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One of the biggest social, economic and development challenges facing us today is HIV/AIDS. The pandemic is affecting all levels of society in every region of the world.

The Eastern Europe and the Commonwealth of Independent States (CIS) region is experiencing one of the world’s fastest growing rates of HIV infections. Since the mid 1990s, UNDP has been making strides in assisting individuals and organizations working on HIV/AIDS. Most recently, we have committed ourselves to equipping national stakeholders with crucial leadership skills that can be used to accelerate the national response. UNDP sponsored the application of a highly innovative methodology to enhance leadership, which is widely used by the business sector. Since 2002, the Leadership for Results Programme has been successfully implemented in Ukraine, and elements of it have been introduced in Belarus and Lithuania. The Programme has also been launched in the Russian Federation. This has helped UNDP Country Offices’ capacity to enhance the process of application for funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and funded a number of local breakthrough initiatives where NGOs are taking the lead in action against HIV/AIDS. Leadership capacities have been developed at national, local and individual levels. Stigma and discrimination is being addressed and more people in the region recognize the rights of people living with HIV/AIDS, drug users and prisoners. Underlying causes driving the epidemic are being addressed and vulnerable groups such as commercial sex workers and injecting drug users are being included in policy-making processes and are beginning to use the tools to protect their well-being.

These achievements, however, are just the beginning. As we said in the Regional Human Development Report on HIV/AIDS, ‘Reversing the Epidemic: Facts and Policy Options’, responding to the epidemic will require not only acknowledging the existence of the problem, but taking strategic, nationally driven and well coordinated action to implement all the possible approaches. UNDP, in close collaboration with other UNAIDS co-sponsors, donors, the Global Fund and civil society partners, will continue to expand its activities targeting leadership and governance problems surrounding the issue of HIV/AIDS. We have to carefully advocate for and support such initiatives that make a critical positive difference and enable national stakeholders to be in charge of policy development and programme implementation.

In the upcoming months and years, we will continue to develop and strengthen our partnerships with international, national and local stakeholders in order to ensure sustainability of efforts. By including people living with HIV/AIDS and using cross-sectoral processes of policy design and implementation, we will help
to ensure better policy outcomes. We will continue to develop national capacities and strengthen human and institutional resources that are necessary to absorb the available international assistance. Lastly, we want to facilitate the sharing of good practices and experiences across all countries of the region. We will persist in developing individual leadership through the Leadership for Results programme to empower people to take action and generate results.

This report seeks to communicate some of the impressive achievements accomplished through the collective efforts of UNDP, governments, UN partners, the private sector and committed individuals and civil societies in Eastern Europe and the CIS. It is clear that the region and its people have a substantial opportunity to meet the Millennium Development Goals, as well as the commitments of the UN General Assembly Special Session on HIV/AIDS. We hope that by highlighting some of the important initiatives through this report, we will inspire others to continue this critical work in reversing the spread of HIV. We are obliged to help make the future bright and prosperous for all the people of the region, especially the poorest and least fortunate.

Shoji Nishimoto
Assistant Administrator and Director
Bureau for Development Policy
Introduction

The region of Eastern Europe and the Commonwealth of Independent States has one of the highest growth rates of new HIV infections in the world.

Official estimates of the numbers of people living with HIV/AIDS in this region at the end of 2004 were as high as 2.1 million. The epidemic is one of the biggest social, economic and development challenges facing these nations. It is affecting all levels of society, deepening poverty, and threatening to reverse years of development achievements. It is now being recognized that HIV/AIDS is not only a health issue, but a complex social, economic and human rights problem. It has its roots in poverty and inequality; in stigma and discrimination surrounding drug users; in denial and silence about these problems; also in erosion or relaxation of rigid cultural norms as well as armed conflicts that followed the collapse of the Soviet Union. Such a complex epidemic demands a complex response – one that addresses systems and structures as well as underlying causes.

United Nations Development Programme has achieved several critical, visible and tangible successes through the Leadership for Results programme, its country and regional initiatives and through its role in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Distinct from the role of other UNAIDS partners, UNDP’s mandate is to strengthen capacity at the national level, address governance challenges and develop leadership at every level. UNDP focuses its work in the four key areas outlined in the Declaration of Commitment adopted at the UN General Assembly Special Session on AIDS (UNGASS) in 2001. These key areas are captured in the Leadership for Results Programme and include: prevention; care, support and treatment; reduction of vulnerability; and mitigation of socio-economic impact. UNDP’s activities in these areas address the sixth Millennium Development Goal (MDG), to halt and reverse the spread of HIV/AIDS by 2015. It has become evident that without reaching this goal, other MDG targets relating to poverty and gender equality cannot be achieved.

The purpose of this report is to capture some of UNDP’s successes in addressing HIV/AIDS and meeting the UNGASS goals and MDGs in Eastern Europe and the CIS. The Leadership for Results programme responds to the epidemic through three key service lines – Leadership and Capacity Development, Development Planning and Implementation and Advocacy and Communication. UNDP also supports the implementation of GFATM financed grants at country level. In partnership with national governments and Civil Society Organizations (CSO), UNDP initiates various regional and national initiatives to mitigate the socio-economic impact of HIV/AIDS.
UNDP has provided path-breaking support in shifting the HIV/AIDS response from a purely medical intervention to one that addresses underlying causes and is comprehensive and multi-sectoral. It has helped generate institutional and individual understanding of the epidemic and has strengthened national capacity. UNDP has improved governance by going beyond structural changes to addressing organizational inertia. Countries where UNDP programmes have been implemented have begun to recognize the rights of vulnerable groups such as injecting drug users and commercial sex workers, and most importantly, have addressed the underlying causes of the epidemic, moving people to take action and produce results.

In Ukraine and Russia, UNDP has engaged leaders at all levels and sectors of society, helping to break the silence around HIV/AIDS through the transformative approach of the Leadership for Results programme. Ukraine generated astounding breakthroughs as a result of this programme: the first-ever testing service for men who have sex with men (MSM) recognized the needs of this ostracized group; media initiatives broke the silence; a television show that reached ten million people, helped transform public attitudes towards people living with HIV/AIDS; and a policy addressing workplace discrimination and access to care for thousands was developed with the International Labour Organization.

In Russia, government officials and celebrities commemorated World AIDS Day, bringing together stakeholders from different sectors of the society to work towards a common goal. The programme demonstrated the public commitment to respond to HIV/AIDS. The “Sport for AIDS” initiative and the “We Will Rock You” musical featuring celebrities, were significant in reaching out to young people, generating public awareness and financial contributions, and securing the commitment of influential people to make a difference.

UNDP has supported countries in mainstreaming HIV/AIDS into their development policies, strengthening partnerships, and increasing dialogue and information sharing among nations. It has brought together national governments, other UN agencies, civil society, the private sector and the media to create a truly multi-sectoral response. The launch of the Regional Human Development Report on HIV/AIDS, ‘Reversing the Epidemic: Facts and Policy Options’ provided a comprehensive regional analysis of the HIV/AIDS situation. It alerted policy makers to the importance of responding to HIV/AIDS and provided a detailed framework for the way forward.
‘Partnership Against AIDS’, a regional initiative, has energized East-East cooperation, increasing dialogue among political leaders and the sharing of best practices. A database set up as part of the initiative has been extremely useful for non-governmental organizations (NGOs) and other stakeholders in providing quick and easy access to expertise and assistance.

UNDP has also developed national initiatives that are regarded as best practices. Romania’s ‘All About HIV/AIDS’, created an online information and counselling site. Accompanied by prevention campaigns, counselling at schools and universities and a popular adolescent radio talk show, this project has reached more than 300,000 youths.

UNDP has also strengthened Government capacity, supported national strategic HIV/AIDS plans and provided effective monitoring and evaluation mechanisms through its role in the Global Fund. In several countries, UNDP is acting as Principal Recipient (PR) and managing the implementation of GFATM financed grants. In most of the region, UNDP is providing capacity building support to national Principal Recipients to effectively manage and deliver on these national grants.

The breakthroughs and initiatives documented in this report are only a portion of the many that have been generated.

Monica Sharma
Director
HIV/AIDS Group
Bureau for Development Policy
In the last two decades, Eastern Europe and the CIS region has undergone vast political, social and economic transitions. Many countries are struggling with issues of poverty, increasing mortality rates, reduced life expectancy, social dislocation and a decrease in access to and quality of services.

Health structures in the region have been steadily deteriorating. Such conditions have translated into disillusionment, especially among the young, many of whom have turned to substance abuse and commercial sex work as means of survival. Often they end up in prisons where unfavourable conditions increase their vulnerability to HIV/AIDS. High levels of stigma and discrimination have further exacerbated the situation.

