Odesa with rapid tests aiming at the early identification and provision of medical care for HIV-infected and AIDS patients
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.5.	Development of a list, conditions and procedure for providing social services to high-risk groups at the expense of the city budget of Odesa	2018	Department of Health of Odesa City Council, Department of Labor and Social Policy of Odesa City Council, non-governmental organizations whose activities are relatedto the provision of services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Defining a mechanism for providing social services to high-risk groups
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.6.	Establishing a calendar plan for HIV/AIDS, tuberculosis, hepatitis and drug addiction counteraction activities and ensuring its implementation	2018-2020	City Coordination Council on HIV/AIDS, Tuberculosis and Drug Addiction	Total, including.:	0.00	0.00	0.00	0.00	Ensuring planned systematic work to combat the spread of HIV/AIDS, tuberculosis, hepatitis and drug addiction
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.7.	Implementation of the system of monitoring, analysis and evaluation of the situation of HIV infection and tuberculosis in Odesa	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Provision of data accounting, monitoring and evaluation of the situation in Odesa on HIV infection, tuberculosis for managerial decision making
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.8.	Providing preparation and publication of the annual analytical report *Epidemiological situation of HIV/AIDS, tuberculosis in Odesa*	2018-2020	Department of Health of Odesa City Council, non-governmental organizations which activities are related to providing services to high-risk groups (if agreed)	Total, including.:	75.00	25.00	25.00	25.00	Publication of the annual analytical report *The Epidemiological Situation of HIV/AIDS, Tuberculosis in Odesa*
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	75.00	25.00	25.00	25.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
1.9.	Preparation and publication of a regular progress report on the achievement of the goals of the Global Fast-Track Cities Initiative in Odesa	2018-2020	Department of Health of the Odesa City Council,non-governmental organizations associated with the provision of services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Compliance with the Paris Declaration
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.10.	City Health International 2018 Conference *Healthy Responses in a Time of Change*	2018	Department of Health, Odesa City Council	Total, including.:	1000.00	1000.00	0.00	0.00	Collaboration with national and international organizations and foundations
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	1000.00	1000.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.11.	Informative interaction with the International AIDS Care Providers Association (exchange of technical data and information on epidemic threats)	2018-2020	Department of Health of the Odesa City Council, City Coordination Council on HIV/AIDS, Tuberculosis and Drug Addiction	Total, including.:	0.00	0.00	0.00	0.00	Compliance with the Paris Declaration
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
1.12.	Conducting social research among high school students of secondary schools, secondary specialized educational institutions	2018-2020	Department of Education and Science of Odesa City Council, Department of Labor and Social Policy of Odesa City Council, Office for Children of Odesa City Council, Odesa City Center of Social Services for Family, Children and Youth, municipal institution "Odesa City Student Clinic № 21", non-governmental organizations whose activities are related to the provision of services to high-risk groups (if agreed)	Total, including.:	75.00	25.00	25.00	25.00	Determination of the level of risky behavior, negative life phenomena, psychoactive substance use, violence, offenses, etc.
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	75.00	25.00	25.00	25.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
1.13.	Carrying out special measures to prevent and detect crimes related to drug trafficking and drug leakage into the illegal sphere	2018-2020	Principal Directorate of the National Police in Odesa Region (if agreed), Department of Health of the Odesa City Council, non-governmental organizations related to providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Detection and counteraction of illegal sale of drugs, psychotropic drugs in the network of pharmacies
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
Total for the Priority Areas				**Total, including.:**	**1186.00**	**1062.00**	**62.00**	**62.00**	
				national budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Odesa local budget	**1,000.00**	**1000.00**	**0.00**	**00.00**	
				Other sources	**186.00**	**62.00**	**62.00**	**62.00**	
II. Reinforcement of HIV/AIDS human resources and resources to meet the goals of the Fast-Track Cities Global Initiative									
2.1.	Professional training for medical, social, educational institutions, law enforcement agencies, probation authorities, non-governmental organizations on prevention of HIV-infection, tuberculosis, chemical dependence, concerning programs of substitution supportive therapy, methods of work with the population related to higher groups, higher with risk issues of discrimination, stigma, sexual orientation and gender identity	2018-2020	Department of Health of Odesa City Council, Department of Labor and Social Policy of Odesa City Council, Odesa City Center of Social Services for Family, Children and Youth	Total, including.:	150.00	50.00	50.00	50.00	Training of relevant professionals in the number of 500 persons annually, in total under the Program 1,500 persons
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	150.00	50.00	50.00	50.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
2.2.	Training of psychologists of secondary schools of I-III degrees in accordance with the comprehensive educational program on prevention of narcotic and alcohol problems	2018-2020	Department of Science and Education, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Implementation of the recommendations of the Ministry of Education and Science of Ukraine (letter of December 1, 2009 #1/ 11-10466), providing training for relevant specialists
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
2.3.	Training of primary care and school medicine specialists, established a network of "youth friendly offices" on providing medical assistance to adolescents and young people on the principles of "friendly approach" to HIV, sexually transmitted infections; conducting rapid testing, reproductive health, gender-based violence	2018-2020	Department of Health, Odesa City Council	Total, including.:	30.00	10.00	10.00	10.00	Providing training to relevant specialists (100 people annually), in total under the Program 300 people
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	30.00	10.00	10.00	10.00	
2.4.	Training of health care providers on the treatment of patients with multidrug-resistant tuberculosis	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Providing training of relevant professionals – 20 people annually, in total within the Program – 60 people
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
2.5.	Training GPs and nurses of primary health care facilities in HIV testing with rapid tests	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Providing training to relevant specialists (100 people annually), in total under the Program 300 people
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
2.6.	Training of specialists in social care institutions on HIV/AIDS awareness, TB, drug addiction and hepatitis and interaction with high-risk groups	2018-2020	Department of Health, Odesa City Council	Total, including.:	150.00	50.00	50.00	50.00	Providing training of relevant professionals
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	150.00	50.00	50.00	50.00	
				Other sources	0.00	0.00	0.00	0.00	
2.7.	In public health care facilities of city level in Odesa informative and awareness raising activities for health professionals on HIV/AIDS, tolerance of the at-risk population, and people living with HIV	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Compliance with the Paris Declaration on human rights component
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
2.8.	Improvement of the material and technical base of institutions providing integrated services for HIV, TB, hepatitis, sexually transmitted infections, addictions, namely: municipal institution Odesa Psychiatric Clinic, municipal institution Odesa City HIV/AIDS Center, municipal institution Odesa TB Clinic, municipal institution Odesa Student Clinic № 21 "	2018-2019	Department of Health, Odesa City Council, municipal institution Odesa Student Clinic № 21, municipal institution Odesa Psychiatric Clinic, non-governmental organizations which activities are related to providing services to high-risk groups (if agreed)	Total, including.:	2600.00	1300,00	1300,00	0.00	Creation of proper conditions for provision of social-medical, psychological, legal and other services to patients, as well as preventive work on prevention of HIV/AIDS, addictions, sexually transmitted infections. Financial support for the new web-site of SMT based on Global Fund funding
				national budget	0,00	0,00	0,00	0,00	
				Odesa local budget	2000.00	1000.00	1000.00	0.00	
				Other sources	600.00	300.00	300.00	0.00	
Total for the Priority Area				**Total, including.:**	2930.00	1410.00	1410.00	110.00	
	national budget Odesa local budget			**national budget**	0.00	0.00	0.00	0.00	
				Odesa local budget	2150.00	1050.00	1050.00	50.00	
				Other sources	780.00	360.00	360.00	60.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
III. Prevention of the spread of HIV infection among the population									
3.1.	Conducting advocacy campaigns on city level on HIV/AIDS and tolerance of high-risk populations and people living with HIV/AIDS	2018-2020	Department of Internal Policy of Odesa City Council, City Coordination Council on HIV / AIDS, Tuberculosis and Drug Addiction,non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	360.00	120.00	120.00	120.00	Informing the population on HIV/AIDS, building a tolerant attitude in society for PLWHA
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	360.00	120.00	120.00	120.00	
				Other sources	0.00	0.00	0.00	0.00	
3.2.	Developing and placement of outdoor advertisement information on HIV prevention, need in testing and availability of HIV/AIDS treatment	2018-2020	Department of Health of Odesa City Council, Department of Advertising of Odesa City Council, municipal institution "Odesa City Health Center"	Total, including.:	300.00	100.00	100.00	100.00	Manufacturing and placement 20 units of advertising products annually, in total under the Program – 60 units
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	300.00	100.00	100.00	100.00	
				Other sources	0.00	0.00	0.00	0.00	
3.3.	Conducting awareness-raising activities on HIV prevention, viral hepatitis and sexually transmitted infections for secondary school students of grades 8-12, boarding schools, students of secondary specialized and higher education institutions	2018-2020	Department of Health of Odesa City Council, Department of Education and Science of Odesa City Council, Department of Labor and Social Policy of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	90.00	30.00	30.00	30.00	Ensure coverage is at least 90% of the target population
				national budget	0.00	0.00	0,00	0,00	
				Odesa local budget	90.00	30.00	30.00	30.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
3.4.	Ensuring the effective functioning of the Internet web-site hiv-service.od.ua	2018-2020	Department of Health, Odesa City Council	Total, including.:	180.00	60.00	60.00	60.00	Creating conditions for unrestricted access of the population to information on places and procedure for receiving HIV care
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	180.00	60.00	60.00	60.00	
				Other sources	0.00	0.00	0.00	0.00	
3.5.	Conducting of informative and awareness raising activities on HIV with people in difficult life situations	2018-2020	Department of Labor and Social Policy of Odesa City Council, Odesa City Center of Social Services for Family, Children and Youth, Department of Education and Science of Odesa City Council, Service for Children of Odesa City Council, Main Directorate of the National Police in Odesa region (if agreed)	Total, including.:	180.00	60.00	60.00	60.00	Coverage of at least 90% of the target population
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	180.00	60.00	60.00	60.00	
				Other sources	0.00	0.00	0.00	0.00	
Total for the Priority Area				**Total, including.:**	**1110.00**	**370.00**	**370.00**	**370.00**	
