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**Combating HIV/AIDS
in the Neighbouring Countries of the EU**

Briefing Note

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
CSW	Commercial sex worker
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDCTP	European and Developing Countries Clinical Trials Partnership
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENI	European Neighbourhood Instrument
ENPI	European Neighbourhood and Partnership Instrument
ENP	European Neighbourhood Policy
EpiSouth	Network for Communicable Disease Control in Southern Europe and Mediterranean Countries
EU	European Union
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
MEDA	The MEDA programme is the principal financial instrument of the European Union for the implementation of the Euro-Mediterranean Partnership
MSM	Men who have sex with men
OECD	Organisation for Economic Co-operation and Development
PCA	Partnership and Cooperation Agreement
PHARE	Programme of Community aid to the countries of Central and Eastern Europe
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
STI	Sexually Transmitted Infections
TACIS	Technical Assistance to the Commonwealth of Independent States
TAMPEP	European Network for HIV/STI Prevention and Health Promotion Among Migrant Sex Workers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
WAC	World Aids Campaign
WAD	World Aids Day
WHO	World Health Organisation

EXECUTIVE SUMMARY

HIV/AIDS remains one of the most important communicable diseases in Europe. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and shortened life expectancy. In western and central Europe, 720.000 persons are living with HIV/AIDS and, each year, over 20.000 individuals are becoming infected; in Eastern Europe, 1.5 million persons are living with HIV/AIDS and more than 200.000 persons have been infected in 2005.

Following the Declaration of Commitments on HIV/AIDS adopted by the UN General Assembly Special Session on HIV/AIDS on 27 June 2001, the European Union started a process of reflection, research and renovated efforts to understand and combat the epidemic in Europe and the neighbouring partner countries. International Conferences in Dublin (23-24 February 2004) and Vilnius (17 September 2004) kept the pace until the Commission Communication on combating HIV/AIDS within the EU and in the neighbouring countries (15 December 2005).

The Commission Communication (COM (2005) 654 final) enunciated the general principles for addressing HIV/AIDS in the neighbouring countries as follows:

- Support the development of strong and accountable political leadership to tackle the HIV/AIDS epidemic.
- Optimum use of all instruments, future research and developments, especially clinical research outcomes, to better address the needs of the partner countries.
- Intervention of the Commission's operational departments in order to:
 - Facilitate evidence-based interventions embedded within the national strategies, work programmes and expenditures framework.
 - Join forces with other partners to pave the way for examples of good practices.
 - Optimise the use of existing instruments (Global Fund¹, EDCTP²) through stronger EC involvement.
- Increasingly involve the neighbouring countries in the EU's HIV/AIDS activities to exchange information and best practices.
- Ensure the coherence of the approach proposed with the interventions of external agencies, at bilateral and multilateral levels, through the appropriate internal mechanisms.

Meanwhile, as a part of the European Neighbouring Policy (ENP), the European Commission has put into action different specific initiatives coordinated by Public Health: HIV/AIDS Task Force (April 2004), Inter-service group on HIV/AIDS in Europe (May 2004) and Think Tank on HIV/AIDS (June 2004).

Explicit actions on combating the HIV/AIDS epidemic in Belarus and Ukraine are currently funded through the TACIS programme. The new European Neighbourhood and Partnership Instrument (ENPI) will channel the efforts from 2007 till 2013, together with the new lending mandate of the European Investment Bank.

¹ Note by the authors: Please review list of acronyms and abbreviations on page

² EDCTP: *European and Developing countries Clinical Trials Partnership*.

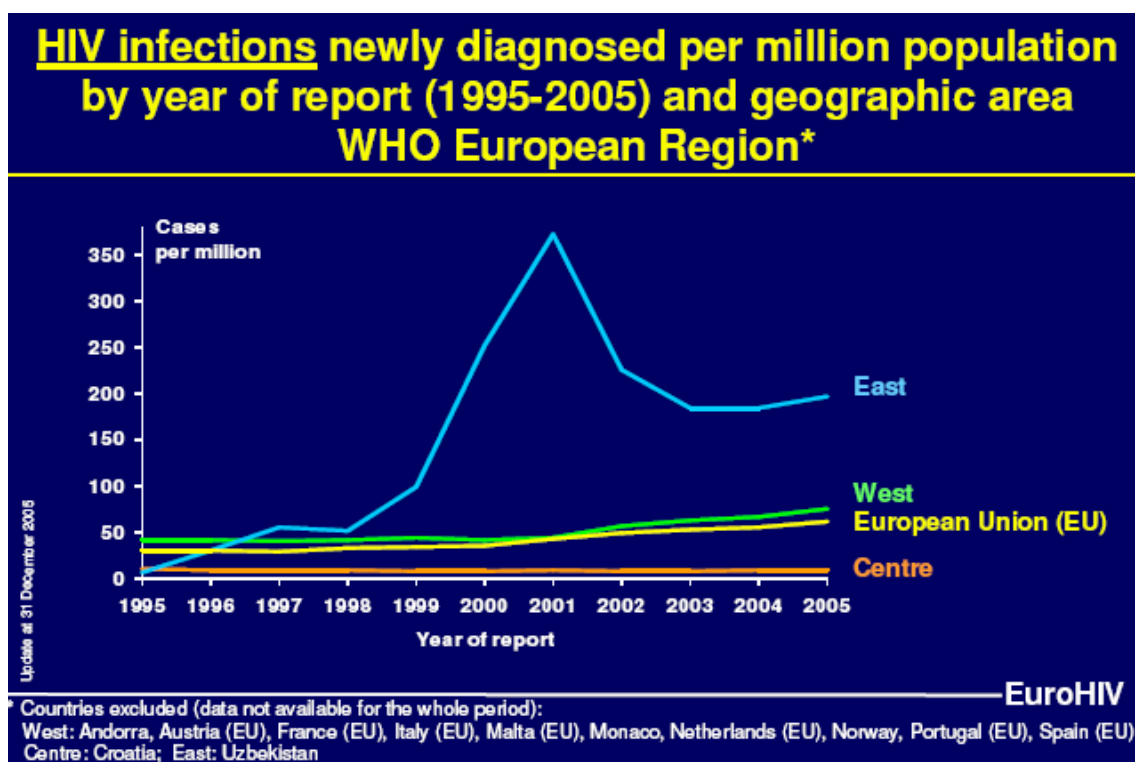
Turkey has a different support frame as being already a candidate country. In any case, Turkey seems by far the less affected by the HIV/AIDS epidemic of the four countries. The main concerns are related with the accuracy of health information systems and the stigma associated to the infection, which prevents many people from undergoing voluntary tests.

The case of the Russian Federation is always explicitly separated in the ENP, addressing the importance of the engagement of the Commission, but also the impact of the epidemic in this country. In any case, the recent Regulation No 1638/2006 includes the Russian federation on the list of ENP countries.

1. INTRODUCTION: HIV/AIDS EPIDEMIC SITUATION IN EASTERN EUROPE.

Around 40 million persons live with AIDS in the world, some 2 millions of those in Eastern Europe and Central Asia. An estimated 270,000 people in this geographical area were newly infected with HIV in 2006, increasing by twenty-fold the number of people living with the virus in less than a decade (Annex 1). Almost one third of newly diagnosed HIV infections in this region are in people aged 15-24 years (UNAIDS, 2006).

Figure 1: Comparison of the number of new HIV diagnoses in the European areas.



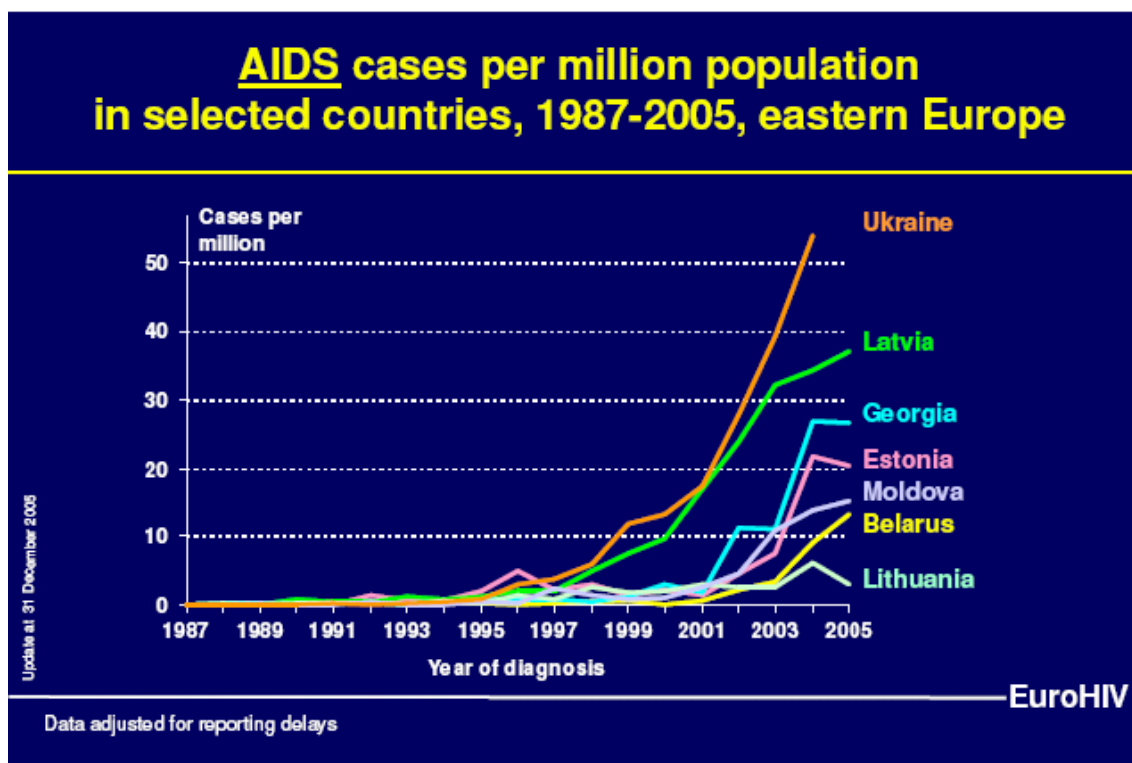
Source: EuroHIV³.