UNAIDS estimates that as many as 210,000 people contracted HIV in the Eastern Europe and the CIS region in 2004, taking the total number of people living with the disease to an estimated 2.1 million. Ukraine is the worst-affected country in the region, with an adult prevalence rate of 1.4% (660,000 people). In Russia there are over 860,000 people estimated to be living with HIV.

Injecting drug use is the most prevalent cause of HIV in the region. Increased opium production in Afghanistan has fuelled heroin markets in Central Asia, the Russian Federation and Eastern Europe. This region is both a transit and destination region for heroin and other drugs. People aged 15 to 29 years old are the most affected by the drug trade. In 2002–2003, seventy percent of new HIV cases in CIS countries were attributed to injecting drug use and the number of opiate users in this region may be as high as 3 million. About 73 percent of the HIV cases in Ukraine were

“... The drug industry, along with other illicit activities, has emerged as the force which fuelled the spread of HIV first among injecting drug users and sex workers and then to the wider population. Discrimination and stigmatization festered in communities, and the most vulnerable were driven underground. Emerging NGOs have struggled to find advocates and support to help stem the tide of infections.”

Helen Petrozzola, Former UNDP Programme Manager, Ukraine

1 UNAIDS Fact Sheet.
### Estimated size of core population groups at high risk of HIV by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Injecting drug users (Prevalence in %)</th>
<th>Men having sex with men</th>
<th>Sex workers (male and female)</th>
<th>Prisoners (rate per 100 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>10,000 (0.4)</td>
<td>40,000 – 50,000</td>
<td>6,000 – 8,000</td>
<td>3,000 (90)</td>
</tr>
<tr>
<td>Armenia</td>
<td>7,000 – 11,000 (0.18 - 0.3)</td>
<td>N/A</td>
<td>9,000 – 11,000</td>
<td>4,400 (114)</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>15,000 – 150,000 (0.2 - 2.0)</td>
<td>10,000 – 15,000 (Baku)</td>
<td>8,000 – 10,000 (Baku)</td>
<td>17,800 (217)</td>
</tr>
<tr>
<td>Belarus</td>
<td>41,000 – 51,000 (0.4 – 0.5)</td>
<td>3,000 (Minsk)*</td>
<td>10,000 – 20,000 *</td>
<td>55,000 (554)</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>11,500 (0.5)</td>
<td>30,000 – 50,000</td>
<td>4,000 – 7,000</td>
<td>2,400 (60)</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>30,000 (0.43)</td>
<td>20,000 – 30,000</td>
<td>30,000</td>
<td>9,500 (119)</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>25,000 – 30,000 (0.24 - 0.3)</td>
<td>50,000 – 100,000</td>
<td>12,000 – 21,000</td>
<td>16,600 (162)</td>
</tr>
<tr>
<td>Estonia</td>
<td>10,000 – 15,000 (0.72 – 1.1)</td>
<td>5,000 – 12,000</td>
<td>3,000 – 5,000</td>
<td>5,000 (361)</td>
</tr>
<tr>
<td>Georgia</td>
<td>40,000 – 50,000 (0.8 – 1.0)</td>
<td>10,000</td>
<td>10,000</td>
<td>7,400 (198)</td>
</tr>
<tr>
<td>Hungary</td>
<td>2,900 – 25,000 (0.03 – 0.25)</td>
<td>26,000 – 130,000</td>
<td>3,000 – 17,000</td>
<td>17,900 (176)</td>
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<tr>
<td>Kazakhstan</td>
<td>97,000 – 250,000 (0.6 – 1.55)</td>
<td>20,000 – 150,000</td>
<td>20,000 – 50,000</td>
<td>84,000 (522)</td>
</tr>
<tr>
<td>Kyrgyz Republic</td>
<td>19,000 – 100,000 (0.38 – 1.6)</td>
<td>50,000</td>
<td>3,300</td>
<td>19,500 (390)</td>
</tr>
<tr>
<td>Latvia</td>
<td>9,000 – 12,000 (0.4 - 0.5)</td>
<td>6,000 – 9,000</td>
<td>4,000 – 15,000</td>
<td>8,100 (352)</td>
</tr>
<tr>
<td>Lithuania</td>
<td>7,000 – 11,000 (0.2 - 0.3)</td>
<td>17,000 – 44,000</td>
<td>5,000 – 8,000</td>
<td>11,400 (327)</td>
</tr>
<tr>
<td>FYR Macedonia</td>
<td>6,000 – 10,000 (0.3 – 0.6)</td>
<td>5,000 – 17,000</td>
<td>3,000 – 5,000</td>
<td>1,300 (64)</td>
</tr>
<tr>
<td>Moldova</td>
<td>34,000 – 52,000 (0.12 – 0.18)</td>
<td>N/A</td>
<td>N/A</td>
<td>11,000 (300)</td>
</tr>
<tr>
<td>Poland</td>
<td>77,000 – 116,000 (0.2 - 0.3)</td>
<td>105,000 – 310,000</td>
<td>42,000 – 83,000</td>
<td>83,000 (215)</td>
</tr>
<tr>
<td>Romania</td>
<td>89,000 – 112,000 (0.4 - 0.5)</td>
<td>60,000 – 120,000</td>
<td>23,000 – 47,000</td>
<td>47,400 (212)</td>
</tr>
<tr>
<td>Russia</td>
<td>1,500,000 – 3,500,000 (1.01 – 2.4)</td>
<td>400,000 – 2,000,000</td>
<td>150,000 – 300,000</td>
<td>875,000 (611)</td>
</tr>
<tr>
<td>Serbia and Montenegro</td>
<td>6,000 – 30,000 (0.05 - 0.3)</td>
<td>35,000 – 90,000</td>
<td>11,000 – 19,000</td>
<td>6,300 (70)</td>
</tr>
<tr>
<td>Slovakia</td>
<td>11,000 – 16,000 (0.2 - 0.3)</td>
<td>15,000 – 45,000</td>
<td>6,000 – 12,000</td>
<td>7,500 (138)</td>
</tr>
<tr>
<td>Slovenia</td>
<td>5,000 (0.25)</td>
<td>3,000 – 7,000</td>
<td>2,000 – 3,000</td>
<td>1,100 (56)</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>2,000 – 62,000 (0.2 – 1.03)</td>
<td>60,000</td>
<td>5,000</td>
<td>11,000 (175)</td>
</tr>
<tr>
<td>Turkey</td>
<td>1,000 – 133,000 (0.0 – 0.2)</td>
<td>100,000 – 300,000</td>
<td>18,000 – 40,000</td>
<td>64,200 (90)</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>9,000 – 50,000 (0.2 – 1.0)</td>
<td>N/A</td>
<td>700 – 1,300</td>
<td>22,000 (489)</td>
</tr>
<tr>
<td>Ukraine</td>
<td>400,000 – 600,000 (0.78 - 1.17)</td>
<td>200,000</td>
<td>45,000 – 55,000</td>
<td>200,000 (413)</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>65,000 - 150,000 (0.3 - 0.6)</td>
<td>70,000 – 210,000</td>
<td>14,000 – 28,000</td>
<td>65,000 (255)</td>
</tr>
</tbody>
</table>

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50 Estimates of populations of men having sex with men can only be compared great caution. Some estimates are of the ‘core’ population (self-identified gay men), while others pertain to the total numbers of men who have had sexual contact with other men in their lifetime.


* Belarus Country Office
transmitted through injecting drug use. Similarly, rising HIV infections in Estonia, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan have been directly linked to injecting drug use. In 2001, 95 percent of all registered cases in Kyrgyzstan and 63 percent in Poland were related to injecting drug use\(^2\). The number of injecting drug users (IDUs) is also increasing in South Eastern Europe, particularly in Croatia, Kosovo, Moldova and Yugoslavia.

Although HIV/AIDS has been predominantly a male epidemic in Eastern Europe and the CIS region\(^3\), women are also especially vulnerable to HIV/AIDS. Gender inequality, economic vulnerability, and stigma and discrimination make women susceptible to HIV. Unlike in other regions, women in Eastern Europe do not necessarily suffer from restrictive gender roles, and often have considerable sexual freedom. However, women are often at risk since they are frequently unaware of their partners’ HIV status. In some countries, women who use drugs and have children are unlikely to seek substitution therapy or needle exchange programmes, as the authorities have the right to take their child away if they are proven drug users.