				national budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Odesa local budget	**1110.00**	**370.00**	**370.00**	**370.00**	
				Other sources	**0.00**	**0.00**	**0.00**	**0.00**	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
IV. Preventing the spread of HIV in high-risk groups									
4.1.	Provision of comprehensive preventive services under the harm reduction strategy to persons at high risk, according to the List approved by the Ministry of Health of Ukraine. Details of comprehensive prevention services are provided in Annex 4	2018-2020	Department of Health of Odesa City Council, Odesfarm Municipal Enterprise, Department of Labor and Social Policy of Odesa City Council, Odesa City Center of Social Services for Family, Children and Youth, Non-Governmental Organizations (criteria for selection of contractors are given in Annex 3), whose activities are related to providing services to groups increased risk	Total, including.:	70 997.30	22610.00	23877.00	2451030	Provision with involvement of non-governmental organizations of social and medical services (counseling on HIV, TB, hepatitis, drug addiction, safe behavior, express testing, provision of information materials, support, etc.), utensils (syringes, needles, alcohol wipes, multitests on HIV and hepatitis C) (at the expense of the Odesa city budget), naloxone, condoms and lubricants (from other sources):- - in 2018 – 30 720 people (including 20 250 PWID, 5 310 CSW, 5 160 MSM); - in 2019 – 32 440 people (including 20 250 PWID, 5 310 CSW, 6 880 MSM); - in 2020 – 33,300 persons (including 20,250 PWID, 5,330 CSW, 7,740 MSM);
				national budget	36 330.00	6035.00	15,884.00	14411.00	
				Odesa local budget	11000.00	1000.00	4000.00	6000,00	
				Other sources	23,667.30	15,575.00	3,993.00	4099.30	
4.2.	Purchasing testing services for HIV and hepatitis	2018	Department of Health of Odesa City Council, non-governmental organizations which activities are related to providing services to high-risk groups (if agreed)	Total, including.:	655.40	655.40	0.00	0.00	Increasing access to a range of services for high-risk groups on prevention of HIV, tuberculosis and hepatitis
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	655.40	655.40	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
4.3.	Provision of services to persons registered in care because of opioid use through substitution maintenance therapy	2018-2020		Total, including.:	4210.50	2410.50	800.00	1000.00	Providing integrated services to people who are registered in care because of opiates use through substitution maintenance therapy
				national budget	2560.00	760.00	800.00	1000.00	
				Odesa local budget	600.00	600.00	0.00	0.00	
				Other sources	1050.50	1050,50	0.00	0.00	
4.3.1.	Provision of substitution maintenance therapy (with extension of coverage)	2018-2020	Department of Health, Odesa City Council	Total, including.:	2980.00	1180.00	80.00	1000.00	Provide coverage: - In 2018 – 640 people; - in 2019 – 940 people; - in 2020 – 1200 people; - in total under the Program – 2780 persons
				national budget	2560.00	760.00	800.00	1000.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	420.00	420.00	0.00	0.00	
4.3.2.	Opening of new substitution maintenance therapy sites on the principle of integrated services with appropriate staffing	2018	Department of Health of Odesa City Council, non-governmental organizations whose activities are related to providing services to high-risk groups (if agreed)	Total, including.:	900.00	900.00	0.00	0.00	Providing people who inject drugs with access to integrated services in all districts of Odesa
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	600.00	600.00	0.00	0.00	
				Other sources	300.00	300.00	0.00	0.00	
4.3.3.	Provision of social support for patients within program of substitution maintenance therapy	2018-2020	Department of Health of the Odesa City Council, municipal institution City TB Clinic	Total, including.:	0.00	0.00	0.00	0.00	Socialization of patients within the program of substitution maintenance therapy
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
4.3.4.	Provision of community-based harm reduction services to adolescent drug users and those with risky sexual behaviour	2018-2020	Non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	330.50	330.50	0.00	0.00	Coverage of at least 60% of the population at risk, comprehensive HIV, with tuberculosis and hepatitis prevention services: - in 2018 – 250 adolescents, - in 2019-2020 – coverage and funding will be specified
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	330.50	330.50	0.00	0.00	
4.3.5.	Assessment of the preventive impact among participants in the substitution maintenance treatment (SMT) program	2018-2020	Non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Monitoring of the effectiveness of SMT introduction
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
4.4.	Counselling those at risk receiving social services	2018-2020	Department of Labor and Social Policy of Odesa City Council, Odesa City Center for Social Services for Families, Children and Youth, non-governmental organizations providing services for high risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Creating conditions for overcoming stigma and discrimination in access to social services for high risk groups in 4 districts of Odesa (hotline, self-help groups, counseling, rehabilitation program)
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
4.5.	Establishment of a network of stationary syringe exchange points and their functioning	2019-2020	Odesa City Council Health Department, Odesfarm Company	Total, including.:	3000.00	1000.00	1000.00	1000.00	Creation of 16 stationary syringe exchange points
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	3000.00	1000.00	1000.00	1000.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
4.6.	Mapping places for services for high-risk groups	2018-2020	Odesa City Center for Social Services for Families, Children and Youth, Main Directorate of the National Police in Odesa Region, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Increasing the availability and effectiveness of harm reduction prevention programs
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
4.7.	Prevention of mother-to-child transmission of HIV:	2018-2020	Department of Health, Odesa City Council	Total, including.:	2150.00	550.00	800.00	800.00	Prevention of mother-to-child transmission of HIV: Coverage of 100% of children born from HIV-infected mothers, at the expense of the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	2150.00	550.00	800.00	800.00	
				Other sources	0.00	0.00	0.00	0.00	
4.7.1.	Serological examination of pregnant women for HIV antibodies (routine and rapid tests)	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Annual diagnostics for 15,000 people, total for the Program – 45,000 people, at the expense of the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
4.7.2.	Providing test systems for viral load and CD4 in HIV-positive pregnant women	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Provision of test systems for 150 HIV-positive pregnant women annually according to the clinical protocol at the expense of the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
4.7.3.	Complete course of antiretroviral prophylaxis for HIV-positive pregnant women and their children	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Ensure that full course of antiretroviral prophylaxis is provided to 130 HIV-positive pregnant women and their children (up to 10) annually at the expense of the state budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
4.7.4.	Early diagnosis of HIV infection in children born to HIV-infected mothers	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Ensure 100% coverage of HIV-positive mothers at the expense of the state budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
4.7.5.	Provision of adapted first-year milk formula for infants born to HIV-infected mothers	2018-2020	Department of Health, Odesa City Council	Total, including.:	2150.00	550.00	800.00	800.00	Provision of adapted infant formula: - in 2018 – 130 children; - in 2019 – 140 children; - in 2020 – 150 children
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	2150.00	550.00	800.00	800.00	
				Other sources	0.00	0.00	0.00	0.00	
4.8.	Introducing pre-exposure prophylaxis among men at high risk	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Annual coverage of 200 people, totaling 600 people per Program,at the expense of the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
Total for the Priority Area				**Total, including.:**	81014.80	21191.50	26477.00	27130.30	
				national budget	38891.00	6796.00	16684.00	15411.00	
				Odesa local budget	16750.00	3150.00	5800.00	7800.00	
				Other sources	25373.80	17281.50	3993.00	4099.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
V. Diagnosis of HIV infection and enrollment in care of PLWHA									
5.1.	Ensure affordable and effective HIV testing with rapid tests and ELISA test systems in all healthcare settings	2018-2020	Department of Health, Odesa City Council	Total, including.:	11830.30	3593.80	3943.40	4293.10	Provision to at least 5% of the total city population annually
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	11830.30	3593.80	3943.40	4293.10	
				Other sources	0.00	0.00	0.00	0.00	
5.2.	Implementation of local protocols and routes for HIV/AIDS patients for health care facilities at all levels of care	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Provision of local protocols and routes of the patient with HIV/AIDS to all health care facilities of the Odesa City Council
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
5.3.	Coverage of HIV testing by the sexual partners by PLWHA and medical examination in case of HIV infection	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Ensure that 100% of the relevant high-risk group is covered at the expense of the funds provided for in Paragraph 5.1 of Section 5
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
5.4.	Providing social support for persons who have received a positive result of rapid HIV testing at a non-governmental organization and enrolling them into care	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Ensure that 100% of the relevant high-risk group is covered
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
5.5.	Ensure effective referral and social support for people diagnosed with HIV in healthcare settings when seeking medical assistance	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	400.00	400.00	0.00	0.00	Ensure that in 2018, coverage of 100% of people diagnosed with HIV is at the expense of the Global Fund provided for the implementation of NGO projects in the area of Social Support for PLWHA
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	400.00	400.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
5.6.	Establishment of a system for registering cases of HIV infection and taking medical care of people living with HIV who have been identified with HIV status in an in-patient healthcare facility	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Ensure that 100% of the relevant high-risk group is covered by the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
5.7.	Enrollment in care of PLWHA with a first-time diagnosis of HIV	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Ensure that 100% of the relevant high-risk group is covered by the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
5.8.	Involvement in care of PLWHA who discontinued visiting infectionist	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Ensure that 100% of the relevant high-risk group is covered by the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
5.9.	Conducting confirmatory tests to diagnose HIV in case of a positive HIV test result	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	0.00	0.00	0.00	0.00	Ensure that 100% of the relevant high-risk group is covered by the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
Total for the Priority Area				**Total, including.:**	**12230.30**	**3993.80**	**3943.40**	**4293.10**	
				national budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Odesa local budget	**11830.30**	**3593.80**	**3943.40**	**4293.10**	
				Other sources	**400.00**	**400.00**	**0.00**	**0.00**	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
6.1.	Purchasing a portable analyzer to determine the absolute number of CD4 lymphocytes	2018-2020	Department of Health, Odesa City Council	Total, including.:	358.60	155.60	101.50	101.50	Ensuring measurement of absolute CD4 lymphocyte count: - 2018 – in 1500 patients; - 2019 – in 2000 patients; - 2020 – in 2500 patients; - in total under the Program – in 6000 patients
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	358.60	155.60	101.50	101.50	
				Other sources	0.00	0.00	0.00	0.00	
6.2.	Clinical and laboratory examination of PLWHA when enrolled in care at the Odesa HIV/AIDS City Center , including:	2018-2020	Department of Health, Odesa City Council	Total, including.:	19.20	4.80	6.40	8.00	