Driving the epidemic in these countries are persistently high levels of risky behaviour, specifically injecting drug use and, increasingly, unsafe sex among young people. But the trends are changing; from 2001 to 2005 the number of new reported cases among people who use non-sterile drug injecting equipment has decreased almost fivefold, from more than 48,000 to just over 10,000. On the other hand, the proportion of new cases due to unprotected sex has grown; women account for an increasing share of newly diagnosed HIV infections - 40 % in 2005 (UNAIDS, 2006). Also, evidence is emerging of previously hidden epidemics in Russia and Ukraine among men who have sex with men (EuroHIV, 2006).

³ *The HIV/AIDS epidemic in the WHO European Region. Eastern Europe 1987 – 2005. EuroHIV update 31 December 2005.* (http://www.eurohiv.org/reports/report_73/slide_sets/Diapo_Dec_2005_EAST.pdf) (Accessed on 6 December 2006).

Only two countries, the Russian Federation and Ukraine account for 90 % of all the people living with AIDS in this region (EuroHIV, 2006). The impact on future generations is reflected on recent data, which show that just in Russia, 80 % of people living with HIV are aged 15-30 years (Federal Service for Surveillance on Consumer Protection and Human Well-Being, 2006).

Figure 2: AIDS cases per million on Eastern Europe countries



Source: EuroHIV⁴.

Officially reported HIV cases tend to be a poor guide to the actual scale of the epidemic, but they can provide light on some salient trends. As an example, in the Russian Federation, the total number of infections documented since the epidemic began is nearly 350,000, but this only reflects those persons in direct contact with Russia's HIV reporting system. The actual number of people estimated to be living with HIV is much higher, between 560,000 and 1.6 millions at the end of 2005 (UNAIDS, 2006).

⁴ The HIV/AIDS epidemic in the WHO European Region. Eastern Europe 1987 – 2005. EuroHIV update 31 December 2005. (http://www.eurohiv.org/reports/report_73/slide_sets/Diapo_Dec_2005_EAST.pdf) (Accessed on 6 December 2006).

2. THE EUROPEAN UNION NEIGHBOURHOOD POLICY FROM THE HEALTH POLICY POINT OF VIEW

European Union Neighbourhood Policy

The **main objective** of the European Neighbourhood Policy (ENP) is to share the benefits of the European Union (EU) 2004 enlargement with neighbouring countries in strengthening stability, security and well-being for all countries concerned. It is designed to prevent the emergence of new gaps between the enlarged EU and its neighbours and to offer them the chance to participate in various EU activities, through greater political, security, economic and cultural co-operation.

The ENP **vision** involves a ring of countries, sharing the EU's fundamental values and objectives, drawn into an increasingly close relationship, going beyond cooperation to involve a significant measure of economic and political integration. This will bring enormous gains to all involved stakeholders in terms of increased stability, security and well being.

The European Neighbourhood Policy is **addressed to** the EU's existing neighbours after the enlargement. In Europe that includes Russia, Ukraine, Belarus and Moldova. In the Mediterranean regions applies to all non-EU participants in the Euro-Mediterranean Partnership (Barcelona process), with the exception of Turkey⁵, which is in the pre-accession framework. The European Commission recommends including also Armenia, Azerbaijan and Georgia.

Mechanism and instruments of current cooperation

The **methodology** proposed together with partner countries, aims to define a set of priorities, which fulfilment will bring them closer to the European Union. Those priorities will be incorporated in jointly agreed **Action Plans**, covering a number of key areas for specific action: political dialogue and reform; trade and measures preparing partners for gradually obtaining a stake in the EU's Internal Market; justice and homeland affairs; energy, transport, information society, environment, research and innovation, as well as social policy and people-to-people contacts.

The Action Plans will provide a reference framework for the programming of assistance to the countries concerned. Neighbourhood Programmes are being developed through existing support mechanisms, until the new instrument announced on July 2003 is available on 2007.

Health policy issues on the current ENP

Public health aspects are incorporated at different stages of the implementation of the ENP, mainly on the description of priorities that should be tackled by different **Action Plans**. In a broad understanding of public health, the in-depth analysis of the ENP reflects on these aspects at the following items:

⁵ Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Syria, Tunisia and the Palestinian Authority.

- *Environment; connecting the neighbourhood.*

Action Plans that will promote good environmental governance in partner countries to prevent environmental degradation and pollution, protect human health, and achieve a more rational use of natural resources.

- *Research and Innovation; connecting the neighbourhood.*

The opening of the European research Area to these countries already participating in priorities such as life sciences, energy, transport, environment, IST, food safety or societal issues in knowledge based society.

In a certain way much more specific and connected with public health, the European Union support for **Regional Cooperation** in the eastern and southern countries, through projects implemented in these regions, comes from existing EU programmes (TACIS, MEDA, PHARE), and from Neighbourhood Programmes.

- *Regional cooperation on the EU eastern borders.*

On people-to-people issues much attention has been paid to public health issues and, specifically, to tackling effectively the spread of communicable diseases such us HIV/AIDS or tuberculosis.

The European Neighbourhood and Partnership Instrument (ENPI)

From 2007, cooperation with neighbouring countries will be funded under the European Neighbourhood and Partnership Instrument (ENPI), together with the new lending mandate of the European Investment Bank. Both will represent a significant improvement on what has gone before. The ENPI, for example, will be considerably more flexible than previous instruments (particularly so in comparison with TACIS), and will represent an increase in resources over what was previously available (an increase of some 32%, in constant prices, comparing 2007-13 with 2000-06).

Other new cooperation instruments like human rights, nuclear safety, as well as thematic programmes, will also be available for ENP partners. The new EIB mandate should bring increased support for Eastern Europe and the Southern Caucasus, although likely to be significantly less than that originally proposed by the Commission.

3. EUROPEAN COMMUNITY MEASURES ON HIV/AIDS ISSUES, WITHIN THE CONTEXT OF EU NEIGHBOURHOOD POLICY

The EU strategies related to the fighting against the HIV/AIDS epidemic on Eastern Europe are based on a political process initiated just after the *Declaration of Commitment* adopted on the United Nations General Assembly Special Session dedicated to HIV on 27 June 2001.

In this sense, on February 2004 appeared the **Dublin Declaration** on *Partnership to fight HIV/AIDS in Europe*, which translated into the establishment of an Inter-Service Group on HIV/AIDS in Europe and a Think Tank on HIV/AIDS, respectively on May and June 2004 (Annex 2).

Consecutively, on September 2004, was made public the **Vilnius Declaration** on *Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries*, at the same time of the European Commission Working Paper *Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood*. As a direct result of those initiatives, the Implementation Plan⁶ for the previous Commission Working Paper was published on February 2005.

Later, on June 2005, *Council conclusions on combating HIV/AIDS* were made available and, finally, at the end of that year, on 15 December 2005, the **Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009**, was published.

In that Commission Communication, the general principles for addressing HIV/AIDS in the neighbouring countries are stated as follows:

- Support the development of strong and accountable political leadership to tackle the HIV/AIDS epidemic.
- Make optimum use of all existing instruments and future research and development, especially clinical research outcomes to better address the needs of the partner countries.
- Intervention of the Commission's operational departments in order to:
 - Facilitate evidence-based intervention embedded within the national strategy, work programme and expenditure framework.
 - Join forces with other partners under such an approach to pave the way for examples of good practices for neighbouring countries.
 - Optimise the use of existing instruments (Global Fund, EDCTP⁷) through stronger EC involvement.
- Increasingly involve the neighbouring countries in the EU's HIV/AIDS activities to exchange information and best practices.
- Ensure the coherence of the approach proposed with the interventions of external agencies, at bilateral and multilateral levels, through appropriate internal mechanisms.

⁶ http://ec.europa.eu/health/ph_threats/com/aids/docs/implementation_en.pdf

⁷ EDCTP: *European and Developing countries Clinical Trials Partnership*.

The annex of that Communication includes an Action Plan with specific areas, activities to follow, indicative timetable, expected outcomes and main players. More precisely, point 7 of that Action Plan refers to the “Neighbouring countries” and includes the areas for action comprised on the following Table 1. In any case, the Commission has also declared that each partner country is responsible for leading, designing and implementing its own national strategy to tackle the HIV/AIDS epidemic.

Table 1: Specific actions on European Neighbourhood Policy partners.

Area for action	Action	Indicative timetable	Outcomes	Main players
	EC participation in the work of the Country Coordination Mechanism	2006-		EC Delegation CCM ENP Partners
Invite ENP partners to EU activities	1) Invite ENP partners to Think Tank meetings on specific topics. 2) Invite ENP partners to HIV/AIDS-related meetings/conferences.	2006-	Exchange of information and best practises	Commission Member States NGOs Partners
Surveillance	Ensure that networks increasingly cover Southern Mediterranean countries.	2009	Surveillance data available	ECDC EpiSouth
Explore the scope for specific HIV/AIDS meetings targeted at ENP partners.	Hold exploratory meeting with ENP partners (in particular those with an ENP Action Plan). Hold a series of follow-up meetings on specific topics.	2007 2008-	Exchange of information and best practises	Commission Member States Partners

As a more general implementation aspect, the Commission will develop a set of appropriate indicators for monitoring the process, including not only outcomes but the impact of these activities as well.

A recent development, that should also be commented, is the Communication⁸ from the Commission of 4 December 2006 about the general approach to enable ENP partner countries to participate in Community agencies and Community programmes. As an example, this regulates the participation on the European Centre for Disease Prevention and Control (ECDC).