In addition, the criminalization of sex work denies sex workers the necessary information and resources to protect themselves from HIV/AIDS. Other risk factors such as drug use that are associated with sex work make the situation worse. For example, in Kazakhstan, 14 percent of IDUs also reported engaging in sex work in the six months prior to the survey in 2004\(^4\).

Difficulty in finding regular jobs has increasingly led women to look for work far away from their homes, and thousands of women have fallen prey to trafficking schemes. Once abroad, these women are even more vulnerable, as they lack the power to negotiate safe sex. Migrant work affects men adversely as well: a male migrant worker away from home and his social network is more susceptible to HIV/AIDS than his counterpart in a stable job.

Additional factors fuelling the epidemic in Eastern Europe and the CIS are prison conditions and discrimination against vulnerable groups. The region’s prisons have to cope with some of the highest incarceration rates in the world. Many in prisons are incarcerated specifically for sex work and drug use. While incarcerated, they engage in risky behaviours such as unsafe sex and sharing of needles.

\(^2\) Reversing the Epidemic: Facts and Policy Options, Eastern Europe and CIS Regional Human Development Report

\(^3\) 70% of those diagnosed as living with HIV in Eastern Europe and CIS region during 2002-2003 were men.

\(^4\) Reversing the Epidemic: Facts and Policy Options: Eastern Europe and CIS Regional Human Development Report
Stigma and discrimination towards vulnerable and affected groups such as men who have sex with men, drug users and sex workers has contributed to the rapid spread of HIV. Negative and even violent attitudes toward men who have sex with men have forced this group to remain ‘underground’. Stigmatization of drug users and people living with HIV/AIDS has led to harmful silence and ostracism. Such repression denies the rights of vulnerable groups, increases their risky behaviour and vulnerability, and limits their access to necessary information, resources, and care and support.

Successful efforts to address the epidemic must deal with issues of social and economic vulnerability, gender inequality, substance abuse, commercial sex work, migrant work, prison conditions and stigma and discrimination. Addressing the problem from a strictly medical perspective has proven to be ineffective. UNDP’s multi-sectoral approach, which addresses the underlying causes of the epidemic, has been crucial in fostering action in places where before there was only resignation.
Leadership for Results
An Innovative Approach

UNDP’s Leadership for Results programme is based on an innovative methodology that is drawn from the various disciplines of management science, organizational behaviour, development, and applied psychology.

The methodology is designed to tap into individuals’ innate abilities in order to generate a complex understanding of issues and, in this context, generate innovation to produce results. Leadership for Results has made a significant contribution in Ukraine and Russia in responding to HIV/AIDS. The countries have participated in the Leadership Development Programme (LDP), one component of the Leadership for Results Programme.5

“The Leadership Development Programme gave me the confidence and strength to fulfill my activities. I also understood that it is impossible to live and move forward without cooperation. The experience of communication and teamwork during the seminar allowed me to become more tolerant to others’ opinions, structure my ideas and define the direction of the achievement [of my goal].”

Sergey Dysa, Leadership Development Programme participant

Leadership Development Programmes: Generating Results

Traditional leadership development focuses on technical skills and consensus building. This is extremely important, as skills building can be the basis of efficiency. However, it is rarely the basis of action and innovation. Generating such innovative results is, in part, the role of UNDP’s Leadership programme. Through a process of self-reflection and the incorporation of new frameworks, LDP is able to...

5 UNDP’s Leadership for Results strategy incorporates four mutually reinforcing and synergistic components to advance implementation of the service lines and strengthen national responses to HIV/AIDS: (i) Leadership Development Programmes (LDP) to develop capacity of leaders from all sectors of society to take effective action to address HIV/AIDS; (ii) Community Capacity Enhancement (CCE) programmes to empower communities to take decisions and actions to halt the spread of HIV/AIDS; (iii) Development Planning and Implementation (DPI) initiatives promoting inclusive and empowering planning and implementation at national and local levels; and (iv) Arts and Media (A&M) programmes focusing on changing the discourse around HIV/AIDS and empowering women and people living with HIV/AIDS.
to energize leaders to act – and to create breakthroughs that were unimaginable earlier. The programme unleashes creativity and entrepreneurial skills of the participants and helps them to take a stand and plan their own initiatives on HIV/AIDS. The breakthrough initiatives are generated by LDP participants and implemented by them, mostly without UNDP’s support.

The Leadership Development Programme enables individuals to look at the challenges of HIV/AIDS with hope and determination to change the situation.

Leadership Development Programmes are implemented with leaders from all sectors of society—government, civil society, private sector, media and arts etc.—over the course of six to nine months. In addition to workshops and coaching sessions, participants plan and implement innovative projects known as breakthrough initiatives. What makes this programme unique is the fact that the initiatives it generates are truly ‘home-grown’ and respond to the urgent needs of people, while addressing the underlying causes driving the epidemic.
Since 2002, the Leadership for Results programme has generated unprecedented results in Ukraine, fostering inspirational initiatives and creating an enabling environment for innovative action.

“In Ukraine, results were achieved through transformational leadership development addressing institutional indifference; working to incorporate HIV/AIDS into national and local planning and implementation processes; and arts and media initiatives creating new icons for change and positive messages about strong leadership. Individual initiatives have been scaled up; positive public messages about people living with HIV/AIDS have been developed; and most importantly, there has been a shift in public perceptions of the epidemic” – Helen Petrozzola, former HIV/AIDS Programme Manager, UNDP Ukraine.

The LDP in Ukraine engaged over 700 leaders. It is estimated that to date, the programme’s breakthroughs have directly impacted approximately 500,000 people. The 64 breakthrough initiatives developed by participants have addressed and enhanced a plethora of issues: multi-sectoral partnerships, networks of people living with HIV/AIDS, awareness promotion, media and private sector involvement, rights of vulnerable groups, and workplace HIV/AIDS policies. These initiatives were ground-breaking because they shifted the HIV response from a purely medical intervention to one that is multi-sectoral and addresses underlying causes. UNDP was largely responsible for this important shift, supporting a move away from centralized planning and action to a decentralized approach. The dialogue generated by the initiatives allowed individuals to take responsibility, action and ownership of results.

“This topic is urgent, and if I don’t do something about it, then who will? Everybody has to take responsibility,” said one Leadership Development Programme participant. In a significant move, the Vice Prime Minister, after attending the LDP session with members of the State AIDS Commission, was inspired to write a full page article on HIV/AIDS in a government publication.
Breakthrough Initiatives

In Ukraine, breakthrough initiatives generated by Leadership Development Programme participants have reached tens of thousands of people. For the first time, Ukrainians themselves addressed stigma and discrimination towards men who have sex with men, people living with HIV/AIDS, and injecting drug users. Initiatives provided care and support and addressed human rights issues. After attending the Leadership Development Programme, Victoria Panasenko of Chernigov said, “I feel like a real leader. For the first time I thought seriously about the stigma of HIV. I got tested and encouraged friends to do so.”

“Now it’s easier for me to speak about my status. I’ve met people who treat you well despite the status. I’ve learnt more about my rights. I’ve got new ideas that will soon be implemented. And I’m sure that I can change the situation for the better.”

Leadership Development Programme participant, Ukraine

Awareness & Educational Campaigns

Breakthrough initiatives to raise awareness included the creation of interactive communication materials for all school children. The initiatives addressed stigma and discrimination, raised awareness and generated open discussion. “The so-called taboos are not real taboos actually; they are our personal inner taboos,” said one media professional who attended the LDP. “The seminar helped me overcome them. I realized that human rights apply to all people.”

A team of government employees used local funds to design a campaign called ‘Sensible Choice, Sensible Person’. They created computer games, a website for young people, and cartoons that aired on the national channel, reaching 10 million viewers. Other initiatives included educational awareness and advocacy programmes in 130 schools as well as dissemination of information through awareness-raising events, booklets and brochures. One group, using their own resources, published 2,000 booklets for children and young adults.

Another group organized trainings for medical workers and 40 learning forums for students, directly reaching over 2,000 young people. The initiative generated awareness among youth who are highly vulnerable to HIV.

The annual ‘Race for Life’ sports event, one of the most notable initiatives, mobilized the public and leaders from the business community, sports, music and
politics in a major awareness and fund raising campaign. Organized in partnership with the Ministry of Health and the city administrations, it draws around 7,000 participants every year.