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	19.20	4.80	6.40	8.00	
				Other sources	0.00	0.00	0.00	0.00	
6.2.1.	Immunological tests for the determination for CD4 count	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Carrying out immunological tests for determination of CD4 count in PLWHA when enrolled in care:- in 2018 – 1500; - in 2019 – 2000; - in 2020 – 2500; - in total under the Program – 6000
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
6.2.2.	Provision of vacuum blood collection systems (vacutiners) for the examination of new patients	2018-2020	Department of Health, Odesa City Council	Total, including.:	19.20	4.80	6.40	8.00	Procurement of of vacuum blood collection systems (vacutiners) for the examination of new patients: - in 2018 – 1500 units; - in 2019 – 2000 units; - in 2020 – 2500 units; - Total under the Program – 6000 units.
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	19.20	4.80	6.40	8.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
6.3.	Diagnostics of opportunistic infections in PLWHA enrolled in care	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Providing diagnostics of opportunistic infections during enrollment into care: - in 2018 – 1500 patients; - in 2019 – 2000 patients; - in 2020 – 2500 patients; - in total under the Program – 6000 patients, at the expense of the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
6.4.	Prevention and treatment of opportunistic infections in PLWHA	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Providing tuberculosis prevention in PLWHA: - in 2018 – 2000 patients; - in 2019 – 2800 patients; - in 2020 – 2700 patients; - in total under the Program – 7500 patients, at the expense of the national budget
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0,00	0,00	0,00	0,00	
6.5.	Ensuring access to ART for PLWHA	2018-2020	Department of Health, Odesa City Council	Total, including.:	223424.0	51906.0	77964.0	93554.0	Funding of medications for PLWHA from the national budget individually through a single electronic HIV epidemiological and clinical monitoring system: - in 2018 – 13 808 patients; - in 2019 – 13,808 patients; - in 2020 – 13 808 patients; - 41 224 in total.
				national budget	223424.0	51906.0	77964.0	93554.0	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
Total for the Priority Area				**Total, including.:**	**223800.4**	**52066.40**	**78071.00**	**93663.00**	
				national budget	**223424.0**	**51906.00**	**77964.00**	**93554.00**	
				Odesa local budget	**377.80**	**160.40**	**107.90**	**109.50**	
				Other sources	**0.00**	**0.00**	**0.00**	**0.00**	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
VII. Achieving high treatment efficiency in PLWHA and receiving ART									
7.1.	Clinical and laboratory monitoring and evaluation of the effectiveness of ART according to the clinical protocol (determination of viral load; determination of CD4 level; hematological studies; biochemical blood tests; diagnosis of opportunistic infections in progressive HIV infection)	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Ensuring continuity of treatment for patients under medical care and new cases of HIV infection. 2480 UAH per year is allocated for one patient from the national budget (for 12151 persons)
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
7.2.	Ensuring social support for PLWHA who are preparing or receiving ART	2018-2020	Department of Health of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	2000.00	2000.00	0.00	0.00	Creating conditions for high level of adherence of PLWHA to ART. In 2018, it is planned to reach 1 000 people through the Global Fund
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	2000.00	2000.00	0.00	0.00	
Total for the Priority Area				**Total, including**	**2000.00**	**2000.00**	**0.00**	**0.00**	
				national budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Odesa local budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Other sources	**2000.00**	**2000,00**	**0.00**	**0.00**	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
VIII. TB counteraction									
8.1.	Procurement of equipment and supplies for the diagnosis of tuberculosis by the method of preventive fluorography	2018-2020	Department of Health, Odesa City Council	Total, including.:	2235.90	353.90	941.00	941.00	Provision of supplies for preventive fluorographic examinations – 151 000 examinations annually, 453 000 in total.
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	2235.90	353.90	941.00	941.00	
				Other sources	0.00	0.00	0.00	0.00	
8.2.	Procurement of x-ray film and reagents for diagnosis and monitoring of treatment	2018-2020	Department of Health, Odesa City Council	Total, including.:	960.90	320.30	320.30	320.30	Providing 100% coverage of radiological examination of tuberculosis patients in accordance with the National Protocol
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	960.90	320.30	320.30	320.30	
				Other sources	0.00	0.00	0.00	0.00	
8.3.	Procurement of x-ray film for examination of children and adolescents from groups at high risk for TB	2018-2020	Department of Health, Odesa City Council	Total, including.:	86.00	25.80	30.10	30.10	Provide radiological examinations annually to 1960 persons, totaling 5880 persons under the Program
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	86.00	25.80	30.10	30.10	
				Other sources	0.00	0.00	0.00	0.00	
8.4.	Procurement of laboratory reagents and supplies for TB detection and diagnosis, monitoring of treatment effectiveness	2018-2020	Department of Health, Odesa City Council	Total, including.:	604.10	187.10	208.50	208.50	Detection of bacterial excreta in primary care establishments in accordance with National Standards; bacterioscopic examination of patients in accordance with the National Protocol
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	604.10	187.10	208.50	208.50	
				Other sources	0.00	0.00	0.00	0.00	
8.5.	Purchase of x-ray fluorographic digital stationary equipment	2018-2020	Department of Health, Odesa City Council	Total, including.:	1500.00	0.00	1500.00	0.00	Procurement of 1 fluorographic digital stationary device in 2018
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	1500.00	0.00	1500.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
8.6.	Procurement of digital fluorographic mobile device (mobile X-ray fluorographic office on the chassis of the A09206 Ataman bus)	2018-2020	Department of Health, Odesa City Council	Total, including.:	5000.00	0.00	5000.00	0.00	Providing high-risk groups with targeted diagnostics
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	5000.00	0.00	5000.0	0.00	
				Other sources	0.00	0.00	0.00	0.00	
8.7.	Procurement of radiological stationary diagnostic complex for two workplaces	2018-2020	Department of Health, Odesa City Council	Total, including.:	3000.00	0.00	3000.00	0.00	Providing radiological examination of children and adolescents from high-risk groups
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	3000.00	0.00	3000.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
8.8.	Conducting trainings and workshops for primary care physicians, psychologists and social workers on the prevention, diagnosis and treatment of tuberculosis	2018-2020	Department of Health, Odesa City Council	Total, including.:	0.00	0.00	0.00	0.00	Providing training to relevant specialists (100 participants annually), in total under the Program – 300 participants
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	0.00	0.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
8.9.	Arrangement of sputum collection points in accordance with the requirements of National Sanitary Rules and Regulations and departmental orders	2018-2020	Department of Health, Odesa City Council	Total, including.:	106.70	0.00	68.20	38.50	Creation of conditions for examination of persons who have been seeking medical care by sputum microscopy (bacterioscopic method). Installation of 11 points in 2019, ensuring their functioning in 2020
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	106.70	0.00	68.20	38.50	
				Other sources	0.00	0.00	0.00	0.00	
8.10.	Incentives for primary care workers who identified patients with newly diagnosed tuberculosis during preventive examinations	2018-2020	Department of Health, Odesa City Council	Total, including.:	1350.00	450.00	450.00	450.00	Incentives on annual basis for primary care workers for 150 detected cases
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	1350.00	450.00	450.00	450.00	
				Other sources	0.00	0.00	0.00	0.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
8.11.	Provision of food kits for socially underprivileged patients to encourage continuous outpatient treatment	2019-2020	Department of Labor and Social Policy of Odesa City Council, non-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	1920.00	640.00	640.00	640.00	Annual provision of food kits for 400 people, total within r the Program – 1200 people
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	1920.00	640.00	640.00	640.00	
				Other sources	0.00	0.00	0.00	0.00	
8.12.	Providing TB facilities with personal protective equipment (respirators for workers, disposable surgical masks for patients, disposable gloves)	2018-2020	Department of Health, Odesa City Council	Total, including.:	971.30	71.30	450.00	450.00	Absence of TB among healthcare providers providing assistance to TB patients ; provide 100 percent of workers and patients with respiratory protection annually
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	971.30	71.30	450.00	450.00	
				Other sources	0.00	0.00	0.00	0.00	
8.13.	Implementation of infection control by way of engineering control in TB facilities	2018-2020	Department of Health, Odesa City Council	Total, including.:	207.00	39.40	83.80	83.80	Ensuring compliance with the requirements of the legislation on infectious control in TB facilities
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	207.00	39.40	83.80	83.80	
				Other sources	0.00	0.00	0.00	0.00	
8.14.	Provision of TB facilities and nurses for primary health care centers providing assistance to patients with tuberculosis, with disinfectants	2018-2020	Department of Health, Odesa City Council	Total, including.:	1606.00	302.00	652.00	652.00	Providing TB institutions with disinfectants based on 26249 square meters of area and 200 cases of diseases of persons treated in the centers of primary health care
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	1606.00	302.00	652.00	652.00	
				Other sources	0.00	0.00	0.00	0.00	
8.15.	Provision of outpatient-based tuberculosis DOT treatment based on results-based financing principles	2018-2020	Department of Health of the Odesa City Council,mnon-governmental organizations providing services to high-risk groups (if agreed)	Total, including.:	6600.00	2200.00	2200.00	2200.00	Implementation of an outpatient model of care in primary care facilities for 200 patients
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	3300.00	0.00	1100.00	2200.00	
				Other sources	3300.00	0.00	1100.00	2200.00	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
8.16.	Procurement of tuberculin for tuberculin diagnostics	2018-2020	Department of Health, Odesa City Council	Total, including.:	2880.00	960.00	960.00	960.00	Increase in detection of early forms of tuberculosis in children by 5%
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	2880.00	960.00	960.00	960.00	
				Other sources	0.00	0.00	0.00	0.00	
8.17.	Implementation of skype control for the receipt of antituberculosis drugs for patients	2018	Department of Health, Odesa City Council	Total, including.:	60.00	60.00	0.00	0.00	Reducing the percentage of treatment interruptions
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	60.00	60.00	0.00	0.00	
				Other sources	0.00	0.00	0.00	0.00	
8.18.	Prevention and treatment of opportunistic diseases in patients with TB/HIV co-infection	2018-2020	Department of Health, Odesa City Council	Total, including.:	2721.30	89.30	1316.00	1316.00	Reduction of mortality from HIV/TB co-infection
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	2721.30	89.30	1316.00	1316.00	
				Other sources	0.00	0.00	0.00	0.00	
8.19.	Prevention and treatment of adverse reactions through the use of pathogenetic and symptomatic therapy	2018-2020	Department of Health, Odesa City Council	Total, including.:	644.30	92.30	276.00	276.00	Decrease in the percentage of treatment interrupations due to intolerance to TB drugs
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	644.30	92.30	276.00	276.00	
				Other sources	0.00	0.00	0.00	0.00	
Total for the Priority Area				**Total, including**	**32453.50**	**5791.40**	**18095.90**	**8566.20**	
				national budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Odesa local budget	**29153.50**	**3591.40**	**16995.90**	**8566.20**	
				Other sources	**3300.00**	**2200.00**	**1100.00**	**0.00**	