3.1 European Community Measures in Ukraine

Ukraine - HIV/AIDS country profile (Matic, 2006)

By the end of 2005, Ukrainian authorities had reported a cumulative total of 88.628 HIV cases; they also reported that 11.321 of the infected individuals had developed AIDS by August 2005, and that 7.555 had died by December 2005. Ukraine reports the highest number of annual AIDS deaths in the European Region. In the majority of the cases, the descendents had not had access to antiretroviral therapy.

The percentage of IDUs among new HIV cases has been decreasing significantly (from 84% in 1997 to 47% in 2005), making the overall percentage of PLWHA who were reported between 1987 and December 2005 to have been infected through injecting drug use 61%. A few years ago, Ukraine abolished mandatory HIV testing and introduced a voluntary nationwide testing and counselling service, which probably also contributed to the decrease in reported IDU infections. The number of heterosexual cases has remained relatively constant, though it now makes up a higher proportion of the total.

The number of cases increased 150% during the two-year period December 2001 to December 2003. In 2005, Ukrainian authorities reported 13.770 new HIV cases (the highest reported incidence to date), 4.217 new AIDS cases and 2.188 AIDS deaths. The most affected regions are Dnipropetrovs'k, Donetsk, Odessa, Mikolaev and Crimea. Injecting drug use remains the most common transmission way. Sentinel HIV surveillance has been conducted among IDUs, sex workers and STI patients in several regions since 1999. Only limited data is available on HIV prevalence among MSM.

In 2004, 97% of all pregnant women were tested for HIV. The high take-up is due to a combination of factors: the integration of government programmes for preventing HIV infection in infants, a universal opt-out strategy for voluntary counselling and testing during pregnancy and the provision of antiretroviral prophylaxis. In all, 91% of the 1.334 HIV-positive women who delivered in 2002 received antiretroviral prophylaxis to prevent vertical transmission during pregnancy and delivery. Mother-to-child transmission rates were successfully reduced from around 30% to 10% in 2004.

In 2003, only 37 persons were on HAART in Ukraine. As of December 2005, this number had risen to 3052 individuals treated⁹ at 35 HAART providing facilities (1556 infected through IDU and 3 prisoners). By September 2006, 3966 persons were receiving HAART.

⁸ COM(2006) 724 final. Brussels, 4.12.2006.

⁹ Scale-up began in September 2004, GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria) funding arrived and enabled 2600 patients to commence treatment. Also, Ukraine is the only country in Eastern Europe that has made an explicit decision to import generic ARVs, in the Minister of Health's official decree allowing third-party usage of pharmaceutical patents on the basis of the public health emergency caused by HIV/AIDS. (Matic, 2006).

Specific actions by the European Community

As already mentioned on the previous chapter, the main operational tool to carry on EU projects and actions on Eastern Europe is the TACIS assistance. Launched by the EC in 1991, the Tacis Programme provides grant-financed technical assistance to 12 countries of Eastern Europe and Central Asia (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan), and mainly aims at enhancing the transition process in these countries. (Mongolia was also covered by the Tacis programme from 1991 to 2003, but is now covered by the ALA programme).

Ukraine is the second largest beneficiary after Russia of funds made available through the TACIS Programme. Retrospectively, the TACIS Indicative Programme for Ukraine 1996–1999 envisaged a total contribution of 538 million ECU over the four-year period.

Projects and facilities are financed under the national Action Programmes and the TACIS Multi-State Programmes (Inter-State, Cross Border Cooperation and Nuclear Safety).

The following projects have been identified in Ukraine related to health and the fighting of the HIV/AIDS epidemic. Other TACIS health projects in Ukraine can be consulted at Annex 3.

Table 2: Main EU Projects (TACIS) Providing Support to Fight HIV/AIDS in Ukraine.

Project Title	Funding and Dates	Objectives	Components
HIV/STI Prevention among Uniformed Services in Ukraine	€2,500,000 (AP 2004) 11/2005 to 11/2007	The overall objective of the program is to support the development of effective mechanisms for comprehensive HIV/STI measures in the uniformed services in Ukraine	<ul style="list-style-type: none"> - support the implementation of comprehensive educational programmes - to improve and promote HIV-STI diagnostic and treatment, including Voluntary Counselling and Testing (VCT) - to increase capacity and to promote partnerships to enable coordinated and effective outreach to young recruits, uniformed personnel and their families.
Strengthening Multi Sectorial Approaches towards HIV/AIDS Prevention among Youth in Ukraine	€2,000,000 (AP 2003) 04/04/2005 to 04/10/2007	Strengthening multi sectoral approaches towards HIV/AIDS Prevention targeting young people, and implement comprehensive skills-based education programmes at national, regional and local level in order to reduce the spread of HIV in Ukraine	<ul style="list-style-type: none"> - increase stakeholders capacity in implementing health education programs - development of a framework for monitoring and evaluation of health education programs - Enhancing a multi-sectoral strategic planning for promoting healthy life-style (HLS) and HIV/AIDS prevention
Support to the Ukrainian Government in developing strategic, coordinated and integrated approach to combat the HIV/AIDS epidemic	€1,500,000 (AP 2005) – Planned for the period 09/2006 to 09/2008	The main objective is to assist the Ukrainian Government in averting a wide-scale HIV epidemic among the general population	<p>Support the Ukrainian government to implement a coordinated response to AIDS based on the “3 Ones” principles:</p> <ol style="list-style-type: none"> 1. An AIDS framework that provides the basis for coordinating the work of all partners 2. a national AIDS coordinating authority with a broader multi-sector mandate. 3. a solid monitoring and evaluation framework

Source: European Commission Delegation to Ukraine¹⁰.

¹⁰ <http://www.delukr.ec.europa.eu/page37170.html>

3.2 European Community Measures in Belarus

Belarus - HIV/AIDS country profile (Matic, 2006).

By the end of 2005, Belarus had reported a cumulative total of 7.014 HIV cases and 303 AIDS cases. There had been 211 AIDS related deaths. Men constitute 68% of registered HIV cases, while 1.2% have been children. The majority of people with HIV (53%) are older than 25 years, while as many as 46% are in the age range 15-24 years. The mode of transmission is known for 99% of the cumulative HIV cases reported in Belarus; 67.5% of these were infected through injecting drug use.

In 2005, 751 new HIV/AIDS cases were reported (751 HIV and 129 AIDS cases); again, 99% had a known route of transmission. As was the case for the first time in 2004, the percentage acquired through heterosexual transmission (58%) exceeded that acquired through injecting drug use (37%). There is an apparent increase in the proportion of HIV cases contracted through sexual contact (in 2001 they constituted 27%, and in 2005 58%), though most of these cases are documented as involving a high-risk partner, mainly an injecting drug user (35%).

As in the neighbouring Russian Federation and Ukraine, the geographic spread of the epidemic within the country has not been even. The largest numbers of people living with HIV by the end of 2004 were registered in the Gomel region (3.565 cases, or 236.9 per 100.000 population) and in the capital, Minsk, (909 cases, or 52.2 per 100 000 population).

According to the results of sentinel HIV surveillance reported by the National AIDS Committee of Belarus in 2004, IDUs showed HIV prevalence rates of 34% in Zhlobine, 31% in Minsk, 12% in Rechitsa, 9% in Borisov and 3% in the city of Gomel.

Specific actions by the European Community

Belarus will participate in three Neighbourhood Programmes: Latvia/Lithuania/Belarus, Poland/Ukraine/Belarus, which cover the border areas between the countries concerned and the Baltic Sea region trans-national programme, which covers Baltic Sea Region. For the period 2004-2006 some € 23 million will be allocated to projects aimed at reinforcing cross-border cooperation between the enlarged EU and its new neighbour Belarus in the framework of the above programmes.

No specific project or action financed by the EU has been found, on the sources consulted for this study, in Belarus. On the other hand, a specific Programme of Assistance related to combating HIV/AIDS has been identified on the web site of the European Union Delegation to Belarus. A synoptic framework is presented on Table 3.

Table 3: Programme of Assistance for the Prevention of Drug Abuse and Drug Trafficking in Belarus, Ukraine, Moldova (BUMAD II Programme)

Partner	UNDP
Programme	Regional Action Programme
Aim and Objectives	<p>The BUMAD programme is an umbrella programme benefiting Belarus, Ukraine and Moldova. The overall objective of this programme is to reduce drug trafficking from and through these countries towards EU Member States. The programme adopted a balanced approach addressing interdiction aspects as well as demand reduction and regional co-operation aspects.</p> <p>To reach this overall objective, the Programme identified seven immediate objectives:</p> <ul style="list-style-type: none"> • To reinforce and harmonise national legislative and regulatory frameworks • To strengthen seaports interdiction capacities • To strengthen land border interdiction capacities • To develop compatible system for drug intelligence gathering and analysis • To reinforce monitoring of drug abuse in the region • To develop an approach which is a blend of being reactive and proactive - responding to incident of crime (drug abuse or drug traffic) as well as attempting to reduce de likelihood of crime occurring at the first place - developing a partnership approach between the police and the community. <p style="padding-left: 40px;">To develop NGOs' network in the following areas of drug abuse prevention focussing of specific high risks groups, outreach, early detection and intervention for drug addicts, social and occupational re-integration.</p>
Project Links	Project Website

Source: European Commission Delegation to Belarus¹¹.

The TACIS programme 2005-2006 focus on support to the civil society; education and training; and support to Chernobyl-affected areas. In terms of the overall priority areas of cooperation laid down in the Tacis Regulation the first two measures correspond to “*support for institutional, legal and administrative reform*”, while addressing the Chernobyl consequences would come under “*support in addressing the social consequences of transition*”. A total allocation of €10 m is foreseen for the period 2005-2006 and it was foreseen to be committed in 2005 subject to availability of funds.

Some other health related projects being implemented in Belarus could be consulted in the Annex 4.

¹¹ (<http://www.delblr.ec.europa.eu/page2066.html>).