Leadership for Results has also recruited the assistance of influential celebrities such as Ukrainian pop star Ani Larak and tennis player Andrey Medvedev. Bringing such celebrities on board allowed UNDP to reach millions of people. Ani Larak has appeared in several Leadership for Results TV clips that dealt with the issue of stigma. Andrey Medvedev has brought other sports celebrities such as Olympic champions Lilia Podkopajeva, Katerina Serebrjanskaya and Jana Klochkova in support of the cause during the Worlds AIDS Day (2002) and Race for Life (2002). Medvedev has been appointed the Ukraine Goodwill Ambassador on HIV/AIDS and has publicly stated, “I am personally committed to raising my voice to the public and to continuously talk about the issue, and I will keep on helping people living with the virus, who need our care and support.”

The governance approach to mobilizing through training and forming peer to peer networks of teachers and youth (14 – 21 years of age) covering 25 percent of schools in all 27 regions of Ukraine demonstrated impressive results in combating HIV/AIDS, changing youth culture in favour of healthy life practices, reaching more than 90,000 young people till now. The students and teachers forming the All-Ukrainian Association of Peer Educators have become active promoters and sometimes facilitators for the Leadership Development Programme.

“Without even a grant on HIV prevention activity we conducted four mass actions for youth and children. Using our own resources, we published 3000 booklets of different types for teenagers, teachers and parents and gave them out during the actions in Kharkiv. I’m very thankful to UNDP for this enormous step in the fight against HIV/AIDS in Ukraine that has united us in this powerful inspiring workshop. We are going home inspired and ready to act, to generate and implement new ideas."

Marianna Golovanova, Kharkiv Government
Reaching Out to Vulnerable Groups

A breakthrough group from a highly affected region created a Singles’ Club to improve the situation of people living with HIV/AIDS. The group also created a multi-city database of HIV resources and helped form a support network for people living with HIV/AIDS. The Association of Gays, Lesbians and Bisexuals, one of two gay organizations in Ukraine, conducted a testing campaign among men who have sex with men. Noting the breakthrough, the President of the Association, Oleg Alehin said, “There is a proverb – people are not born leaders – they become leaders.... Due to the workshop, we started to think in a different way. This made me aware of what I can do, taught me to stay true to my ideals. Now we are conducting, for the first time in Nikolayev, testing among gays involved in commercial and non-commercial sex.”
Leadership for Results: An Innovative Approach

Among the most notable breakthroughs were those from former drug users who are living with HIV. As a result of the Leadership Development Programme, one young man created the Rubikon Theatre, which produces plays on the theme of drug use and living with HIV. Another member also became involved in the Rubikon theater. The programme actively helped these two individuals and indirectly reached out to thousands more who attended the Rubikon’s performances. By empowering former drug users to take responsibility and action, the Leadership Development Programme enhanced the leadership of vulnerable individuals, reduced discrimination against drug users and fostered initiatives that reached thousands of individuals.

“In the course of the nine-month programme I grew morally. I stopped taking drugs and actively began helping other people fight for their lives. As one of the creators of the Rubikon Theatre I help provide interactive communication to different layers of society: relatives of people living with HIV/AIDS, people living with HIV/AIDS, medical workers, and school children.”

Oleg Dymaretiky, Chernigov

Several other initiatives have reached out to a variety of high-risk groups in Ukraine. A team from a border region committed itself to ameliorating the problems of certain minorities and disseminated booklets on HIV/AIDS prevention in Hungarian, Polish and Romanian. This initiative reached communities who had not been addressed before. Another group provides information and counselling services to young people, especially women, seeking work abroad. In addition, a team from a highly affected region partnered with government representatives in an outreach programme to provide those with AIDS related illnesses, alone in their homes, with food and amenities. By generating its own funds, the group ensured the project’s sustainability. Other initiatives pioneered preventive measures such as condom distribution among commercial sex workers, policemen and soldiers – groups often overlooked in the response.

Theatre for Change

Among the most notable breakthroughs were those from former drug users who are living with HIV. As a result of the Leadership Development Programme, one young man created the Rubikon Theatre, which produces plays on the theme of drug use and living with HIV. Another member also became involved in the Rubikon theater. The programme actively helped these two individuals and indirectly reached out to thousands more who attended the Rubikon’s performances. By empowering former drug users to take responsibility and action, the Leadership Development Programme enhanced the leadership of vulnerable individuals, reduced discrimination against drug users and fostered initiatives that reached thousands of individuals.

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Oleg Dymaretiky, Chernigov

HIV/AIDS Policy in the Workplace

In partnership with International Labour Organization (ILO), UNDP supports union leaders who are committed to HIV/AIDS awareness in the workplace. UNDP and ILO formed a unique partnership, ‘Leadership and the World of Work’. They brought together trade union leaders from across the country to address prevention issues and to promote policies for the care and support of employees living with HIV/AIDS.
Union leaders took on breakthrough initiatives which dealt with issues of gender inequality. By working with companies, unions and government ministries to create safe and healthy workplaces, UNDP has made an impact on thousands of employees who were previously discriminated against because of their HIV status.

A significant initiative was the creation of a voluntary testing programme at Standard Bank. Other businesses have followed Standard Bank’s lead, promoting testing and a positive work environment. The Ministry of Labour, in collaboration with ILO, UNDP and others, is actively addressing HIV in the workplace to reduce discrimination against employees living with HIV/AIDS.

**Media and Private Sector Participation**

The Leadership for Results programme involved the media and influential performers to generate HIV/AIDS awareness and advocate for the rights of vulnerable groups. At the Leadership Development Programme, 50 media representatives, who in their reporting reach hundreds of thousands of Ukrainians, reconsidered how they portray the epidemic and people living with HIV/AIDS. This has improved the quantity and quality of HIV coverage and has positively shifted the media’s portrayal of people living with HIV/AIDS.

The private sector has also generated results by being involved in the programme. One example is the breakthrough project undertaken by the National Association of Ukrainian Pharmacies. The Association distributed HIV/AIDS information and answers to frequently asked questions in pharmacies throughout the country, reaching tens of thousands of individuals.

“We created a magazine called Territory of Help and organized live broadcasts in Donetsk-Kharkiv, aimed at reducing stigmatization of people living with HIV/AIDS. After several meetings we came to the conclusion that the realization of this initiative did not depend on whether we have money.”

*Yulia Tkachenko, Kiev Government*

“During the workshop, the situation was that of a ‘breakdown’. The financing of our magazine was stopped and it was in danger of shutting down. It’s really interesting that when you start to think that all obstacles will be overcome, other people start to believe in it, and it becomes much easier to open any door. We managed to find sponsors and as a result the magazine is being issued again.”

*Tatiana Larina, Kiev Government*
Applied Human Rights

Ukraine’s Applied Human Rights initiative, a part of its overall Leadership for Results programme, translates rights in principle into rights in practice to reduce vulnerability for injecting drug users, sex workers and people living with HIV/AIDS. Beyond HIV/AIDS, it addresses underlying issues of poverty, gender inequality, drug use, stigma and discrimination, and rights of minority groups. This initiative has given injecting drug users and commercial sex workers in 18 cities access to prevention services. It created the first-ever medical care home for people living with HIV/AIDS (in collaboration with the Red Cross) and the first-ever substitution therapy programme for injecting drug users. It has reached out to and impacted groups that were previously ignored in development efforts.

“The Leadership for Results Programme generated hope, using transformational methodologies. It enabled people to take a stand, make a commitment and nurture it through to fruition. This methodology differed radically from earlier approaches to HIV/AIDS employed in Ukraine, many of which focused on lectures about behaviour change without reflection. It was through this fundamental difference that individuals and institutions were moved to action. [The programme] redefined the notion of leadership from the previously known ‘apparatchik’ to the individual, who, regardless of level, is personally committed, responsible and takes concrete actions… [It] built on the premise that the answer lies within: that individuals and groups – men and women, leaders and community members, young and old – already possess the wisdom and power they need to take steps against the spread of HIV. By generating discussions for action on HIV/AIDS at each level of society, UNDP created the enabling environment in which leaders, community members, organizations, and institutions could identify and address the issues associated with HIV/AIDS in their communities.”

Helen Petrozzola, former UNDP Programme Manager, Ukraine
RUSSIA

The Russian Federation has experienced one of the highest growth rates in new infections recently. According to the latest statistics from the Russian Federal Service for Consumer Rights Protection and Human Wellbeing, the main characteristics of the HIV/AIDS epidemic are:

- Nearly 75 percent of newly registered people living with HIV in Russia are injecting drug users
- 70–80 percent of all people living with HIV are 15–29 years old
- 40 percent of newly registered HIV cases are women.

With the support of the Russian government and the UN Country Team, UNDP launched the Leadership Development Programme in Russia in late 2004. The Leadership Development Programme, still in its initial stage, included 96 participants who have taken on 11 breakthrough initiatives. The initiatives have promoted gender equality and leadership and have developed active preventive campaigns. They have also reduced vulnerability and stigma, assisted orphaned children, and advocated for the rights of people living with HIV/AIDS.

