

# AIDSMARK

## REGIONAL LESSONS LEARNED

### Eastern Europe

When AIDSMARK began funding programs in Eastern Europe, seven years after the fall of the Berlin wall, few non-governmental or civil society organizations were active in the former Soviet republics. Planned economies were newly opening up to market forces, and AIDSMARK programs were positioned to take advantage of nascent markets to promote positive health behaviors and HIV prevention products.

AIDSMARK responded to HIV epidemics in eight Eastern European countries with funding and technical assistance: **Bosnia-Herzegovina, Bulgaria, Croatia, Kosovo, Macedonia, Romania, Serbia and Russia.** Most of these countries have relatively low HIV prevalence (below 0.2 percent). Russia is the exception, with an adult HIV prevalence estimated at 1.1 percent and 940,000 people living with HIV/AIDS (1). Although the HIV epidemic in Eastern Europe is largely concentrated among high risk groups, the region is home to the fastest-growing epidemic in the world (2). This growth is largely driven by use of non-sterile injecting drug equipment, which accounted for two-thirds of all new infections in 2005 for which mode of transmission data were available (3). Unprotected sex is also becoming an increasingly important mode of transmission (3).

### Lessons Learned

**Close and sustained partnering between national and international non-governmental organizations (NGOs) can enhance national capacity and expand program reach.**

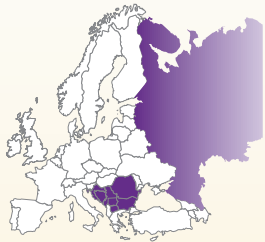
The "RiskNet" program created a network of NGOs that facilitated knowledge sharing and capacity building both from Population Services International (PSI) to national NGOs and between national NGOs through regional workshops and trainings. RiskNet was directly involved in the creation of two of these NGOs (LET in Croatia and EGAL in Macedonia), and helped others (TERRA in Croatia and XY in Bosnia) to expand their client base to include men who have sex with men (MSM) and the ethnic Roma community.<sup>a</sup> By September 2005, client contacts by network NGOs had increased by 249 percent, number of clients served each month increased by 158 percent and number of new clients registered with RiskNet NGOs increased by 429 percent (4). PSI worked with network NGOs to develop and implement an outreach intervention utilizing "gatekeepers."<sup>b</sup> The intervention diffused new technologies effectively, but required sustained oversight from PSI to set goals, meet deadlines and ensure accurate reporting. PSI also built capacity to conduct qualitative research on sensitive issues among MSM through the training and use of peer ethnographers to conduct in-depth interviews with members of their social network.

Under AIDSMARK, PSI/Russia implemented the "Partnerships Program," which acted as a small grants mechanism to develop the capacity of national NGOs to design, implement and evaluate their own HIV prevention and HIV/AIDS care programs targeting high risk groups. In addition, the program sought to improve the organizational development of these NGOs and enhance sustainability in terms of financial planning



<sup>a</sup> The Roma are a minority ethnic group settled in many parts of the world with significant concentrations in Eastern Europe. They trace their ethnic origins to the Indian subcontinent.

<sup>b</sup> See following lesson for details.



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Begun in 2002, “RiskNet” represented a regional approach to reducing the transmission of sexually transmitted infections, HIV and other blood-borne viruses by extending the reach and improving the effectiveness of interventions delivered by a network of national NGOs. The program aimed to improve sexual health among vulnerable populations such as ethnic minorities, injecting drug users, commercial sex workers and men who have sex with men in Croatia, Bosnia-Herzegovina, Macedonia, Bulgaria and Romania.

### Example of PSI/Russia’s “Partnership Program”

**Russian NGO:** Parents Against Drugs (PAD), Togliatti, Russia

**Target Groups:** Commercial sex workers (HIV prevalence among street sex workers in Togliatti is 60 percent), injecting drug users and high-risk youth

**Partner:** Street Outreach Services, Seattle, WA, provided training on organizing and managing outreach work, preventing burnout among outreach workers, maintaining registers of clients and services available, and project mapping from 2002 to 2004.

**Result:** PAD now has a stable outreach team and conducts more than 350 contacts with commercial sex workers each month. PAD has also trained more than 7,600 youth on how to protect themselves against HIV infection.

and management, fund raising and administration through provision of technical assistance. Originally, partnerships were created between U.S. and Russian NGOs working with similar target populations. Over time, the cadre of more capable Russian NGOs began serving as mentors to other Russian NGOs, creating a more sustainable partnership program. Under AIDSMARK, PSI managed eight partnerships (four U.S.-Russia partnerships, four Russia-Russia partnerships) as well as subawards to 32 local NGOs. During implementation of the program, about 30,000 target individuals were reached through interpersonal communication activities such as outreach, peer education and hotlines. Seven years of funding partnerships built a strong network of NGOs, particularly in Saratov and Samara oblasts (provinces), where many went on to become core implementing partners for major follow-on HIV prevention programs (5).