3.3 *European Community Measures in Turkey*

In this country, the current data shows that HIV/AIDS is not a relevant health problem and maintains low, stable rates of incidence and prevalence. Turkish PLWHA are estimated to number 3700 according to WHO report. The present epidemiological stage of HIV in the country and the low level of injecting drug use, when regarded in the light of the experience of other countries, make it reasonable to assume that commercial sex work is the main driver of the epidemic.

HIV/AIDS cases were identified in all provinces, though they were mainly limited to the urban centres of six provinces, roughly half of them in Istanbul province alone. The great majority of the tests is mandatory and conducted without counselling. Although information is scarcely available mandatory test are conducted to any foreigner immigrating or applying for permanent residence, HIV and drug testing to injection drug users, sex workers, street children, the homeless, and others deemed to be at high risk, Armed forces and the military, blood donors and any patient the doctor may consider it necessary. It is particularly discriminating with women in general and pregnant women in particular.

Expanding access to HIV testing is a critically important step in improving responses to the epidemic in a framework of protection and safeguard of the human rights. When accompanied by effective counselling and accessible post-test services—including comprehensive prevention, information as well as treatment and care—HIV testing can encourage more people to protect themselves and their partners, and to seek care which can prolong their lives. That seems not to be the case of the mandatory tests conducted in Turkey, where as in most countries in the initial stage of the epidemic, stigmatization and discrimination are widespread in the country, making vulnerable groups hard to reach and targeted prevention difficult to implement¹².

Awareness of AIDS is high in Turkey. Ninety percent of women reported having heard of AIDS. Despite this widespread awareness, 31 percent of never-married women do not know any way to avoid the disease. Educational level is positively related to knowing about ways of avoiding it. The percentage that knows about HIV/AIDS is higher among urban never-married women than among their counterparts living in rural areas (Hacettepe University, 2004).

The main projects specific for combating HIV/AIDS in Turkey are the following (see Annex 5 for other related projects):

Reproductive Health in Turkey (EC Pre-accession Financial Assistance for Turkey),

The overall objective of the programme is to improve the sexual and reproductive health status of the Turkish population, especially women. Specific objectives of the Programme are to increase utilisation of services related to sexual and reproductive health (SRH) and to improve the policy environment to better support HR rights and choices.

Strand 1 of the programme supports the activities and policies of the Ministry of Health (MOH) in the implementation of the National Strategy for Women's Health and Family Planning in order to increase availability and accessibility of services and improve the quality of services through direct support to the MOH.

¹² World Health Organization. WHO Report 2005. Turkey Country Profile. <http://www.euro.who.int/countryinformation/CtryInfoRes?language=English&Country=TUR>.

The areas of EC support are training, upgrading the selected health facilities, Surveys/research and STD/HIV/AIDS activities.

Mass Media Campaign for Increasing Community Awareness on Maternal and Neonatal Health Issues. The programme includes campaigns about STI and HIV/AIDS. (EuropeAid funding)

Supply of Laboratory Equipment for Ministry of Health Provincial Laboratories and Refik Saydam Hygiene Centre. In all of those laboratories HIV/AIDS testing is performed.

Operations Research on Key Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) in Turkey. (EuropeAid funding)

The overall objective of the project is to determine the current epidemiology of key STI's (including HIV infection) in selected populations in urban sites in Turkey in order to inform the development of national 2nd generation HIV surveillance instruments.

Increase access of vulnerable populations to HIV/AIDS prevention services. (The Global Fund to Fight AIDS, Tuberculosis and Malaria funding). This is a framework programme that supports the developments of very detailed local projects through specific grants.

Prevention of AIDS through Strengthening STI Services in Turkey: (Human Resource Development Foundation funding). HRDF has started its work in HIV/AIDS area with female and transsexual sex workers being among the vulnerable groups under high risk.

4. EUROPEAN UNION HEALTH STRATEGY FOR RUSSIA:

The approach of the European Commission to public health aspects on Russia has been of the most complete respect and collaboration with the Russian Federation authorities, as with other ENP partner countries. It must be also remarked that the European Commission, when communicating on the ENP, always considers the Russian Federation on a specific chapter, apart from the other Eastern countries.

The EU-Russia Cooperation Programme has been designed to support the Russian Federation in major economic and public developments, through the combination of the EU experience in democracy and market economies with Russia's skills and local based knowledge.

Currently, the EU-Russia Cooperation Programme is funded through TACIS, already mentioned as the programme of technical assistance to previous CIS countries. About half of the total funding, 2.7 billion Euro, has been granted to the Russian Federation, having been used in 1500 projects in 58 regions.

The Northern Dimension¹³, an important EU initiative, in the external and cross-border policies of the European Union reflects the EU's relations with Russia (and particularly North-west Russia) in the Baltic Sea region and Arctic Sea region. The Northern Dimension addresses the specific challenges and opportunities arising in those regions and aims to strengthen dialogue and cooperation between the EU and its member states, the northern countries associated with the EU under the EEA (Norway and Iceland) and the Russian Federation. The Northern Dimension is implemented within the framework of the Partnership and Cooperation Agreement with Russia. One of the key priority themes for dialogue and cooperation is health. Where financial support at the EU level is required, the Northern Dimension draws on existing EU financial instruments, notably TACIS and INTERREG, aiming to use these instruments for projects which provide significant added value.

4.1 European Union Measures on the Prevention of HIV/AIDS in Russia

The HIV/AIDS epidemic in Russia

By the end of 2005, the country had cumulatively registered 334.158 HIV cases and 3.051 AIDS cases. The number of people officially registered with HIV/AIDS in the Russian Federation has increased almost 100-fold in just eight years, being 329.980 by December 2005.

The epidemic affects mainly IDUs (85 % of cumulative cases), CSWs (who are often also IDUs) and MSM. The epidemic in Russia is still concentrated on some regions and the general population estimated seropositivity rate is of 0.6-1.0 %.

Annex 6 provides more data on the extension and characteristics of the epidemic in the Russian Federation.

¹³ <http://www.ndphs.org>

European Commission policies to combat HIV/AIDS

On the Commission's Communication of December 2005 was very clearly stated that *the primary responsibility for the wellbeing and health of Russian citizen's rests with the government of the Russian federation*. The joint actions will be based on the priorities in the common spaces roadmaps and will explore options for exchange of best practices and networking.

The actions will be on the following lines:

- Continue the dialogue at political level to facilitate the development of leadership and the collaboration between different authorities to tackle HIV/AIDS.
- Invite the Russian Federation to organising jointly EU-Russia expert seminars on HIV/AIDS and related issues.
- Participation of representatives of the Russian Federation in the HIV/AIDS Think Tank and the Civil Society Forum.
- Support the activities of the Northern Dimension Partnership in Public Health.

The specific activities included on the Action Plan (29/11/2005) focused on Russia are included in Table 4.

Table 4: Specific actions on the Russian Federation.

Area for action	Action	Indicative timetable	Outcomes	Main players
	EC participation in the work of the Country Coordination Mechanism	2006-		EC Delegation Russian Federation CCM
Expert meetings on HIV/AIDS – related issues	1) Organise an expert meeting on HIV/AIDS. 2) Finnish Presidency meeting.	1) 2006 2) Sept. 2006		1) Commission Russian Federation Partners 2) Council Presidency.

Specific actions by the European Community

At present, the TACIS programme is governed by the EU-Russia Partnership and Cooperation Agreement (PCA), Council Regulation No 99/2000 of 29 December 1999 and the Country Strategy Paper 2002-2006. This regulation will expire in 2006, and the Commission is in the process of writing proposals to continue and develop a new concept of the EU-Russia Cooperation Programme.

In Table 5 have been listed the projects funded through the EU-Russia Cooperation Programme oriented to combat the HIV/AIDS epidemic on the Russian Federation.

Table 5: List of EU-Russia Cooperation Projects Related to the Fight against HIV/AIDS

Project title	Duration	Partners	Project objectives	Location	Budget (€)
NATIONAL PROJECTS					
North West Health Replication	April 2001 – April 2003	Federal Ministry of Health	The project aimed to systematise and apply the results and lessons learnt from previous health projects at the Federal level, and to replicate the reform effort in three regions of Northwest Russia.	Moscow, Kaliningrad, Murmansk, Archangelsk Regions	2 000 000
Prevention and control of communicable diseases in North West Russia	June 2003 – June 2005	Federal Ministry of Justice Federal Service for Execution of Punishments (FSIN)	The project supported FSIN and the Ministry of Justice in the design and implementation of a comprehensive strategy to curb and prevent the spread of communicable diseases in prisons and penitentiary institutions in North West Russia.	Moscow Pskov, Leningrad Regions	2 500 000
HIV/AIDS Prevention and combating, phase I	Jan 2004 – Dec 2005	Federal AIDS Centre Federal Ministry of Health and Social Development.	The project focussed on HIV prevention activities. It supported political mobilization at the federal level and primary prevention initiatives with the aim of preventing the spread of HIV/AIDS and limiting the effects of the epidemic. The project encouraged the commitment of political and business leaders and opinion makers in order to secure higher resources for combating HIV/AIDS and reducing stigmatization. It also supported the development of multi coordinated national and regional HIV/AIDS programmes.	Moscow, Ulyanovsk Region, Buryatia	2 500 000
HIV/AIDS Prevention and combating, phase II	June 2005 – Dec 2007	Federal Ministry of Health and Social Development	The project is supporting attempts by the Russian Ministry of Health and Social Development to define an effective preventative and curative strategy for HIV/AIDS patients. The project has a major training and awareness-raising component targeted at health workers from all related institutions	Moscow, St. Petersburg Leningrad, Kaliningrad, Irkutsk Regions Krasnodar Territory	4 000 000
Rehabilitation system services for the disabled	Sept 2005 – Dec 2007	Ministry of Health and Social	The objective of the project is to develop and improve the provision and quality of social services for drug addicts,	Moscow Kaliningrad, Kirov,	4 300 000