Leadership Development Programme

One breakthrough initiative from the LDP is the establishment this year of a National Award for addressing HIV/AIDS. The award will encourage innovation and action in the area of HIV. Various regional groups involved top officials in commemorating the World AIDS Campaign and in signing a Declaration of Commitment. This was an exceptional achievement as it involved 200 senior regional leaders with considerable policy influence. Participants ensured the involvement of women in the World AIDS Campaign as part of a strategy to address gender inequality. An initiative brought notable Russian women into the discussion of the epidemic with plans to launch the ‘World AIDS Day All Russia Informational Campaign’.

Strengthening National Capacity

The programme has supported the national response by building on an existing United Nations Office on Drugs and Crime (UNODC) initiative in Moscow, the only harm reduction programme in a city of about 10 million residents. The initiative will reduce the vulnerability of IDUs at the local level while addressing the rights of vulnerable groups at the national level. Another initiative has participants lobbying for

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6 UNDP, Russian Federation Country Office
Parliament to allocate HIV/AIDS funds to the Tver region and to organize hearings on rights protection for people living with HIV/AIDS. By focusing on the national parliament, the initiative hopes to achieve important legal changes.

**Awareness and Advocacy of Rights**

One breakthrough initiative from the Leadership Development Programme raises awareness and advocates for the rights of people living with HIV/AIDS through TV, newspaper and radio coverage. The initiative plans to host a talk show and a TV ‘tele-bridge’ with Ukraine highlighting the issue of HIV/AIDS on the national TV Channel One. The main goal of the initiative will be strengthening cooperation between the two neighbouring countries through the creation of a joint coalition on HIV/AIDS that will include key figures from the government, legal sector and from international organizations, local NGOs and organizations of people living with HIV/AIDS.

A planned website, the ‘Zeppelin’, will become a platform for fundraising. This initiative will provide general information on HIV/AIDS and will educate thousands of people every day. The participants are also organizing a sports event, ‘Sport for Aid’, in partnership with the Moscow business community. This event will generate awareness and private sector aid for abandoned HIV positive children.

In the framework of the second Leadership Development Programme in Moscow, UNDP drew public attention to the role of leadership in addressing HIV/AIDS in partnership with producers and performers of the “We Will Rock You” musical. Based on the repertory of the rock group ‘Queen’, the show is highly popular among young Russian audiences. A special performance was dedicated as a charitable event, with targeted messages on HIV/AIDS and proceeds from the performance donated to other breakthrough initiatives.

“Ultimately, the Leadership for Results methodology is working because it creates a whole new network of people concerned with the problems of HIV/AIDS… across the different sectors of Russian society. The breakthrough initiatives have great impact on national ownership promotion”.

Oksana Yermakova, **UNDP Russia Leadership for Results Programme Coordinator**
Supporting the ‘Three Ones’ Principles

Beginning this year, UNDP will align the Leadership Development Programme and other programme resources strategically in support of the national application of the ‘Three Ones’ principles, together with UNAIDS and other co-sponsor agencies. UNDP and UNAIDS have already supported the establishment of a national Monitoring and Evaluation (M&E) unit within the Ministry of Health’s Federal Service responsible for HIV/AIDS, including the provision of cutting-edge IT infrastructure, the establishment of the Country Response Information System (CRIS) tracking mechanism, and the organization of national M&E trainings. UNDP will also play a key role in supporting the development for an inclusive national policy and action framework, including a new federal targeted programme on HIV/AIDS to replace the current programme that expires next year.
In 2001, UNDP launched eight Thematic Trust Funds (TTFs) globally – one for HIV/AIDS – to mobilize resources for country level programmes.

TTF’s flexible funding mechanism has allowed UNDP to scale up efforts and support large-scale work in countries. TTFs consist of a rapid disbursement mechanism and systematic financial and activity reporting to donors. They are a complement to and supportive of bilateral, multilateral and other funding mechanisms, including GFATM. With the introduction of TTFs, most countries in Eastern Europe and the CIS were finally able to implement large-scale HIV/AIDS programmes on prevention, vulnerability reduction, treatment and care.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

The GFATM aims to substantially increase resources for three of the world’s most devastating diseases. It generates and disburses funding through private-public partnerships between governments, civil society, the private sector and affected communities. The Fund supports programmes that reflect national ownership and is accountable, transparent, integrated and holistic in its approach to prevention and treatment.

The Global Fund is not a UN system mechanism, but it works closely with the UN and its partners. GFATM disburses resources through the Principal Recipient of Funds and a Country Coordinating Mechanism (CCM), which determines or recommends strategic priorities, programme improvements, and policy. The CCMs provide general overseeing of GFATM projects, and are increasingly involved in monitoring and evaluation. The projects usually build upon existing poverty reduction strategies and sector-wide approaches.

With an extensive network of offices and experience in fund management and procurement, UNDP manages and supports implementation of GFATM funds and projects for various countries. In these countries, UNDP operates as either Principal Recipient for the GFATM or as a provider of capacity development to national Principal Recipients and local implementing partners. As Principal Recipient, UNDP administers Global Fund money to strengthen national strategic HIV/AIDS plans and improve financial management, procurement, monitoring and service delivery. It develops the capacity of implementing partners, including potential alternate Principal Recipients – ensuring UNDP a viable exit strategy.
UNDP seeks to promote partnerships between key actors in the fight against HIV/AIDS.

As Principal Recipient, UNDP is implementing GFATM financed grants in 26 countries around the world. In Eastern Europe and the CIS, UNDP currently serves as Principal Recipient in Belarus and Tajikistan and used to act as the PR in Ukraine. UNDP also provides capacity development services in support of GFATM financed grants in Armenia and Kyrgyzstan and has been asked to fill this role in other countries in the region. Through its support to Global Fund grants in the region, UNDP has contributed to significant achievements in the area of HIV/AIDS.

As Principal Recipient, UNDP supports Tajikistan’s national response, addressing injecting drug users, commercial sex workers, and youth, as well as working to establish blood safety control. This has led to greater HIV awareness among policy makers, professionals and NGOs. UNDP Belarus, which is also Principal Recipient, is supporting implementation of the National HIV/AIDS Programme by implementing prevention and awareness campaigns that target vulnerable sectors of population (youth, injecting drug users, men who have sex with men, female sex workers and persons held in penitentiary institutions). The project is also increasing the number of mothers who are receiving medication to prevent mother-to-child transmission of HIV and the number of HIV-positive patients on antiretroviral treatment, and aims to develop human resources in the institutions working in the sphere of treatment and prevention of HIV/AIDS.

In Armenia, UNDP assisted the government in developing a national strategic plan for AIDS prevention. UNDP is currently focusing on supporting its implementation, with special interventions targeting HIV/AIDS and Uniformed Services as well as elaborating a joint UNDP-UNAIDS support aiming at improving the quality of life of people living with HIV/AIDS. UNDP also provides assistance in procurement, rehabilitation of HIV/AIDS labs and centres, capacity building of NGOs and the National Centre on HIV/AIDS Prevention and supply chain management to the Principal Recipient.

In Kyrgyzstan, UNDP is building the capacity of the National AIDS Centre in financial and programmatic implementation, and monitoring and evaluation of the GFATM grant.
TAJIKISTAN

With UNDP’s support, Tajikistan was one of the first countries to receive a GFATM grant. The grant, worth USD 2.4 million, focused on HIV/AIDS. As Principal Recipient, UNDP is administering USD 1.4 million in the first two years, implementing projects through the National Centre of AIDS Prevention and Control, the sub-recipient. As Principal Recipient, UNDP supports Tajikistan’s national HIV/AIDS response, which includes a focus on IDUs, CSWs, youth, and blood safety control. UNDP develops effective monitoring and evaluation mechanisms, and supports the decentralization of national action and the strengthening of human resources and institutional capacities in Tajikistan.

Tajikistan has received a second grant from the GFATM for “Reducing the Burden of HIV/AIDS in Tajikistan” to the amount of USD 8.1 million which aims at continuing activities envisaged in the first grant, inclusion of labour migrants, street children and prisoners and the introduction of ARV therapy for people living with HIV. UNDP Tajikistan was again selected as the Principal Recipient.