#	Activities	Period	Executors	Sources of funding	Estimated amount of financing (cost), thousand UAH, including:				Expected result
					Total	2018	2019	2020	
IX. HCV and HBV diagnostics									
9.1.	Procurement of diagnostic test systems for the diagnosis of hepatitis B and C	2018-2020	Department of Health, Odesa City Council	Total, including	3613.00	1213.00	1200.00	1200.00	Provision of diagnostics of patients with viral hepatitis B and C for determination of individual schemes, prevention of cases of occupational and in-hospital infections
				national budget	0.00	0.00	0.00	0.00	
				Odesa local budget	3613.00	1213.00	1200.00	1200.00	
				Other sources	0,00	0,00	0,00	0,00	
Total for the Priority Area				**Total, including**	**3613.00**	**1213.00**	**1200.00**	**1200.00**	
				national budget	**0.00**	**0.00**	**0.00**	**0.00**	
				Odesa local budget	**3613.00**	**1213.00**	**1200.00**	**1200.00**	
				Other sources	**0.00**	**0.00**	**0.00**	**0.00**	
Total for the Program				**Total, including**	**395390.4**	**106817.1**	**14131.2**	**147259.1**	
				national budget	**297366.0**	**70385.00**	**10633.0**	**120649.0**	
				Odesa local budget	**65984.6**	**14128.6**	**29467.2**	**22388.8**	
				Other sources	**32039.8**	**22303.5**	**5515**	**4221.3**	