Project title	Duration	Partners	Project objectives	Location	Budget (€)
(Developing social services for vulnerable groups III)		Development	HIV/AIDS sufferers and members of their families.	Tambov Regions Khanty-Mansiisk, Chuvashia	
CROSS BORDER COOPERATION PROGRAMME					
Kaliningrad/Malmo cross border cooperation on Mother-to Child HIV prevention	February 2001 – August 2002	Kaliningrad City	To develop and build a base of knowledge within health institutions working with HIV-infected women and their children, to minimize the risk of vertical transmission of the disease from an HIV-infected woman to her child	Kaliningrad (Russia) and Malmo (Sweden)	200 000
INSTITUTION BUILDING PARTNERSHIP PROGRAMME					
Prevention of Youth Drug Addiction	Jan 2003 – July 2004	Association Spaseniye, St. Petersburg (RU) Associazione Centro Italiano di Solidarieta (Italy) Regional public charitable fund of social rehabilitation and help to the invalids of Kedr - 'BFI KEDR' (RU)	To survey the drug addiction situation in the region, create an NGO network, train NGO personnel in how to raise awareness among young people.	St. Petersburg	191 479
Strengthening the Fight Against The Russian Drug-Addiction Epidemic	Jan 2003 – Jan 2005	Pskov regional public organization "Kamen" (Stone) (RU) DanChurchAid, Copenhagen; (DK) Association Christian Interchurch Diaconal Council, St. Petersburg (RU)	To reduce the spread of HIV/AIDS in Russia by increasing the capacity of NGOs working in this sector and by establishing new prevention and rehabilitation services.	Pskov, St. Petersburg	266 146
Safer sex mass media campaigns in	Feb 2004 – Feb 2006	Public Health and Social Development	Developed and implemented a comprehensive and sustained countrywide HIV/AIDS/STI policy		200 000

Project title	Duration	Partners	Project objectives	Location	Budget (€)
North Western Russia		Foundation "Focus-Media" (RU) Aids Foundation East West (NL)	through the development of safer sex mass media campaigns		
Programme of prevention and combat against the HIV infection in the region of Saratov	Feb 2004 – Feb 2006	Saratov Oblast (RU) Ville de Marseille (FR)	The aim of the project was to reduce the spread of HIV and hepatitis C in the Saratov region	Saratov	200 000
Professional Development to Combat Youth Drug Addiction	May 2005 – May 2007	Rostov City Administration (RU) Glasgow City Council Development & Regeneration Services (UK)	The objective of the action is to combat the culture of drug dependency amongst young drug addicts in Rostov-on-Don. This will be achieved through improved training and education for addiction workers and by making changes to the existing service. A Drugs Outreach facility will be introduced. The objective is to encourage a proactive approach rather than waiting for addicts to come for help first.	Rostov-on-Don	210 786
Together against HIV/AIDS in Sverdlovsk	11 Jan 2006 – 10 Jan 2008	Bread for the World (Germany) Novoe Vremya (RU)	The project aims to raise awareness on HIV/AIDS related issues and encourage the establishment of networks between various parties such as local authorities, journalists, people living with HIV, etc. in finding common solutions to fight HIV.	Sverdlovsk Region	245 752 EU grant: 196 602

Source: European Commission Delegation to Russia¹⁴

The **Kaliningrad region** has been and will be a priority region under the TACIS National Programme for Russia, and in the designed future priorities the field of Public Health would be also included, as was previously. On 2001, the project "Kaliningrad/Malmö Cross Border Cooperation on Mother-to-child HIV prevention" (TSP/RN/0003/076) was funded with 200.000 € for a duration of 18 months, with the objective of elaborating and implementing on measures to prevent a vertical transmission of HIV from mother to child.

Kaliningrad will also be one of the main geographic priorities of the Northern Dimension Environmental Partnership Support Fund.

Further, when looking for HIV projects on Russia, funded by the EU, into the "ZdravInform" Library of Health Reform Projects¹⁵ of the Russian Ministry of Health and Social Development, we found 142 completed and ongoing projects. The study of such a complete list will be out of the scope of this brief note.

¹⁴ (<http://www.delrus.ec.europa.eu/en>)

¹⁵ (<http://www.zdravinform.ru/dev/html/eng/index.php>)

Projects funded by The Global Fund¹⁶

It should be also mentioned the different projects funded by this organisation to fight the HIV/AIDS epidemic on the Russian Federation, because one of the partners is the European Commission.

A brief summary of the most relevant projects detected is included in Annex 7.

¹⁶ (<http://www.theglobalfund.org/en/>)

5. ASSESSMENT OF THE MEASURES TAKEN TO COMBAT HIV/AIDS IN THE NEIGHBOURING COUNTRIES, IN THE LIGHT OF THE ACTUAL SITUATION OF HIGHER PREVALENCE

General assessment

It is difficult to determine the nature and extent of the HIV/AIDS epidemic in much of Central and Eastern Europe, both in individual countries and the region as a whole. It is clear that the region is facing a sharp increase in HIV cases, yet the exact magnitude of the epidemic remains largely unknown, due to the unavailability of quality data thus current estimates are at most only indicators of the epidemic's extent. Moreover, the lack of valid data on HIV/AIDS in Central and Eastern Europe hamper public health decision-making and action.

To a large extent, the poor quality and availability of data in the region are the result of inadequate surveillance systems, poor or inadequate testing practices and limited access to voluntary counselling and testing. However, facing up to the epidemic means more than improving surveillance systems and testing practices. Poor data quality is related to broader questions of culture, economy and the political systems.

Improving HIV control and treatment means to fight against stigmas and targeting groups at high risk. This applies not only to the more authoritarian countries of the region, which tend to hide the public health problems that their populations are facing, but also to countries whose general commitment to combating the HIV epidemic does not extend to certain especially vulnerable groups due to cultural and social reasons, in particular when the population at risk are women and children.

Assessment of the HIV/AIDS epidemic in Eastern Europe by EuroHIV

This region has the highest rate of newly diagnosed infections in Europe (186 per million population).

- The number of new HIV positive diagnoses in 2005 is 6% higher than that reported in 2004. These numbers are lower than the peak reported in 2001 following the rapid spread of HIV among injecting drug users.
- HIV infections among injecting drug users has declined in some, but not all countries.
- Heterosexual transmission is increasing in all countries, especially in the Russian Federation and Ukraine.
- The number of persons developing AIDS is increasing.
- The situation remains alarming; with many countries reporting continued increases in newly diagnosed cases of HIV.

In Eastern Europe, HIV prevention among IDU should be the cornerstone of HIV/AIDS prevention strategies; at the same time, preventing further heterosexual transmission is critical; prevention amongst young people is also essential.

Epidemiological surveillance must be maintained and improved to allow the adequate public health prevention, control, treatment and care policies as included in the Commission Communication (COM (2005) 654 final).

Assessment of the ENP of the European Commission

Along the two years since its inception, the progress achieved under the ENP has confirmed the great potential of this long-term policy. There is a need now to turn this potential into a reality by enhancing the credibility and impact of the policy.

The ENP remains distinct from the process of EU enlargement. For European ENP partners, the ENP does not in any way prejudge the possible future development of their relationship with the EU, in accordance with Treaty provisions. Independently of such a perspective, the European Commission works towards successful implementation of agreed reform agendas to bring all of our neighbours closer to the Union.

To support EU's neighbours in pursuing demanding and costly reform agendas, there is a need to present a more attractive offer on EU's side. More could be done in relation to economic and commercial issues, to visa-facilitation and migration management to people-to-people contacts and contacts among administrators and regulators; more on political cooperation and regional cooperation as well as on financial cooperation. Some of these actions will have a certain cost, but this cost is not unaffordable - and is certainly much less than the cost of inaction.

To achieve this, Member States will need to play their part – the enhancements proposed will require both full political commitment and a commensurate economic and financial commitment.

The Commission is also taking the necessary measures to ensure that ENP policy considerations are fully integrated into all aspects of its own work and planning.

The Commission looks forward to discussing these ideas further with Council and Parliament. At the same time, it will be important to pursue an open dialogue with the partner countries, in order to enhance the mutual ownership of the ENP. The Commission intends to organise a high-level conference on this issue in 2007.

The partner countries have already confirmed their own commitment, through the adoption and initial implementation of the ambitious ENP Action Plans. It will be imperative for the European Union to ensure that the potential of the ENP is matched by its reality, and thus to be able to support them adequately through their reform processes encouraging and rewarding its progress towards a better future for their citizenships.