Providing Support to Injecting Drug Users

Through UNDP’s efforts, tangible results have been achieved in Tajikistan. A project was created to decrease injecting drug users vulnerability by addressing unsafe injecting practices. It supplied injecting drug users with 146,000 high-quality syringes, increasing its outreach to drug users by 44 percent more than the previous year. There is a greater level of awareness among policy makers, professionals and NGOs as a result of UNDP’s regional seminars, which engaged stakeholders in the country in open dialogues about HIV/AIDS. The UNDP country office also signed contracts with the national TV stations to broadcast three fifteen-minute programmes in an effort to create a supportive social environment for the prevention of HIV/AIDS among IDUs. The television programmes will be critical in reaching a wide range of viewers and in impacting people’s attitudes towards drug users.

Providing Support to Commercial Sex Workers

UNDP has supported a project that increases awareness among policy makers, professionals and NGOs about the conditions of sex workers. The project involves trainings on HIV prevention among vulnerable groups so that stakeholders can more effectively reach out to sex workers. Six trust centres were established to distribute condoms to this group; and 6,000 pamphlets outlining safe sex practices were distributed to sex workers. UNDP used USD 200,000 to ensure blood safety, surveillance and diagnosis. It has supplied diagnosis equipment, blood keeping devices and generators to the national and regional AIDS centres. Radio and TV programmes have complemented this work by highlighting access to health facilities.
BELARUS

The UNDP regional Leadership Development Programme in Vilnius, Lithuania in March 2003 was instrumental in Belarus recommitting to applying for and receiving USD 6.8 million from GFATM. This was a considerable achievement since its first application had been rejected. As Principal Recipient in Belarus, UNDP’s efforts are focused on prevention among injecting drug users, commercial sex workers, men who have sex with men and prisoners. The project also focuses on treatment, care and support to people living with HIV/AIDS, and raising awareness among the general population.

Supporting Vulnerable Groups

In 2005-2006, as part of implementing the Global Fund grant, UNDP intends to train 565 outreach workers and specialists who will, for the first time, involve thousands of injecting drug users in educational programmes and harm reduction activities. Social, psychological and medical services will be provided so that 150 IDUs can engage in a substitution therapy programme. In addition, 40,000 pamphlets and 80,000 condoms will be distributed and 12,000 consultations will be conducted with men who have sex with men. UNDP will also work with commercial sex workers, distributing 40,000 educational pamphlets and 150,000 condoms. UNDP is also addressing the issue of HIV/AIDS in prisons. It plans to train 1,800 medical personnel and volunteers who will offer counselling, care and support to prisoners. Around 120,000 condoms will be distributed and 300 prisoners will have access to antiretroviral (ARV) treatment.

Raising Awareness

In 2004 UNDP Belarus organized an active awareness campaign ‘Sports and Music Stars against AIDS’. Tennis star Maxim Mirny and other notable national athletes and popular musicians participated in a concert, attended by 3,000 youths, to raise awareness of HIV/AIDS. People living with HIV/AIDS, physicians and HIV experts were also part of the audience. Several national broadcasts of the event reached millions of viewers and were instrumental in establishing sports and music as entry points to addressing the epidemic among youth.

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8 Belarus Global Fund to Fight AIDS, Tuberculosis and Malaria Grant Request Report
9 www.undp.org/rbec - Belarus
Tennis star Maxim Mirny and other notable national athletes and popular musicians participated in a concert, attended by 3,000 youths, to raise awareness of HIV/AIDS.

Advocacy for the rights of People Living With HIV/AIDS

UNDP supported the photo-exhibition installation “Door” featuring a young HIV positive woman who later became an activist of the HIV/AIDS movement. In 2003-2004 the exhibition was shown in 4 towns of Belarus, in Vilnius and Moscow. Having attracted more than 20,000 spectators so far, the exhibition serves as an excellent tool for addressing the issues of stigma and discrimination of people living with HIV/AIDS and prevention among youth.

ARMENIA

UNDP provides support in administering the five-year, USD 7.2 million GFATM grant to World Vision International, Armenia’s Principal Recipient. The funds support vulnerable groups, the general population, the uniformed services in...
prisons and the military. The grant has funded sentinel epidemiological surveillance among vulnerable groups and has developed capacity in the National Inter-Ministerial Council and the Regional Multi-sectoral Council. It has also supported ARV treatment, and needle and condom procurement.

Providing Support in Developing a National HIV/AIDS Plan

UNDP Armenia has initiated projects through the Thematic Trust Fund on HIV/AIDS in conjunction with its Global Fund work. It supports the process of national strategic planning for AIDS and helps develop HIV/AIDS Situational and Response Analyses. These analyses are critical in supplying policy makers with accurate information and in elucidating different policy options.

The UNDP HIV programme in Armenia focuses on capacity development, advocacy and public awareness. Its key outcomes include formulation of a National Strategic Plan on HIV/AIDS and the initiation of mechanisms to ensure its implementation.

To date, UNDP Armenia has completed three projects, totaling USD 160,000, that have strengthened the institutional and technical capacities of the government. The projects implemented educational campaigns, supported the National HIV/AIDS Strategic Plan, and provided voluntary counselling and testing. These efforts are being expanded with a USD 860,000 project focused on improving the living conditions of people living with HIV/AIDS and integrating them into society.

KYRGYZSTAN

In Kyrgyzstan, UNDP administers USD 17 million of Global Fund money on behalf of the Principal Recipient, the National AIDS Centre of the Ministry of Health. UNDP is responsible for disbursing all funds to the National AIDS Centre and sub-recipients as requested in order to benefit youth, injecting drug users, sex workers, men who have sex with men, prisoners, migrants and people living with or affected by HIV/AIDS. UNDP provides support and capacity development for managerial, administrative, financial and programme capacities. It works to improve legislation, offers medical support, and establishes education, training and harm reduction programmes as well as blood safety control.

In the previous years, UNDP supported the preparation and implementation of two National HIV/AIDS programmes (1997-2001 and 2001–2005). UNDP supported nine ministries, two state commissions and four districts in their prevention and care programmes. In addition, a unit for Coordination, Monitoring and Evaluation of the National HIV/AIDS programme has been set up in the Prime Minister's office.

10 UNDP Armenia Website (www.undp.org)
HIV/AIDS and human rights efforts have resulted in the establishment of a free legal service for people living with HIV/AIDS and other vulnerable groups. Other results include a draft law in accordance with international human rights standards on HIV/AIDS and a regulation in the Ministry of Labour and Social Affairs on social protection of people living with HIV/AIDS and other vulnerable groups.

Supporting the Uniformed Services

A “Declaration of Partnership” has been signed by the Kyrgyz Government and UNAIDS along with UNDP to strengthen response to HIV/AIDS among the uniformed services. This resulted in an agreement on a work plan. A coordinating sector for uniformed services was established as a part of National Multi-sectoral Coordinating Committee on AIDS. All seven ministries and departments agreed to develop a manual on HIV/AIDS prevention for all uniformed personnel. An assessment is now being conducted on the level of HIV/AIDS awareness in national ministries and state departments.

Five uniformed services entities – the National Guard, Ministry of Interior, Ministry of Defense, Border Guards and Ministry of Emergency Situations – have committed themselves to prevent HIV among their staff and soldiers. The Police Academy has produced a training course on police work, human rights and vulnerable groups. The course has, through a formal regulation, been introduced into the curriculum of Police Academy students. These initiatives have been groundbreaking given the high level of stigma and discrimination related to HIV/AIDS in the society. In sensitizing the uniformed services, the initiatives will promote fair and equal treatment of people living with HIV/AIDS.

Strengthening Civil Society

Together with the Association of AIDS Service NGOs, “AntiAIDS”, GFATM, and UNFPA, UNDP Kyrgyzstan brought together, for the first time, representatives of more than 50 AIDS NGOs from Kazakhstan, Turkmenistan, Tajikistan and Uzbekistan. Representatives developed action plans and regional initiatives that will allow NGOs to unite. Donor organizations such as the World Bank and UNODC were also present to educate participants on fundraising.

Another notable breakthrough was the commitment by religious leaders to address HIV/AIDS in their communities. The State Commission for Religious Affairs now has its own programme on HIV/AIDS, and UNDP is implementing a project with the Council for Muslim leaders. A concrete result of this work is their 2003 publication, supported by UNDP, ‘HIV/AIDS and Islam’. This year, Muslim leaders produced an informative publication about the outcomes of the National Conference on Islam and HIV/AIDS. The publication has contributed to transforming social beliefs and cultural values regarding HIV/AIDS. Traditionally, there has been reluctance to speak openly about HIV/AIDS in schools, workplaces, mosques and the media.
Today, religious leaders have been mobilized to generate dialogue, influence attitudes and actions and reduce stigma and discrimination. Commitment from religious leaders to openly discuss difficult issues of safe sex practices is truly unprecedented in the region.