CALL FOR APPLICATIONS

CITY TARGET PROGRAM FOR COMBATING HIV/AIDS, TUBERCULOSIS, HEPATITIS AND DRUG ADDICTION IN ODESA «FAST-TRACK ODESA» FOR 2018-2020

Non-profit governmental and non-governmental organizations with relevant experience in combating HIV/AIDS and TB and providing services for vulnerable groups are invited to participate in the competition if they meet the following requirements:

- are publicly registered legal entities under the current legislation of Ukraine, non-governmental organizations that have been operating for at least 3 years for statutory purposes;
- have a successful track record of implementing programs for vulnerable groups with Global Fund funding (confirmed by providing a letter of support from the Principal Recipient);
- have the necessary amount of legal capacity to: a) independently exercise the rights of the owner in respect of proper property; b) implement the proposed project in its entirety; c) enter into an agreement with the Contest Organizers.

Entities which have open / unresolved complaints, lawsuits, investigations, other facts that may jeopardize or adversely affect the organization's ability to execute the project should not be admitted to the competition if this information is known to Contest Organizers. Also, organizations that are in the state of reorganization at the time of project submission are not allowed to participate in the competition. Organizations should provide acknowledgment of their access to vulnerable groups, experience of working with them, and confirmation of interaction in the form of a letter of support from health care facilities.

PREVENTION SERVICES FOR HIGH-RISK GROUPS WITHIN THECITY TARGET PROGRAM FOR COMBATING HIV/AIDS, TUBERCULOSIS, HEPATITIS AND DRUG ADDICTION IN ODESA «FAST-TRACK ODESA» FOR 2018-2020

1. HIV PREVENTION FOR PWID AND THEIR PARTNERS

MAIN TARGET GROUP: PEOPLE WHO INJECT DRUGS (PWID)

SUBGROUPS: users of opiates, stimulants, recreational and other injectable drugs (poly-drugs), women, adolescents and young people aged 14-24 years who inject drugs, PWID who are internally displaced persons due to ATO and annexation of Crimea, SMT patients who regularly inject drugs, sexual partners of PWID.