Assessment of the measures proposed by the Commission in the communication on combating HIV/AIDS in the EU and in the neighbouring countries

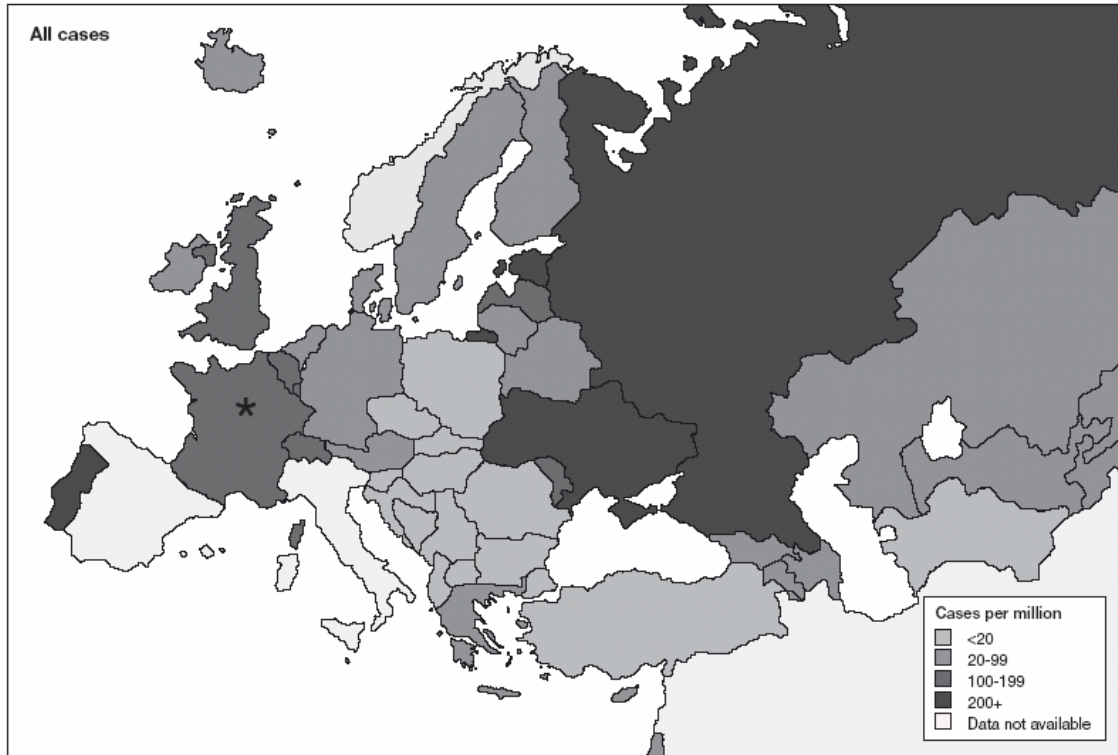
As a general comment, the general principles enunciated in the Commission Communication (COM (2005) 654 final), address adequately the main issues concerning the epidemic in what concerns politics, public health policy, clinical research, surveillance and informational instruments, involvements of neighbouring countries in EU activities and coordination with other multinational agencies combating HIV/AIDS.

Nevertheless it could be requested stronger specific efforts in the safeguard of human rights, cultural and educational support to effectively socially include the “at risk population”, to take into account particular gender issues like the generic defence of women and children rights within all actions proposed and make some specific action on promoting the need for eliminating mandatory tests conducted without informed consent and appropriate counselling.

Given the fact that the actions are in a preliminary stage it is not possible to assess the implementation and development of the activities included in the aforementioned Communication.

ANNEXES

Annex 1: *HIV infections newly diagnosed, per million population, WHO European Region, cases reported in 2005*



Source: EuroHIV, 2006.

Annex 2: *EU Initiatives: Think Tank on, HIV/AIDS Task Force and Inter-service group on HIV/AIDS*

1. - Think Tank on HIV/AIDS in Europe

The High Level Committee on Health in Dublin decided to establish a Think Tank to follow up the development and measures in this field. In the light of this growing HIV/AIDS epidemic, there is a clear need to have a dedicated working group or Think Tank on HIV/AIDS with representation of the Member States, Candidate Countries and the EEA Countries.

The mandate of this group relates to HIV/AIDS in the EU and neighbouring countries as appropriate:

- exchanging information and contributing to a coordinated approach to combat HIV/AIDS, focusing on the European Union and the neighbouring countries;
- serve as a venue for informal consultation between the Commission, the Member States, the Candidate Countries and the EEA Countries.

Membership of the group will extend to all Member States, Candidate Countries and the EEA Countries. The group will meet as needed and will be co-ordinated by DG SANCO.

Mandate of the Think tank at:

http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040614_md_en.pdf

2. - HIV/AIDS Task Force

In April 2004 the Directorate General Health and Consumer Protection established HIV/AIDS Task Force within the Directorate for Public Health and Risk Assessment. This Task Force draws resources from different units in the Directorate thus bringing diverse expertise within the group. At the moment ten members of the staff in the Directorate are attached to the Task Force and two of them work only on HIV/AIDS issues.

The role of the Task Force is to co-ordinate HIV/AIDS activities in Europe within the Directorate and to co-ordinate the implementation of the Commission Working Paper "Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood"

More information on: http://ec.europa.eu/health/ph_threats/com/aids/aids_tf_en.htm

3. - Inter-service group on HIV/AIDS in Europe

The Inter-service group (ISG) on HIV/AIDS in Europe is a forum for coordination and cooperation between all relevant Directorate Generals. The group was set up in May 2004 under the Inter-service group on Health. Currently 14 Directorate-Generals are represented in the group.

The Inter-service group on HIV/AIDS in Europe has already been instrumental in both drafting and implementing the Commission Working Paper "Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighbourhood".

More information on:

http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040528_md_en.pdf

Annex 3: Summary of European Union Financial Support to the Health Sector in Ukraine (except HIV/AIDS related projects)

TACIS Projects in the Health Sector in Ukraine – Summary Facts

TACIS Total number of projects in the Health sector in Ukraine: 7	Total Commitments (On-Going and Planned) €21,000,000	The core focus of the TACIS program in the Health Sector has two main pillars: Support to Health Sector Reform Support to the fight against HIV-AIDS
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Main EU Projects (TACIS) Providing Support to the Health Sector Reform in Ukraine

	Funding and Dates	Objectives	Components
Preventive and Primary Health Care Ukraine, Kiev and Selected Regions EuropeAid/112139/C/SV/UA	€3,500,000 (AP 2000) - 10/2002 to 12/2005	The project assists the government to improve health care through the development of primary health care.	<ul style="list-style-type: none"> - establish –and test in 3 pilot regions -- a new model for primary health care provision - assess need for legal reform and formulate recommendations - improve capacity for better health outcome (targeting medical staff, health administration staff, patients)

	Funding and Dates	Objectives	Components
Health financing and management EuropeAid/114465/C/SV/UA	€4,000,000 (AP 2001) - 12/2003 to 06/2006	The project contributes to the development of an effective and efficient health care financing and management system in Ukraine by developing tools building capacity (purchaser-provider split, contracting, increased autonomy, improved information system)	<ul style="list-style-type: none"> - in depth costing and efficiency study of the health sector in Ukraine - development of a comprehensive legislative basis for improved health care financing in Ukraine - introduction in three selected pilot regions of a purchaser-provider split and improved management of health facilities via contracting and improved information system
Support to the development of a System of medical Standards Project EuropeAid/115173/C/SV/UA	€2,500,000 (AP 2002) -- 09/2004 to 03/2007.	The project supports the government to set up a system of medical standards as a prerequisite for the introduction of health insurance	<ul style="list-style-type: none"> - to define basic packages of service for primary and secondary health care and test them in selected pilots - to develop medical standards for primary (10) and secondary (5) health care - to determine treatment costs for the proposed standards

	Funding and Dates	Objectives	Components
Support to Secondary Health Care Reform Project	€5,000,000 (AP 2004) – Planned for the period 06/2006, 06/2009	To support the establishment of an effective, cost-efficient and equitable health care system in Ukraine by introducing systematic secondary health care reform	Detailed planning of project components and activities is under way

Source: European Commission Delegation to Ukraine.
<http://www.delukr.ec.europa.eu/page37170.html>

Annex 4: *Selection of European Union Financial Support to the Health Sector in Belarus*

Rehabilitation of Patients with Radiation Induced Thyroid Cancer and other Thyroid Pathology in Stolin Region

Partner International Belarusian-German Fund "Help for patients with Radiation-induced Thyroid Cancer "Arnica"

Programme [National Action Programme 2003](#)

Aim and Objectives The main aim of the project is an improvement of rehabilitation of the patients with radiation induced thyroid cancer and other thyroid pathology in Stolin region, by making the qualified specialized medical aid more available at the place of patient's residence and increasing of their awareness about the disease, life quality and social activity.

Project Links [Project Website](#)

Establishment of System of Mobile Palliative Care for terminally ill adults in the Republic of Belarus

Partner [Hilfswerk Austria](#)

Programme Institution Building and Partnership Programme

Aim and Objectives Essence of the project is the adaptation of the Western model of mobile hospice for adults to the conditions of the Republic of Belarus that will allow the improvement of the quality of life of terminally ill people. The project foresees the establishment of a mobile hospice for terminally ill adults as part of the centre for palliative care in Minsk, the education of specialists in the sphere of palliative medicine, and the creation of an information network; both for specialists of local public institutes of healthcare and for target groups.

Project Links -

Annex 5: Selection of Projects related to the Health Sector in Turkey

European Union Projects

Reproductive Health in Turkey: (Pre-accession Financial Assistance for Turkey)

PROGRAMME DESCRIPTION

The overall objective of the programme is to improve the sexual and reproductive health status of the Turkish population, especially women. Specific objectives of the Programme are to increase utilisation of services related to sexual and reproductive health (SRH) and to improve the policy environment to better support HR rights and choices.

The Programme is composed of two strands:

Strand 1 supports the activities and policies of the Ministry of Health (MOH) in the implementation of the National Strategy for Women's Health and Family Planning in order to increase availability and accessibility of services and improve the quality of services through direct support to the MOH. The areas of EC support are training, upgrading the selected health facilities, Surveys/research and STD/HIV/AIDS activities.

Strand 2 strengthens and provides support to the activities of civil society organisations in the field of sexual and reproductive health through a grant scheme in view of increasing demand for quality services. Maternal health, safe abortion, contraceptives and STD/HIV/AIDS are the four areas for civil society organisation intervention. The type of civil society organisation activities that are expected to be financed include: Information, education, communication advocacy, social marketing, small scale research projects, community based activities, functional literacy projects for women, networking activities etc.

ACHIEVED OR EXPECTED RESULTS

- Increased coverage and range of service delivery;
- Increased access to services (geographical, economic, cultural, etc.);
- Improved quality of services related to SRH;
- Increased awareness of the needs of young people in relation to SRH;
- Increased knowledge and understanding amongst parliamentarians, policy makers and opinion formers of issues relating to SRH rights and choices;
- Reduced discrepancies in the SRH data between rural and urban, East and West.