UNDP has been very active in nurturing NGOs working on HIV/AIDS. Initially there was virtually no civil society activity in this area, but since UNDP began a process of leadership and capacity development, over 20 AIDS service NGOs have been created. These NGOs reach out to sex workers, drug users and other vulnerable groups.

UNDP has also engaged the media, and in 2004, a media centre with information on HIV/AIDS was set up in Aki-Press, one of the leading press agencies. This has been a significant success given the historical absence of HIV/AIDS media coverage and the lack of commitment from media owners to be involved in HIV prevention. As a result of increased media coverage, the nature of the epidemic in Kyrgyzstan has been uncovered, addressing – for the first time – stigma and discrimination.
UNDP REGIONAL & COUNTRY PROGRAMMES

Social, Economic and Governance Dimensions of the HIV/AIDS Epidemic in Eastern Europe, the Baltic States and the CIS

Since 1998, UNDP’s regional programme has supported a number of pilot projects and has facilitated experience-sharing between countries in Eastern Europe and the Baltic region. For example, a workshop in Ukraine resulted in the approval of 12 small grants for pilot studies in five municipalities. A project website was established in Romania that offers Romanian youth online information and HIV counselling. Latvia and Lithuania focused on gender and HIV, and Lithuania set up a management resource network.

Another successful regional workshop in December 2001 provided a basis for expanded support to strategic planning in the region. As a result of the workshop, countries in the region took the initiative to address HIV/AIDS in their development policies. Bulgaria adopted a national strategy with a secured budget of USD 34 million for seven years. The strategy promoted access to information and strengthened local support.

Lithuania conducted workshops to plan policy and develop country strategies and, has committed itself to educating youth, creating a youth-friendly health service and working with vulnerable groups. It has already implemented the second phase of the Regional Programme in five towns and has enacted a state policy to provide treatment for drug users.

PARTNERSHIP AGAINST HIV/AIDS

Given the success of their regional projects, UNDP, UNAIDS and UNICEF, decided at a consultative meeting in Poland in May 2001 to scale up their efforts. The primary objective of the new regional project ‘Partnership Against HIV/AIDS’, was to strengthen country capacity to address HIV/AIDS. The project sought to increase political leadership and mobilize actors and institutions well beyond the confines of the public health sector. It introduced a vibrant policy dialogue on the socio-economic dimensions of HIV/AIDS and how to develop effective solutions. The project facilitates regional policy dialogue and promotes East-East cooperation in addressing cross-border issues and sharing best practices. It provided support to the two regional resource centres in Lithuania and Poland that provide advisory services. One of the noteworthy strengths of the resource centres is their database of regional consultants who work on HIV/AIDS, which has been very useful to NGOs seeking quick expertise and assistance. In addition, the project developed capacity for monitoring and evaluating the impact of national HIV/AIDS responses.
Regional Workshop in Vilnius, Lithuania

The ‘Partnership Against HIV/AIDS’ project was followed up with a regional workshop in Vilnius, Lithuania in March 2003. The workshop, primarily designed for participants from Belarus included experts from Lithuania, Ukraine and Poland. It was a groundbreaking event, bringing together the Belarusian government and NGOs. As a result of the workshop, the government of Belarus recognized NGOs as viable partners and began to acknowledge their involvement in social issues. At the workshop, a historic, first-ever official meeting on AIDS between the Government of Belarus and NGOs took place, which was later followed by regular meetings in Minsk. Although the workshop focused mainly on the challenges and opportunities that Belarus currently faces, it also promoted sharing and learning between countries in the region. The workshop dealt with programmatic issues such as mainstreaming HIV/AIDS into national policy, the effectiveness of harm reduction programmes, and identifying breakthroughs, including applying for and receiving Global Fund grants. Using transformative methodologies the workshop sought to identify innovative approaches to planning in order to implement a cohesive, systematic and sustained national response.

Launch of the Regional Human Development Report on HIV/AIDS

In February 2004, UNDP Administrator Mark Malloch Brown launched in Moscow the regional Human Development Report on HIV/AIDS: ‘Reversing the Epidemic: Facts & Policy Options’. This report was the first such publication to offer comprehensive profiles of the HIV/AIDS situation in the region’s 28 countries and provided a platform for policy discussion. The report and the HIV/AIDS situation in Eastern Europe and the CIS was covered by world media, including CNN, BBC World Service and in 80 articles in major international and national daily papers on all continents. Since then, the report has been serving as major reference source on HIV for all actors in the region. It is available on-line at http://europeandcis.undp.org/hiv/
ROMANIA

In Romania, the spread of HIV/AIDS can be largely attributed to inadequate public information regarding the causes and transmission of the virus. UNDP Romania has made great strides with projects that have improved the dissemination of information on HIV/AIDS and Sexually Transmitted Diseases. Specifically, USD 90,000 was spent raising HIV/AIDS awareness among young men and women between the ages of 15–25.

Initiatives to Develop Leadership and Raise Awareness

An innovative awareness-raising project, ‘All about HIV/AIDS’, provides online information and specialized counselling accompanied by off-line activities such as prevention campaigns and counselling at high schools and universities across the country. Working together with a popular adolescent counselling radio talk show, the project has reached more than 300,000 youths. It is lauded as a tremendous success at the country level and is seen as a best practice throughout UNDP.

Another project addresses the needs of health-care workers who specialize in HIV/AIDS and, through them, disseminates much-needed information to the general public. The project contributes to making HIV/AIDS-related counselling and information a part of basic healthcare services in Romania. A similar initiative has been crucial in promoting health education on HIV/AIDS and related issues in Romanian schools. The project supported the government’s National Programme for Health Education and facilitated multi-stakeholder consultations to develop a curriculum and health education materials. By setting a best practice model, the project catalyzed the work of other thematic groups, and thus contributed to advancing the overall National Programme.

UNDP Romania has been at the forefront of addressing the needs of the Roma community. The Roma people are a highly vulnerable group – as an ethnic minority and socially disadvantaged population. UNDP’s study ‘Social Assessment of Roma and HIV/AIDS in Central Eastern Europe’, launched by the country office in 2003, examined the degree to which national responses to HIV/AIDS address Roma communities. Extensive consultation was conducted at the national, regional and international level; and a variety of stakeholders such as Roma associations, national authorities, international organizations, civil society, and independent experts were involved in the report.
**Strengthening National Capacity**

The UN Theme Group on Health and HIV/AIDS (chaired by UNDP in 2002-2004) has provided support to Romania in drafting the National HIV/AIDS Strategy (2000–2003, 2004–2007) and has assisted in creating ministry-level operational plans to implement the National Strategy. With UNDP's support, the National AIDS Commission and National Multi-Sectoral HIV/AIDS Commission were established in 2002. A plan for universal access to treatment and care was developed in 2001, which increased access to antiretroviral drugs for people living with HIV/AIDS and improved the quality of treatment. The increase of the number of people receiving ARV therapy from 3,800 in 2001 to 5,700 in 2004 was a major success.\(^{11}\)

Other significant achievements include the development of a supportive legal framework promoting the rights of people living with HIV/AIDS. This framework stipulated benefits such as free medical treatment and nutritional supplements. Another major achievement was the development of a strong public-private partnership, which resulted in substantial price cuts for ARVs and other drugs as well as donations from six top pharmaceutical companies.

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\(^{11}\) UNDP Romania Country Office
Strategies for Sustainability
Looking to the Future

Strengthening Partnerships
UNDP and UNAIDS will continue to collaborate on monitoring and evaluation in order to correctly assess programme impacts and replicate best practices. UNDP has partnered with WHO on the 3 by 5 initiative, which aims to provide 3 million people with ARVs by the end of 2005. The two are working to expand their joint Leadership Development Programme for health professionals in Ukraine to other countries in the region. In addition, together with UNAIDS and ILO, UNDP supports private sector HIV/AIDS workplace programmes. UNDP advocates for changes in legislation and promotes workplace HIV/AIDS awareness, treatment and care programmes.

In addition to national Governments and other UN agencies, our major partners in the region include the Open Society Institute of the Soros Foundation, the Global Fund, Government of the Netherlands, Norway, Germany, Great Britain, Canada and Sweden, as well as private sector companies with the key role played by the Levi Strauss Inc. accompanied by pharmaceutical and oil companies.

Sustainability through Leadership for Results
The Leadership for Results programme has considerably enhanced local and national leadership development by empowering individuals, institutions and nations to take ownership of HIV/AIDS prevention. It has generated open and honest dialogue through a process of introspection and leadership conversations, and advocated for the rights of vulnerable groups such as injecting drug users, commercial sex workers and people living with HIV/AIDS.