SERVICE PACKAGE /ACTIVITIES:

The activities of the Project under this component should be aimed at providing a basic package of services. The basic package includes measures that are important to achieving the goals of 90-90-90. It complements efforts to reach and retain clients, provide prevention, counseling, assisted testing, refer for diagnostics and ART if needed.

Provision of a basic package of prevention services for PWID on the basis of outreach and stationary sites, outreach routes, mobile clinics (MC), pharmacies includes:

1. COUNSELING BY A SOCIAL/OUTREACH WORKER.

The service provides high quality counseling for PWID aiming at forming safe injecting and sexual behavior, motivation for HIV testing, hepatitis C, screening for TB. Minimal list of topics that each social / outreach worker should provide when counseling and informing PWID:

- Assessing the health and needs associated with drug use. Determining the client's belonging to the PWID group.
- Provide information on safe injection and sexual behavior and ways to prevent HIV transmission.
- Assessment of the need for HIV and hepatitis C testing, motivation for testing.

- Reduction of harm from drug use.
- Overdose prevention and first aid.
- Prevention of hepatitis and STIs.
- Individual, peer and group counseling for women who use drugs on reproductive health and gender-based violence.
- Benefits of enrollment into care and early-onset ART for HIV-positive people.
- Information on tuberculosis and TB prevention.
- Informing about the available services of NGOs, partner NGOs and government agencies.
- Advising on human rights, liaison with police.

2. DISSEMINATION OF PREVENTIVE MATERIALS.

The service includes:

- Exchanging syringes and needles, providing other utensils needed to protect the health of PWID;
- Observe safety when collecting used syringes / needles and transporting them to temporary storage or disposal sites;
- Delivery of condoms, lubricants, alcohol wipes;
- Provision of informational and educational materials (IEM).

Activities include, in addition to providing information / counseling, documentation of the services provided to PWID by the social / outreach worker on a daily basis.

The annual amount of utensils for projects is calculated on the basis of the following approved quotas **per 1 client per year:**

Syringes and needles	Alcohol wipes	Condoms	Lubricants
120	120	20	2.

3. ASSISTING THE CLIENT BY SOCIAL/OUTREACH WORKER IN HIV TESTING.

INDICATORS: 73% of PWID have received HIV testing during the year.

When providing the service, it is necessary to give priority to new PWID, among whom there is a higher level of HIV detection than among PWID who have been receiving prevention services for a long time. The service is designed for an average of 30 minutes per client and includes:

1. Counseling before testing, assessment of the need for testing of PWID and their personal risks for HIV infection, explanation of the procedure;
2. Assisted testing using rapid HIV testing;
3. Consultation while waiting for the result;
4. Interpretation and discussion of test results;
5. Counseling on the result of the test.
6. Motivational counseling for PWID who received a positive result of a rapid HIV test aimed at involvement in the of project:
   - injecting partners, for assisted testing services
   - sexual partners for counseling, assisted testing, or self-testing.

The allocated time also includes filling in the daily log of test results and other required documents.

Calculation of annual number of tests: 126% of annual PWID coverage.

4. ASSISTANCE TO THE CLIENT BY SOCIAL/ OUTREACH WORKER DURING TESTING ON HEPATITIS C

INDICATORS: 60% of project PWID receiving Hepatitis C assisted testing during the year.

The service includes:

1. Assessment of the risk of HCV infection
2. Counseling on HCV and prevention
3. Informing about the health facility where it is possible to undergo diagnostics and treatment of hepatitis C with modern drugs.

4. Explanation of testing procedure; assisted testing using a rapid hepatitis C test, interpretation of the test result, post-test counseling. In the case of a positive result, providing information on existing projects and services, referral to health facilities for further diagnosis and treatment.

The allocated time also includes filling in the daily records of the results of testing by clients for HIV, STIs, hepatitis and other necessary documents.

5. OVERDOSE PREVENTION

INDICATORS: 7% of PWID have received overdose prevention counseling.

The service is aimed at reducing overdoses and deaths among opioid injecting drug users, and includes:

1. Counseling injecting drug users on the risks of overdose and prevention.
2. Teaching PWID the rules of emergency overdose management.
3. Issuing of information materials (leaflets, booklets) about the symptoms of overdose, providing first aid in their occurrence, etc.
4. Development of an algorithm for Naloxone dispensing to project clients: dispensing is done after consulting the client with a social/outreach worker regarding overdose and rules for using Naloxone or passing information sessions to the client.
5. Creating an enabling environment for opioid overdose prevention: informing law enforcement officials about the implementation of overdose prevention activities.

6. EARLY TB DETECTION

INDICATORS: not less than 90% of PWID covered by the project have been screened for tuberculosis.

The social/outreach service for early tuberculosis detection for PWID should include the following essential elements:

- primary screening survey on TB (an average of 5 minutes per client);
- in case of detection of symptoms of the disease, motivation and referral of the client to the clinic for diagnostics;
- advising on TB prevention in case of negative screening.

7. NAVIGATING A CLIENT WITH A POSITIVE HIV TEST RESULT BY A SOCIAL/OUTREACH WORKER.

INDICATORS: not less than 82% of PWID, with a positive result of a rapid HIV test are enrolled into care.

In order to improve enrollment into care and early-onset of ART, navigation service should be provided to a client with a positive HIV test, which includes:

- Motivational counseling for people with a positive HIV test result aimed at referring a client to the Trust Office/AIDS Center for diagnostics, enrollment into care and early ART initiation;
- Establishing a trusting relationship with a client who has received a positive HIV test result, sharing contact information for further interaction, and assisting the client with confirmatory testing, medical screening, and ART initiation.
- Provision of support/accompanying to the Trust office;
- Keeping a control table of progress of enrollment into care for newly identified HIV+ clients.

In order to improve the HIV cascade, an NGO may pay from the project budget incentives to a social worker or outreach worker (payment mechanism: additional fee or salary bonus) as determining the value of achieving the following result:

- first time diagnosed client with a positive HIV test result *(such a client should not be registered in the AIDS center/ trust office before!)* should be accompanied to the first ELISA test and refered for social support to the case manager for further support aiming at enrollment into care and ART initiation. Confirmation of payment validity: test journal; coupon # 1 on referral for blood collection; coupon # 2 on the presence of HIV antibodies; a copy of the client's consent to participate in case management.

All the coupons should be verified by the doctor with his/her name, signature and stamp.

The descriptive part of the application should clearly state: the total amount of payment (the amount should be adequate, reasonable and consistent with the available budget of the project area, the maximum amount of which is formed on the principle: 'annual coverage * cost per client); a payroll control mechanism (in particular, who will control the accounting of the above-mentioned services by social / outreach workers and how payments will be made), and the budget of the application for each component (line) shall outline the total amount of such payments (estimated annual number of clients, which will first identify a positive result of a rapid HIV test and transfer to case management * the size of the defined NGO for this payment).

8. SELF-TESTING FOR HIV IN SEXUAL PARTNERS OF PWID

INDICATORS: Up to 7% of PWID have engaged their sexual partners in self-testing during the year.