### “Gatekeepers” can enhance the reach of public health interventions, but their impact on behavior change is difficult to measure.

RiskNet sought to overcome difficulties in delivering HIV, sexually transmitted infections (STIs) and blood-borne viruses risk reduction programs to marginalized high risk groups such commercial sex workers (CSWs), injecting drug users (IDUs) and MSM. These groups are driven underground because they practice illegal and/or highly stigmatized behaviors, and this makes them hard to reach. RiskNet utilized “gatekeepers”: individuals who not only had access to target social networks but also wielded influence over these networks. Gatekeepers were selected because they were regarded as trusted, informal leaders among their peers, and could easily tap into their networks to deliver information, service referrals and prevention products such as condoms and lubricant (4). Gatekeepers were not peer educators; they did not conduct outreach activities among people they did not know. Instead, gatekeepers took advantage of natural opportunities for interactions, or “teachable moments,” to refer those in their network to an NGO service or endorse risk reduction behaviors such as condom use. Gatekeepers were trained, persuasive communicators who acknowledged their own struggles with risk reduction while addressing barriers and emphasizing the importance of risk reduction in a conversational manner (4). The program found that gatekeepers did not have to be perfect role models. For instance, some IDU gatekeepers were “functional” users: individuals who used drugs but could still perform outreach activities. It was also found that the social networks of gatekeepers should not overlap, as this can create competition and limit program reach (6). In addition, small incentives offered to gatekeepers proved highly successful.



The project's original intent was to measure changes in gatekeepers themselves and to consider these as proxies for changes in members of the gatekeepers' networks. There is precedent for this type of evaluation of HIV prevention interventions among high risk groups in the region (7). However, there was too much turnover in gatekeepers to provide stable measures of follow-up. Furthermore, baseline measures showed already high levels of risk reduction knowledge, behavior and positive attitudes. This meant that, given the low absolute number of gatekeepers, obtaining a statistically significant difference between baseline and follow-up was not possible. Ultimately, RiskNet focused on measuring how well it increased the reach of network NGOs to target groups, including access to services such as HIV testing. Between 2004 and 2005, targeted condom distribution increased by 337 percent, clients tested for HIV increased by 183 percent and the number of new clients registered with NGOs rose by 429 percent (6, 8).

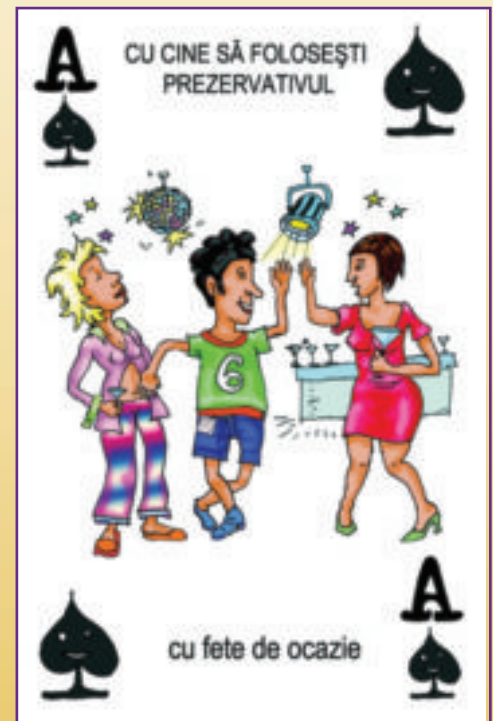
### **“Route transition interventions” could be an important medium for preventing vulnerable populations from initiating injecting drug use.**