Leadership for Results has generated change within individuals and institutions and ensured a sense of responsibility and action. According to Dmitry Vasiliev, communications specialist and active participant of the Leadership Development Programme in Ukraine, there was a “transformation of the concept of breakthrough, active fulfillment of one’s obligations and… of the understanding of the multitude of HIV/AIDS challenges in Ukraine.” Another LDP participant noted, “Each team member became a leader during the life of the programme, eager to promote the idea, struggle for it and able to help others to start their own [initiatives]. We have gained great experience in how to make our initiatives truly sustainable.”

Through the Leadership for Results programme, partnerships between national organizations, governments and international bodies were strengthened to ensure financing and mechanisms for sustained efforts to address HIV/AIDS. “The key lesson is that political will from governments and genuine commitment from civil society are essential in putting together multi-sectoral responses to HIV/AIDS. Brokering such multi-stakeholder mobilization and participation remains a key niche where UNDP can add value,” said Soknan Han Jung, Resident Representative, UNDP Romania.
Countries of the region and have recently experienced increased donor response to HIV/AIDS. In Ukraine, the European Union and the Dutch government are contributing Euro 2.5 million and Euro 700,000 respectively. The Swedish International Development Agency (SIDA) has agreed to further funding, and Hungary has pledged money to Ukraine as well.

UNDP has also strengthened national capacities by leveraging the Leadership for Results programme. For example, UNDP developed a Support Unit to the State AIDS Commission in Ukraine, helping to build national capacity. UNDP also partnered with the Ukrainian Ministry of Education and Science to develop a peer education initiative that has mobilized young people and ensured their commitment well into the future.

According to the former UNDP Deputy Resident Representative of Ukraine, Manoj Basnyat, “The leadership approach, which has been applied in Ukraine, is successful. We have further strengthened our programme by ensuring that inter-linkages exist. So, the programme components are now dealing with leaders from local governments and civil society, labour, transport and tourism, women and youth (covering schools and universities), uniformed services and the government. With this approach, our leadership strategy will be more deeply practiced.”

Ensuring Sustainability through Regional and National Initiatives and the Global Fund

UNDP has successfully addressed HIV/AIDS through its regional programmes and has promoted collaboration and sharing of best practices among countries in the region. Regional projects have strengthened national capacity and enhanced political commitment to address HIV/AIDS. They have established sustainable strategies to mitigate the socio-economic impact of the epidemic in the region.

UNDP has also addressed the HIV/AIDS response in the region through its role in the Global Fund. By strengthening the capacity of national governments, UNDP has assured the continuity of efforts. It has encouraged efforts in the areas of prevention, care and support, and educational awareness. Through partnerships with national and international organizations, UNDP has set in place the necessary mechanisms to carry out sustainable strategies to address the underlying causes of the epidemic – particularly issues of poverty, discrimination, stigma, gender inequality, and the problems of transition.

“The Leadership for Results methodology was effective because of its inclusive, participatory multi-stakeholder approach, which emphasized national ownership and sustainability. UNDP Country Offices and UN Country Teams have played a key role in mobilizing stakeholders, identifying champions and advocating to prioritize HIV/AIDS as part of the national policy agenda”

Soknan Han Jung, Resident Representative, UNDP Romania and former Regional Focal Point on HIV/AIDS
The Way Forward

The Regional Human Development Report on HIV/AIDS, ‘Reversing the Epidemic: Facts and Policy Options’ identified three specific challenges – information, leadership and inclusion that countries must address in order to help halt and eventually roll back the epidemic.

It aptly recognized that the effects of the epidemic manifest themselves in a multitude of ways and therefore require a truly comprehensive, multi-sectoral response. This report has illustrated that while leaders at all levels and across all sectors have begun to make serious commitments to address HIV/AIDS, it is vital that the momentum be sustained.

We must continue to address the underlying causes of the epidemic that fuel its spread, and protect the rights of vulnerable groups such as injecting drug users and commercial sex workers. We must continue to provide an enabling environment for the formation of innovative initiatives and new partnerships that will effectively respond to the epidemic. We must continue to strengthen national capacity and improve governance by going beyond structural changes and addressing institutional inertia.

There has been an unprecedented growth in UNDP’s role in the field of HIV/AIDS programming. Country offices have spent over USD 23 million on HIV/AIDS programming in the region between 1995 and 2004. With UNDP playing an active role in GFATM grant administration the amount of funds being delivered rose sharply in 2004 reaching nearly USD 6 million (over 25% of the total delivery in the past 10 years). In 2005, approved budgets will reach USD 18 million in just 12 months, bringing the total UNDP contribution between 1995 and end of 2005 to more than USD 40 million. This increased commitment is a clear demonstration of the emphasis being placed on programmes and initiatives that will halt and begin to reverse the spread of the epidemic.

We have come a long way and achieved considerable results in several areas including mainstreaming HIV/AIDS into national development plans and policies. UNDP will continue to collaborate in this area. We have supported countries in their efforts to receive and administer GFATM grants, and will enhance our efforts in the future. The Leadership for Results programme has built sustainable partnerships across borders with international organizations, civil society, the private sector, media, and government institutions. Such a comprehensive network of committed stakeholders allows an unprecedented sharing of knowledge, lessons and best practices and paves the way for an efficient management of the challenges.

It is our responsibility to support and build on the sustained and committed energy that the region is experiencing today. Our collaborative efforts both now and in the future will shape how the epidemic is contained and will define the future of the region.
Sources and Resources

Breakthrough: UNDP’s Response to HIV/AIDS
2004

Corporate Strategy on HIV/AIDS
2004

UNDP HIV/AIDS Results
2003

Leadership in Action
2003

UKRAINE and HIV/AIDS: Time to Act
2003

Gender and HIV/AIDS: A New Approach to Prevention and Policy
2004

Reversing the Epidemic: Facts and Policy Options
RBEC Regional Human Development Report
2004
SOURCES AND RESOURCES


Gulan Kripalani, Shvaji Bhattacharya, Monica Sharma et al, UNDP, 2005


Belarus ‘Intended Program Results and Budget’, 2004–2006, GFATM, 2004

Belarus ‘Program Implementation Abstract’, GFATM, 2004

‘Corporate Strategy on HIV/AIDS’, UNDP, 2004


‘Leadership for Results: Breakthrough Initiatives from Around the World’, UNDP, 2005

‘Leadership for Results Catalogue’, UNDP, 2005

Letter of Agreement Between UNDP and the National AIDS Centre of the Ministry of Health of the Kyrgyz Republic, GFATM, 2003

Memorandum of Understanding between UNDP Tajikistan and Ministry of Health of the Republic of Tajikistan, GFATM, 2003


Programme Implementation Abstract: Kyrgyzstan, GFATM, 2003


‘Responding to HIV/AIDS: Measuring Results’, UNDP, 2005
SOURCES AND RESOURCES


‘Strategy Note and Guide on District Development Planning and Implementation,’ Joseph Annan and Benjamin Ofosu-Koranteng, UNDP, 2005

‘Strategy Note and Guide on National Development Planning and Implementation,’ Joseph Annan, UNDP, 2005

‘Successes from Ukraine Leadership for Results (L4R) Media Campaign,’ UNDP, Internal Document, 2004

‘Support to the National Programme on HIV/AIDS Prevention,’ UNDP, Internal Document, 2004


‘Trade Union Leaders from All Ukraine Take Commitment to Stop HIV Spread at Work Places,’ UNDP, Internal Document, 2004


‘UNAIDS AIDS Epidemic Update 2004,’ UNAIDS Publication, 2004

‘UNAIDS HIV/AIDS Fact Sheet for Eastern Europe and CIS,’ UNAIDS, 2004


‘We Care: Around the World,’ UNDP, 2004


www.theglobalfund.org

www.unaids.org

www.undp.am

www.undp.org/rbec

www.undp.kg/english

www.undp.lt/en/

www.undp.ro

www.undp.ru

www.undp.tj

www.un.kiev.ua/en

www.un.minsk.by/en/undp
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UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build better lives. UNDP is on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and its wide range of partners.

World leaders have pledged to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP’s network links and coordinates global and national efforts to reach these Goals. The organization’s focus is on helping countries build and share solutions to the challenges of:

- Democratic Governance
- Poverty Reduction
- Crisis Prevention and Recovery
- Energy and Environment
- HIV/AIDS

UNDP helps developing countries attract and use aid effectively. In all its activities, UNDP encourages the protection of human rights and the empowerment of women.