KEY BODIES INVOLVED

The beneficiary of the Programme is the Ministry of Health. The Programme supports the development of partnerships between groups, including public and private groups, in the provision of better quality and affordable services for specified target groups, such as; NGOs, Academic Associations, Professional Associations, universities, local authorities, private sector as well as community-based groups.

CONTACT

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Mass Media Campaign for Increasing Community Awareness on Maternal and Neonatal Health Issues

Ref. No: EuropeAid/122096/C/SV/TR

Operations Research on Key Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) in Turkey. EuropeAid/121388/C/SV/TR

Project description

The overall objective of the project is to determine the current epidemiology of key STI's (including HIV infection) in selected populations in urban sites in Turkey in order to inform the development of national 2nd generation HIV surveillance.

The specific objectives are to carry out research in order to 1) estimate the prevalence and associated demographic and behavioural correlates of key STI's (syphilis, gonorrhoea, chlamydia, Hepatitis B/C) and HIV among pregnant women attending antenatal clinics (ANC) in Ankara, Istanbul, Trabzon and Erzurum as a proxy for the general population; 2) estimate the prevalence and associated demographic and behavioural correlates of key STI's (syphilis, gonorrhoea, chlamydia, Hepatitis B/C) and HIV in sub-groups with risk behaviour in Ankara, Istanbul and Izmir (CSW's, MSM's, IDU's. 3) inform the methodology for developing future 2nd generation surveillance programmes within the above groups in Turkey.

The contractor is expected to collect the necessary data in the form of surveys and medical tests and analyse it. The generated data should provide estimates of high-risk sexual behaviour and prevalence of HIV and STIs. Furthermore, the contractor will carefully document the process, the protocols and the tools needed for the research and contribute to the establishment of a good practice approach to future sentinel surveillance.

Human Resource Development Foundation (HRDF) Projects

HIV/AIDS Specific Projects

Prevention of AIDS through Strengthening STI Services in Turkey: Human Resource Development Foundation (HRDF) has started its work in HIV/AIDS area with female and transsexual sex workers being among the vulnerable groups under high risk. To prevent the transmission of HIV/AIDS and other STIs, the HRDF has carried out a challenging and unique program between 1995 and 1997. The project in Turkey aims to improve STI diagnosis and care through training of physicians and other health care providers and by improving the level of information of sex workers on STIs and HIV/AIDS. Within the framework of the program, a regular newsletter is published. The sex workers participated in the preparation of the newsletter called 'GACI' that was distributed to 1,000 sex workers as well as to media and related institutions.

HRDF has implemented another program in collaboration with the European Union in the slum areas of Istanbul between 1997-1999. Within the framework of this program, women received training in literacy and human rights, attended vocational courses as well as receiving information on reproductive health. The program aimed to support the empowerment of young girls and women living in the under-developed periphery of the metropolitan area. More than 500 women have been informed on issues like, human, woman rights and legal rights.

Reproductive Health

Supporting Health Promotion for Adolescents: A particular project of the HRDF that has started in 1998, provides accurate information and responsible behavior training in sexual and reproductive health to adolescents. In cooperation with the Departments of Education of universities in the three major cities of Istanbul, Izmir and Bursa, a training program and related materials are developed for teachers who serve as trainers. The program is being implemented in four faculties and aiming to expand in all educational schools nationwide.

On July 2001, as a component project, a series of interrelated activities were planned to contribute to addressing adolescent' health promotion needs and to integrate health promotion topics in curricula of formal and non-formal education. Through the project, the schoolteachers will be trained on health education as well. In February 2002, a situation analysis of existing reproductive health programs and the information needs of the adolescents was submitted to the MoNE's authorities.

Sexual Health on BBC: A project has been implemented in collaboration with BBC and IPPF between 1999-2000. A radio program on sexual health for youth was broadcast and a booklet was published to be distributed to young people. Also a toll free phone number was installed to provide counselling on sexual and reproductive health issues.

In-service Training for University Residents: Lessons drawn from the past activities show that the quality care is directly linked to in service and pre-service training programs. Building on this experience, HRDF has started to implement a project with the financial support of UNFPA and in collaboration with the MCH/FP General Directorate of Ministry of Health, in 2001. During the project, approximately 200 residents from Ob/Gyn, Family Health, Public Health and Paediatrics departments of Training Hospitals in Istanbul, Ankara, İzmir and Adana will be trained on Reproductive Health issue in two years.

Training in the Referral Sites of Willows Foundation: The Human Resource Development Foundation in collaboration with Istanbul University Woman and Child Health Training and Research Center has conducted a survey to assess the quality of care at Willows Foundation referral sites in Istanbul and Diyarbakır and undertook an intervention for quality improvement in 2001. The purpose of this study was to improve the collaboration and quality of services at referral sites, which would enhance the target population receiving better reproductive health services.

Recently, another study has been conducted with the collaboration of HRDF and WCHTRC to assess the attitudes and needs of service providers. Based upon the findings of this study, a training program will be implemented in the region with the collaboration of Istanbul Bar Association's Women's Rights Implementation Center and Pusula Consultancy Firm.

Wellbeing of Children and Youth

Woman and Child Health Training and Research Center (WCHTRC)

The Center, which was established in 1994 by European Union funds and in collaboration with HRDF, Istanbul University Child Health Institute and the Ob/Gyn Department of the Istanbul University, School of Medicine, conducts research, national and international training programs and provides services through an integrated approach in its premises within the University compound.

WCHTRC provides certified reproductive health, refreshment and counseling training to physicians, nurses, midwives, pharmacists and auxiliaries. Alongside the training activities, the Center provides health care services, offering all reversible and permanent methods of contraception, ante-natal and post-natal care, MVA, well-baby care and infertility diagnosis and treatment.

Community-Based Service Programs: Community Based Service (CBS) Delivery Model of the HRDF aims at bringing reproductive health / family planning education and services to the doorsteps of families in peri-urban areas, with the involvement of volunteers and field workers from the same neighbourhood. Field workers assist women interested in family planning to choose a method most appropriate to their needs and preferences and provide non-clinical contraceptive methods. Special emphasis is placed on encouraging couples to practice modern and effective methods and to make use of nearby public and private facilities on health and family planning in the vicinity. Referrals to health institutions for IUD and injectables, male and female sterilization and also for antenatal, postnatal and infant care services constitute the backbone of the frame of activities.

Continuous face-to-face education, diligent follow-up and a meticulous and effective referral system bring about remarkably high levels of acceptance and continuance for both clinical and non-clinical methods in reproductive health / family planning. Study findings clearly demonstrate a long-term behavior change in contraceptive practice ensued by the CBS model of the HRDF.

Program for Supporting Refugee Women Residing in Turkey before Departing for a Third Country: This program aims to increase the level of information of refugee women and men including adolescents on various aspects mainly on reproductive and sexual health, human rights and women rights, legal aspects in third countries and like, to improve their status and capacity, as well as their families' indirectly, in adaptation to a new social atmosphere and in overcoming the new challenges. This program has been implemented in Aksaray and Nevşehir in 1999 and in Van in 2001 and will be expanded to other satellite cities in 2002.

SCORA Projects

SCORA (Standing Committee on Reproductive Health and AIDS) has 2 main activities: **World AIDS Day and prevention programmes**. It also works on Scora X-change, gender equality and women's rights. One of the first aims of SCORA is to increase the knowledge and raise awareness on STDs and AIDS. Scora X-change is an international training programme for medical students on STDs including HIV/AIDS organized by SCORA. In Turkey, we have 24 local committees and 6 standing committees

The aim of the programme is to raise awareness and increase the knowledge about STDs including HIV/AIDS as a global issue among medical students and future doctors as well as to offer medical students from different parts of the world an opportunity to exchange experiences and ideas about STDs, create discussion and develop transnational collaboration.

The Global Fund Projects.

Increase access of vulnerable populations to HIV/AIDS prevention services. TUR-405-G01-H(GATM) 995-1-050036(OECD DAC) (The Global Fund to Fight AIDS, Tuberculosis and Malaria). This is a framework programme that supports the developments of very detailed local projects through specific grants. i.e.: Other communicable diseases, Combat HIV/AIDS, malaria & other diseases (MDG), Health system performance, Population and reproductive health: Improve maternal health (MDG).

Annex 6: *Russian Federation - HIV/AIDS country profile.*

By the end of 2005, the Russian Federation had cumulatively registered 334.158 HIV cases, 3.051 AIDS (cumulative) cases and 2.876 AIDS related (cumulative) deaths and 11.782 non-AIDS (cumulative) related deaths among PLWHA. It had also reported a cumulative number of 7.166 foreigners who had been diagnosed with HIV, 71 who had been diagnosed with AIDS and 51 AIDS deaths. In the year 2005, Russian authorities reported 35.596 new HIV cases, 1007 new AIDS cases and 6.122 deaths (1.814 AIDS related and 4.308 non-AIDS related). Due to the size of the country as well as weaknesses in the health information systems used, there is also a considerable delay in reporting HIV/AIDS data.

The number of people officially registered with HIV/AIDS in the Russian Federation has increased almost 100-fold in just eight years, from 3623 cases on 31 March 1997 to 329.980 in December 2005. Young people in the age group 15-24 years have been disproportionately affected by the HIV epidemic, constituting 55% of the cumulative reported HIV cases. However, in recent years that proportion has been decreasing, with only 33% of newly reported cases being in people aged 15-24 in 2005.

Currently, there is low HIV prevalence (1-50 cases per 100.000 population) in 43 regions (29% of the population); medium prevalence (51-150/100.000) in 23 regions (28% of the population); high prevalence (151-300/100.000) in 11 regions (19% of the population); and above high prevalence (301-620/100.000) in 12 regions (24% of the population). With an estimated seropositivity rate of 0.6-1.0% among the general population, the Russian Federation still has a concentrated HIV epidemic.