Another arm of RiskNet conducted research in Bulgaria, Macedonia, Croatia and Bosnia-Herzegovina to understand (i) how peers shape the decision to transition from non-injecting to injecting drug use and (ii) whether preconditions exist for interventions that can interrupt this transition. The study found that despite an existing norm among IDUs against initiating others, they still play a major role in the initiation process both by modeling injecting drug use and helping others to begin injecting (9). Sixty percent of IDUs in the study reported having initiated one or two people (9). The number of initiations ranged from one to 20, with 53 percent of those newly initiated described as “friends” and 30 percent as “acquaintances” (9). The quality of heroin, another precondition, was also perceived to be good enough to be efficacious for non-injecting methods of administration (8). These findings suggested that the necessary conditions were in place for adaptation of “route transition interventions” (RTIs) in the region. RTIs aim to reduce the factors that encourage modeling of high-risk behaviors, prevent drug users from transitioning to more harmful methods of taking drugs and encourage IDUs to transition to less harmful forms of drug administration. The second phase of this program resulted in the development of a feasibility assessment tool for “Break the Cycle,”<sup>a</sup> an RTI, as well as a corresponding workshop. Learning from this workshop was shared throughout the Eastern Europe and Asia regions, resulting in the adaptation and implementation of a pilot Break the Cycle program in Central Asia, which is currently being evaluated.<sup>b</sup>

### **While intensive outreach continues to be important when working with hard-to-reach high risk groups, it can be supplemented, in some cases, with technologies such as the Internet and hotlines.**

RiskNet NGOs designed and implemented an intervention with males from the ethnic Roma community in Romania. Targeting 15- to 29-year-old Roma males, the program created an easy-to-use “edutainment” tool kit to increase sexual health knowledge, improve attitudes and promote behaviors such as partner reduction and condom use. The Roma community is highly marginalized and not open to outside interventions. As a result, the program paid special attention to gaining the trust of community members. This required nearly two months of community outreach and meeting with key community stakeholders. Evaluation results showed that respondents in intervention communities were significantly more likely to use condoms with casual partners and were less likely to report more than one sexual partner in the past month compared to respondents in non-intervention or control communities (10). Moreover, respondents in intervention communities had significantly increased knowledge about STI and HIV transmission and prevention (10).

PSI/Russia conducted street outreach with MSM populations, supporting self-help groups and building relationships with gatekeepers such as owners of gay bars to gain greater access to this target population. The “Protect Yourself” program complemented outreach efforts by taking advantage of computer literacy among MSM and launching “Gay Health” – a Web site that enabled MSM to access accurate health information anonymously. This has proven to be a highly cost-effective way to reach MSM (11). An evaluation of the program found that it was more successful in reaching those individuals who had received money for sex and who had higher rates of drug use (i.e., MSM engaging in multiple high risk behaviors) (12). In addition,



<sup>a</sup> The Break the Cycle intervention was first developed in the United Kingdom by Neil Hunt and Gary Stillwell.

<sup>b</sup> See AIDSMARK Regional Lessons Learned: Asia for details.



PSI/Russia managed and supported a number of hotlines, such as *Lifeline* for IDUs and co-dependents in St. Petersburg, and MSM hotlines in Moscow and St. Petersburg. Lifeline received approximately 7,500 calls from August 2004 through September 2005. Of the callers, 46 percent were active IDUs, and 20 percent of these active IDUs were HIV positive. Many callers were referred to case managers who addressed their wide range of needs, including HIV testing, STI syndromic treatment, legal counseling and assistance with job searching (5).

### Further segmentation of high risk groups reveals heterogeneous subgroups – some practicing multiple high-risk behaviors – that require tailored approaches to meet their unique HIV prevention needs.

Over the years, AIDSMARK-supported research on high risk groups in Eastern Europe has revealed a number of heterogeneous subgroups with unique HIV prevention needs. For instance, IDUs can be further segmented according to choice of drug: a 2005 survey among IDUs conducted by RiskNet found that 35 percent of respondents in Bulgaria injected methamphetamine in addition to heroin, and 88 percent of respondents in Macedonia injected powdered cocaine (13). These differences have important programmatic implications. Moreover, certain subgroups have been found to engage in more than one high risk behavior. A 2002 survey among IDUs in Saratov oblast in Russia found that 11 percent of all respondents (2 percent of male respondents and 35 percent of female respondents) had received drugs or money in exchange for sex – with younger respondents reporting providing sex in exchange for drugs or money more often than older respondents (14). This finding was validated by an analogous survey conducted among CSWs, which found that 70 percent of all those who had used drugs in the last six months (46 percent of all respondents) had used intravenous drugs (15). Similarly, a 2004 survey among MSM in Russia found that 30.9 percent of respondents had received money for sex and that 20.8 percent of respondents had used drugs in the last three months – with 18.4 percent of these having injected drugs (12). Thus, further segmentation of high risk groups reveals rich heterogeneity, which can be used to better tailor programs to meet the diverse HIV prevention needs of specific subgroups within these populations.

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