Self-testing activities for PWID sexual partners should include the following:

- counseling PWID and determining the need for self-testing of a sexual partner;
- motivational counseling for PWID with a positive result of a rapid HIV test, aimed at inviting a sexual partner to the NGO to receive counseling, follow-up self-testing or referral to the Trust office;
- issuing tests for PWID to further self-test their sexual partners;
- issuing of a leaflet on the self-test procedure, indicating the contacts of institutions, online resources, where you can go for information on interpretation of the result of the quick test, obtaining crisis counseling in case of a positive result, subsequent support and referral to the medical institution.

2. HIV PREVENTION FOR CSW AND THEIR PARTNERS

MAIN TARGET GROUP: COMMERCIAL SEX WORKERS (CSW) AND THEIR PARTNERS

SUBGROUPS: female sex workers, sex workers who use drugs, male sex workers, and their sexual partners (clients and non clients). When working with the above subgroups, special attention will be given to adolescents (14-18 years) and young (19-24 years) sex workers, sex workers in conflict zones.

The activities of the Project under this component should be aimed at providing a basic package of services. The basic package includes measures that are important to achieving the goals of 90-90-90. It complements efforts to reach and retain clients, provide prevention, counseling, assisted testing, refer for diagnostics and ART if needed.

Provision of a basic package of prevention services for CSW on the basis of outreach and stationary sites, outreach routes, mobile clinics (MC), pharmacies includes:

1. COUNSELING BY A SOCIAL/OUTREACH WORKER.

The service includes high-quality counseling for CSW with the aim of forming safe sexual behavior, motivation for HIV testing, syphilis, screening for TB. Minimal list of topics that each social / outreach worker should provide when counseling and informing CSW:

- Assess health and needs related to sexual services and risky sexual behavior. Determination of the client's affiliation to the CSW group.
- Provide information on safe sexual behavior and ways to prevent HIV transmission.
- Motivation to use condoms all the time, increase sex safety and reduce STIs.
- Assessment of the need for HIV and syphilis testing, motivation for testing.
- Training and developing in clients a strong commitment to the program of prevention and development of safe sexual behaviors.
- Prevention of hepatitis and STIs.
- Individual, peer and group counseling on reproductive health and gender-based violence.
- Benefits of dispensary accounting and early-onset ART for HIV-positive individuals.
- Information on tuberculosis and disease prevention.
- Informing about the available services of NGOs, partner NGOs and government agencies.
- Advising on human rights, police cooperation.

2. DISSEMINATION OF PREVENTIVE MATERIALS

The service includes:

- Issuing condoms and lubricants, providing other materials needed to protect the health of the CSW.
- Provision of information and educational materials (IEM).
- Referral of CSW who use drugs to needle and syringe (NSEP) programs within the region's existing PWID projects.

Activities include, in addition to providing information / counseling, documentation of the services provided to CSW by the social / outreach worker on a daily basis.

The annual amount of utensils for projects is calculated on the basis of the following approved quotas **per 1 client per year:**

Condoms	Lubricants
200	

3. PROVIDING ASSISTANCE TO A CLIENT BY A SOCIAL OUTREACH WORKER WITH HIV TESTING.

INDICATORS: 82% of targeted CSW received assistance with HIV testing during the year.

When providing the service, it is necessary to focus on testing new CSW, among whom there is a higher level of detection of HIV infection than among CSW, who have long been receiving prevention project services.

The annual number of tests is 124% of annual coverage.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

4. PROVIDING ASSISTANCE TO A CLIENT BY A SOCIAL OUTREACH WOKER WITH SYPHILIS TESTING.

INDICATORS: 30% of targeted CSW received assistance with syphilis testing during the year.

The service includes:

1. Assessment of the risk of syphilis infection.
2. Counselling on syphilis, safe behavior to prevent it.
3. Informing about the health facility, where it is possible to undergo diagnostics and treatment for syphilis with modern drugs.
4. Explanation of testing procedure; conducting assisted testing using rapid syphilis test, interpretation of test result, post-test counseling. In the case of a positive result, providing information on existing projects and services, referral to medical institutions for further diagnosis and treatment.

The allocated time also includes filling in the daily records of the results of testing by clients for HIV, STIs, hepatitis and other necessary documents.

Calculation of annual number of tests: 30% of annual coverage.

5. EARLY TB DETECTION.

INDICATORS: at least 90% of the project CSW have been screened for TB.

A more detailed description of this service is provided in the section on HIV prevention among injecting drug users and their partners.

5. NAVIGATING A CLIENT WITH A POSITIVE HIV TEST RESULT BY A SOCIAL/OUTREACH WORKER.

INDICATORS: at least 82% of CSW, with a positive result of a rapid HIV test are enrolled into care.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

5. SELF-TESTING WITH HIV TESTS BY SEXUAL PARTNERS OF CSW

INDICATORS: Up to 7% of CSW involved in the program engaged their sexual partners in self-testing during the year.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

3. HIV PREVENTION IN MSM

MAIN TARGET GROUP: MEN WHO HAVE SEX WITH MEN (MSM)

SUBGROUPS: MSM who inject drugs, men — sex workers, MSM in small towns and villages. When working with the above subgroups, special attention will be given to adolescents, young people and middle-aged MSM (45+).

SERVICE PACKAGE/ACTIVITIES:

The activities of the Project under this component should be aimed at providing a basic package of services. The basic package includes measures that are important to achieving the goals of 90-90-90. It complements efforts to reach and retain clients, provide prevention, counseling, assisted testing, refer them when needed for diagnosis and ARV treatment.

Provision of a basic package of prevention services for MSM on the basis of outreach and stationary sites, outreach routes, mobile clinics (MC) includes:

1. COUNSELING BY A SOCIAL/OUTREACH WORKER.

The service includes high-quality counseling for MSM with the aim of forming safe sexual behavior, motivation for HIV, HCV, HBV, and syphilis testing, screening for TB. Minimal list of topics that each social / outreach worker should provide when counseling and informing MSM:

- Assessing the health and needs associated with risky sexual behavior. Determination of the client's belonging to the MSM group.
- Development of commitment to regular receipt of project services, safe sexual behavior skills.
- Assessment of the need for HIV testing, hepatitis B and C, syphilis, motivation for testing.
- Prevention of hepatitis and STIs.
- Individual, peer and group counseling on sexual health and prevention of couples' violence.
- Benefits of enrollment into care and early ART initiation for HIV-positive individuals.
- Information on TB and TB prevention.
- Informing about the available services of NGOs, partner NGOs and government agencies.
- Referral of clients for consultations to medical and non-medical professionals.
- Online counseling through social networks, dating sites and mobile apps for smartphones.
- Human rights counseling.

2. DISSEMINATION OF PREVENTIVE MATERIALS

The service includes:

- Issuing condoms and lubricants, providing other materials needed to protect the health of a MSM.
- Provision of information and educational materials (IEM).
- Referral of MSM who use drugs to needle and syringe (NSEP) programs within the region's existing PWID projects.