The epidemic disproportionately affects IDUs, CSWs (who are often also IDUs) and MSM. IDUs comprise 85% of the cumulative number of registered HIV cases. The HIV seroprevalence rates among IDUs in some Russian cities may be as high as 65%, although rates vary widely by geographic region. Although the initial cases of HIV in the Russian Federation occurred among MSM, this group does not currently account for a large proportion of total or new cases. However, the considerable stigmatization that MSM face in the country leads to underreporting of cases. Another particularly vulnerable and marginalized population that is increasingly affected by HIV/AIDS is prisoners, who had a reported seropositivity rate of more than 5% by the end of 2004.

In 2005, a total of 135.340 HIV/AIDS patients received medical treatment for their condition. By the end of the year 11122 received some form of antiretroviral therapy, hereof 4.847 who received HAART (of those an estimated 1.200 IDUs and 100 prisoners). The Russian Federation does not yet provide HAART consistently, and a broad range of monotherapy, double therapy and triple therapy are widely practised. By August 2006, an estimated 7.700 PLWHA were on HAART.

(Source: Matic, 2006).

Annex 7: *Projects funded by The Global Fund in Russia to combat the HIV/AIDS epidemic.*

GRANT: HIV/AIDS - Round 3

Project Title: Stimulating an Effective National Response to HIV/AIDS in the Russian Federation
Country: Russian Federation
Round: 3
Grant No: RUS-304-G01-H

Country Coordinating Mechanism (CCM) :

Principal Recipient (PR): The Open Health Institute
Local Fund Agent (LFA): PricewaterhouseCoopers
Portfolio Manager: Urban Weber

Grant Agreement Signed: 25-June-2004
Grant Start Date: 15-August-2004

Total Funding Request: \$88,742,354.00
Approved Funding: Phase 1: \$31,596,307.00
Phase 2: \$57,146,047.00
Total Funds Disbursed: \$46,295,323.00



Grant Summary: The Russian Federation spans 11 time zones and includes 89 administrative regions. Among the total population of 143 million people, an estimated 860,000 are living with HIV. Increasingly, HIV is transmitted through sexual contact. The program supports sustainable prevention programs to increase awareness of HIV/AIDS and to reduce transmission of HIV. Some program elements specifically targets higher-risk populations. Injecting drug users, for example, are provided with outreach services, needle exchange, voluntary counseling and testing (with referral to appropriate medical services) and condom distribution. In addition, the program provides treatment, care and social support to people living with HIV and advocates for an improvement in the national policy environment to reduce the impact of HIV on infected, affected and vulnerable groups. Working through a consortium of nongovernmental organizations, the program is making a significant impact in ten of Russia's administrative regions. Activities include the provision of antiretroviral therapy for people living with HIV, services for the prevention of mother-to-child transmission, training for the provision of home-based and palliative care to people living with HIV and psycho-social support to affected individuals and their families, mass media campaigns on HIV prevention and stigma reduction, and condom distribution. Beyond working with higher-risk groups, the grant also includes a large-scale media campaign aimed at the general population to raise the overall level of HIV/AIDS awareness across the country.

GRANT: HIV/AIDS - Round 4

Project Title: Promoting a Strategic Response to HIV/AIDS Treatment and Care for Vulnerable Populations in the Russian Federation
Country: Russian Federation
Round: 4
Grant No: RUS-405-G03-H

Country Coordinating Mechanism (CCM) :

Principal Recipient (PR): The Russian Health Care Foundation
Local Fund Agent (LFA): PricewaterhouseCoopers
Portfolio Manager: Urban Weber

Grant Agreement Signed: 06-June-2005
Grant Start Date: 01-September-2005

Total Funding Request: \$120,543,828.00
 Approved Funding: Phase 1: \$34,176,931.00
 Phase 2: \$0.00
 Total Funds Disbursed: \$14,419,973.00

Grant Summary: The HIV epidemic in the Russian Federation disproportionately affects vulnerable groups, including injecting drug users, commercial sex workers, men who have sex with men and prisoners. The program supported by this Global Fund grant helps to identify people living with HIV, referring them to appropriate treatment and care services, and provides counseling program establishes an integon treatment adherence, psychosocial support and palliative care. The program establishes an intergrated framework at the national level and in 59 regions of Russia with a special focus on vulnerable groups. In addition, the program strengthens national and regional surveillance and monitoring and evaluation systems. Activities include harm reduction for injecting drugs users, outreach services for commercial sex workers and men who have sex with men, education for prisoners, voluntary counseling and testing, services for the prevention of mother-to-child transmission, training for physicians and other health care workers, antiretroviral therapy for people living with HIV (including prisoners), and home-based and palliative care programs. The program aims to transform the national response to HIV/AIDS beyond small-scale projects and limited geographic coverage towards universal access to quality HIV/AIDS treatment and care in the country's most heavily affected regions.

GRANT: HIV/AIDS - Round 5

Project Title: Scaling up access to HIV prevention and treatment by strengthening HIV services for injecting drug users in the Russian Federation
 Country: Russian Federation
 Round: 5
 Grant No: RUS-506-G05-H

Country Coordinating Mechanism (CCM) :

Principal Recipient (PR): Russian Harm Reduction Network
 Local Fund Agent (LFA): PricewaterhouseCoopers
 Portfolio Manager: Urban Weber

Grant Agreement Signed: 15-August-2006
 Grant Start Date: 01-October-2006

Total Funding Request: \$13,269,429.00
 Approved Funding: Phase 1: \$4,079,258.00
 Phase 2: \$0.00
 Total Funds Disbursed: \$1,053,706.00

Grant Summary: This grant will be used to significantly increase the coverage of existing HIV services and establish five new HIV services for injecting drug users; increase the capacity of these services to provide counseling, information, and treatment adherence support to injecting drug users living with HIV/AIDS and/or TB, build the capacity of the most-affected populations in advocacy, human rights work, and monitoring and evaluation of HIV services, and undertake policy and advocacy efforts to ensure long-term sustainability of HIV services for injecting drug users in the Russian Federation.

BIBLIOGRAPHY

Arnaudova, A. *10 health questions about the new EU neighbours*. Copenhagen: World Health Organisation Regional Office for Europe, 2006. (Also available in http://www.euro.who.int/Document/E88202_Turkey.pdf [Accessed 20 November 2006]).

Commission of the European Communities. *Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its Neighbourhood*. Commission Working Paper. Brussels, 8.9.2004. C (2004) 3414. (http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040916_rd01_en.pdf) (Accessed on 20 November 2006).

Commission of the European Communities. *Implementation plan for the Commission Working Paper: Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood*. (http://ec.europa.eu/health/ph_threats/com/aids/docs/implementation_en.pdf) (Accessed on 22 November 2006).

Commission of the European Communities. *Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009*. Brussels, 15.12.2005. COM(2005) 654 final. (http://eur-lex.europa.eu/LexUriServ/site/en/com/2005/com2005_0654en01.doc) (Accessed on 20 November 2006).

Commission of the European Communities. *Regulation (EC) No 1638/2006 of the European Parliament and of the Council of 24 October 2006 laying down general provisions establishing a European Neighbourhood and Partnership Instrument*. Official Journal of the European Union 9.11.2006. (Also available in http://ec.europa.eu/world/enp/pdf/oj_1310_en.pdf [Accessed 7 December 2006]).

Commission of the European Communities. *Communication from the Commission to the Council and the European Parliament on the general approach to enable ENP partner countries to participate in Community agencies and Community programmes*. Brussels, 4.12.2006. COM(2006) 724 final. (http://ec.europa.eu/world/enp/pdf/com06_724_en.pdf) (Accessed on 7 December 2006).

Council of the European Union. *Council conclusions on Combating HIV/AIDS*. (http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20050602_en.pdf) (Accessed on 20 November 2006).

EuroHIV (2006). *HIV/AIDS Surveillance in Europe : End-year report 2005, No 73*. Institut de Veille Sanitaire. Saint-Maurice 2006. (Also available on http://www.eurohiv.org/reports/report_73/pdf/report_eurohiv_73.pdf [Accessed on 26 November 2006]).

European Commission Delegation to Ukraine. *Summary of European Union Financial Support to the Health Sector in Ukraine*. (<http://www.delukr.ec.europa.eu/page37170.html>) (Accessed on 24 November 2006).

Hamers FF, Downs AM. *HIV in central and eastern Europe*. *Lancet* 2003;361:1035–44. Published online Feb 18, 2003. (Also available on <http://image.thelancet.com/extras/02art6024web.pdf> [Accessed 26 November 2006]).

Implementation plan for the Commission Working Paper: Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood (http://ec.europa.eu/health/ph_threats/com/aids/docs/implementation_en.pdf) (Accessed on 22 November 2006).

Matic S, Lazarus JV, Donoghoe MC (eds). *HIV/AIDS in Europe: Moving from Death Sentence to Chronic Disease Management*. Copenhagen: WHO Regional Office for Europe, 2006. (Also available in <http://www.euro.who.int/document/E87777.pdf> [Accessed 22 November 2006]).

UNAIDS. *AIDS epidemic update: special report on HIV/AIDS: December 2006*. UNAIDS/06.29E. (Also available on http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf [Accessed on 23 November 2006]).

UNAIDS. *AIDS epidemic update: December 2005*. UNAIDS/05.19E. ISBN 92 9 173439 X. (Also available in http://data.unaids.org/Publications/IRC-pub06/epi_update_2005_en.pdf [Accessed 22 November 2006]).

Background Paper - Building Partnerships in response to HIV/AIDS.

http://www.eu2004.ie/templates/document_file.asp?id=5861

(Accessed on 21 November 2006).

Background Paper - The Changing HIV/AIDS Epidemic in Europe and Central Asia.

http://www.eu2004.ie/templates/document_file.asp?id=5855

(Accessed on 21 November 2006).

Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia.

(http://www.eu2004.ie/templates/document_file.asp?id=7000)

(Accessed on 21 November 2006).

“Vilnius Declaration” on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries. 17.09.2004.

(http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040916_rd03_en.pdf)

(Accessed on 20 November 2006).

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