Activities include, in addition to providing information/counseling, documentation of the services provided to MSM by the social / outreach worker on a daily basis.

The annual amount of utensils for projects is calculated on the basis of the following approved quotas **per 1 client per year:**

Condoms	Lubricants
50	

3. PROVIDING ASSISTANCE TO A CLIENT BY A SOCIAL OUTREACH WORKER WITH HIV TESTING.

INDICATORS: 83% of targeted MSM received assistance with HIV testing during the year.

When providing the service, it is necessary to focus on testing new MSM, among whom there is a higher level of detection of HIV infection than among MSM, who have long been receiving prevention project services.

The annual number of tests is 127% of annual coverage.

4. PROVIDING ASSISTANCE TO A CLIENT BY A SOCIAL OUTREACH WORKER WITH STI TESTING: SYPHILIS, HCV, HBV TESTING.

INDICATORS: 30% of targeted MSM received assistance with HBV, HCV and syphilis testing during the year.

The service includes:

- Assessment of the risk of STI infection.
- Counselling on STI, safe behavior to prevent it.
- Informing about the health facility, where it is possible to undergo diagnostics and treatment for HBV, HCV, syphilis with modern drugs.
- Explanation of testing procedure; conducting assisted testing using rapid syphilis test, interpretation of test result, post-test counseling. In the case of a positive result, providing information on existing projects and services, referral to medical institutions for further diagnosis and treatment.
- The allocated time also includes filling in the daily records of the results of testing by clients for HIV, STIs, hepatitis and other necessary documents.

CALCULATION OF ANNUAL NUMBER OF TESTS: 30% OF ANNUAL COVERAGE

Type of test	% of annual coverage
Syphilis	30% of annual coverage
Hepatitis B	30% of annual coverage
Hepatitis C	30% of annual coverage

5. EARLY TB DETECTION.

INDICATORS: at least 90% of MSM involved in the project have been screened for TB.

A more detailed description of this service is provided in the section on HIV prevention among injecting drug users and their partners.

6. NAVIGATING A CLIENT WITH A POSITIVE HIV TEST RESULT BY A SOCIAL / OUTREACH WORKER.

INDICATORS: at least 82% of MSM, with a positive result of a rapid HIV test are enrolled into care.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

7. SELF-TESTING WITH HIV TESTS BY SEXUAL PARTNERS OF MSM

INDICATORS: Up to 7% of MSM involved in the program engaged their sexual partners in self-testing during the year.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

4. HIV PREVENTION IN TRANSGENDER PEOPLE

MAIN TARGET GROUP: TRANSGENDER PEOPLE (TG)

SUBGROUPS: TG who inject drugs, TG — sex workers, sexual partners of TG

SERVICE PACKAGE/ACTIVITIES:

The activities of the Project under this component should be aimed at providing a basic package of services. The basic package includes measures that are important to achieving the goals of 90-90-90. It complements efforts to reach and retain clients, provide prevention, counseling, assisted testing, refer them when needed for diagnosis and ARV treatment.

Provision of a basic package of prevention services for TG on the basis of outreach and stationary sites, outreach routes, mobile clinics (MC) includes:

1. COUNSELING BY A SOCIAL/OUTREACH WORKER.

The service includes high-quality counseling for TG with the aim of forming safe sexual behavior, motivation for HIV, HCV, HBV, and syphilis testing, screening for TB. Minimal list of topics that each social / outreach worker should provide when counseling and informing TG:

1. Assessing the health and needs associated with risky sexual behavior. Determination of the client's belonging to the TG group.
2. Development of commitment to regular receipt of project services, safe sexual behavior skills.
3. Assessment of the need for HIV testing, hepatitis C, syphilis, motivation for testing.
4. Prevention of hepatitis and STIs.
5. Risks of hormonal therapy without medical supervision.
6. Individual, peer and group counseling on sexual health and prevention of couples' violence.
7. Benefits of enrollment into care and early ART initiation for HIV-positive individuals.
8. Information on TB and TB prevention.
9. Informing about the available services of NGOs, partner NGOs and government agencies.
10. Referral of clients for consultations to medical and non-medical professionals.
11. Online counseling through social networks, dating sites and mobile apps for smartphones.
12. Human rights counseling.

2. DISSEMINATION OF PREVENTIVE MATERIALS

The service includes:

- Issuing condoms and lubricants, providing other materials needed to protect the health of a TG.
- Provision of information and educational materials (IEM).
- Referral of TG who use drugs to needle and syringe (NSEP) programs within the region's existing PWID projects.

Activities include, in addition to providing information/counseling, documentation of the services provided to TG by the social/outreach worker on a daily basis.

The annual amount of utensils for projects is calculated on the basis of the following approved quotas **per 1 client per year:**

Condoms	Lubricants
	100

3. PROVIDING ASSISTANCE TO A CLIENT BY A SOCIAL OUTREACH WORKER WITH HIV TESTING.

INDICATORS: 83% of targeted TG received assistance with HIV testing during the year.

When providing the service, it is necessary to focus on testing new TG, among whom there is a higher level of detection of HIV infection than among TG, who have long been receiving prevention project services.

The annual number of tests is 127% of annual coverage.

4. PROVIDING ASSISTANCE TO A CLIENT BY A SOCIAL OUTREACH WORKER WITH STI TESTING: SYPHILIS, HCV TESTING.

INDICATORS: 30% of targeted TG received assistance with HCV and syphilis testing during the year.

The service includes:

- Assessment of the risk of STI infection.
- Counselling on STI, safe behavior to prevent it.
- Informing about the health facility, where it is possible to undergo diagnostics and treatment for HCV, syphilis with modern drugs.

- Explanation of testing procedure; conducting assisted testing using rapid syphilis test, interpretation of test result, post-test counseling. In the case of a positive result, providing information on existing projects and services, referral to medical institutions for further diagnosis and treatment.
- The allocated time also includes filling in the daily records of the results of testing by clients for HIV, STIs, hepatitis and other necessary documents.

CALCULATION OF ANNUAL NUMBER OF TESTS: 30% OF ANNUAL COVERAGE

Type of test	% of annual coverage
Syphilis	30% of annual coverage
Hepatitis C	30% of annual coverage

5. EARLY TB DETECTION.

INDICATORS: at least 90% of TG involved in the project have been screened for TB.

A more detailed description of this service is provided in the section on HIV prevention among injecting drug users and their partners.

6. NAVIGATING A CLIENT WITH A POSITIVE HIV TEST RESULT BY A SOCIAL/OUTREACH WORKER.

INDICATORS: at least 82% of TG, with a positive result of a rapid HIV test are enrolled into care.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

7. SELF-TESTING WITH HIV TESTS BY SEXUAL PARTNERS OF TG

INDICATORS: Up to 7% of TG involved in the program engaged their sexual partners in self-testing during the year.

A more detailed description of this service is provided in the section on HIV prevention among PWID and their partners.

ENDING HIV AND TB IN A CITY:

EXPERIENCE HANDBOOK

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and Central Asian region

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