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Saving lives, changing minds.

 International Federation
of Red Cross and Red Crescent Societies



INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

**HIV, TB, IDUs:
Priorities,
challenges and
main actions**

**190 National
Red Cross and
Red Crescent Societies**

**Leaving
no one behind.**



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***Regional Priorities:
RCRC Europe Regional Conference, Almaty 2018:***

All leaders of the national societies of Europe Region committed to mobilize all efforts

“to scale up the individual and collective impact of National Societies in Europe to build resilience, provide humanitarian assistance and social care for vulnerable population at regional, national and local levels”.

Almaty Declaration



The main challenge: mass groups of population do not have proper access to basic health and care

People living with HIV and TB –due to high stigma and discrimination

Or due to the insufficient state health and care system

Migrants with non -regulated status



Universal Health Coverage in the context of TB, HIV, IDUs

The World Health Organization defines UHC as the means by which *“all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.”*

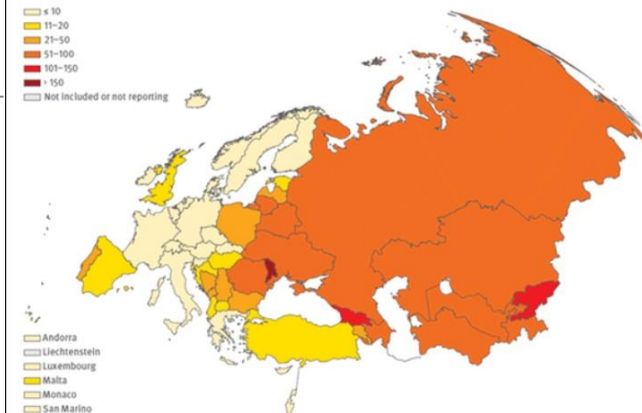
This perspective is well-aligned with the health and care priorities at the Red Cross Red Crescent – everyone, everywhere should have access to high-quality promotive, preventive, curative, rehabilitative and palliative health services that are appropriate to their needs and expectations.



TB and HIV remain among the main public health threats in the Region

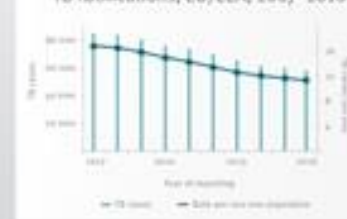
- **32 000 TB deaths** occurred in Europe.
- **45% of new registered TB cases are among people aged 25–44 years.**
- **9 of the world's 30 countries** with a high burden of Tuberculosis are within the Region.
- **Every day about 900 people sick with TB**
- **Every 20 minute 1 people die from TB or HIV.**
- TB incidence in the Region is among the lowest in the world, **but burden of MDR-TB is the highest.**
- **MDR-TB is one of the key drivers** of the TB epidemic in Europe, along with HIV, social determinants and TB risk factors, and **limited capacity of health systems.**

Estimated TB incidence in the WHO European Region
Rates per 100 000 population (2015)



Source: Tuberculosis surveillance and monitoring in Europe 2017. European Centre for Disease Prevention and Control / WHO Regional Office for Europe.

TB notifications, EU/EEA, 2007–2016



Annual average
decrease,
2007–2016

4.2%

Annual decrease
needed to end TB
by 2030

>10%

Source: ECDC/WHO Regional Office for Europe, Tuberculosis surveillance and monitoring in Europe 2018.
More at www.ecdc.europa.eu

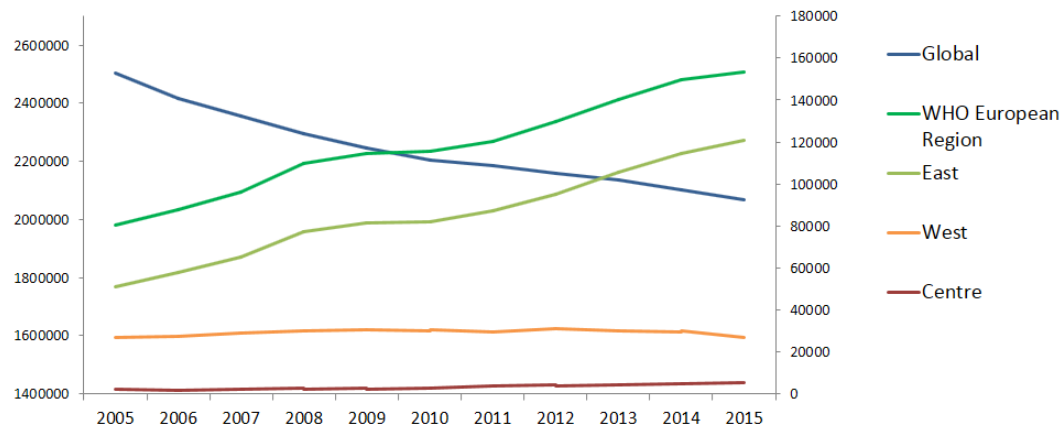
- Red Cross Red Crescent advocate and provide direct support to people with TB



HIV Epidemic in Europe

HIV is decreasing globally but increasing in Europe

Estimated new infections (global) and newly diagnosed infections (regional)



Sources: ECDC/WHO HIV/AIDS surveillance in Europe 2015; and UNAIDS/WHO global HIV estimates.



World Health
Organization
REGIONAL OFFICE FOR
Europe



Organisation
mondiale de la Santé
BUREAU REGIONAL DE
Europe



Weltgesundheitsorganisation
REGIONALBÜRO FÜR
Europa



Всемирная организация
здравоохранения
Европейское региональное бюро

High stigma and discrimination – the main barrier for effective prevention and treatment – **more than 35% people with HIV** avoid to visit official health institutions



OUTLINE: HEALTH AND CARE STRATEGY, EUROPE

THE MAIN AREAS OF HEALTH IMPORTANCE

Health in Emergencies

- ⑩ To create effective response mechanisms to reduce death and negative effects to the health of people in disasters and situations of crisis;
- ⑩ Strengthening and advocate First Aid and Psychosocial support activities

Universal health coverage with a focus on community health

- Advocating for access to health of the most vulnerable groups
- Acceleration of HIV prevention and reduction of the impact of HIV, AIDS and Tuberculosis, with special focus on non - stigma, non -discrimination
- Strengthened routine immunization and polio eradication programs.
- Strengthened blood safety programs through community mobilization, information sharing and documentation of best practices

Promotion of healthy life styles and NCDs prevention through the life-course

- ⑩ To support of the most vulnerable older people and promotion of healthy ageing.
- To enhance Home care, social inclusion activities

Actions towards Health and care Strategy in Europe:



Capture the scale of current coverage and effectiveness of the RCRC response to health and care challenges



▪Evidence-based programming with concrete impact indicators



Create a working environment for health managers to ensure that all recommendations are being followed and to conduct systematic review of relevance, scale, effectiveness, impact



Create task force / working groups consisting of health and other specialists from NS / IFRC to conduct needs assessments in key priority areas, formulate the main directions of the Strategy and finalize it

This process will continue in 2019. As it is recommended by the Partners meetings, discussion of the draft Strategy will continue at the expert's level: advisory group meetings, Health managers meeting and will be finished by end of 2019.



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Strategic cooperation with Global Partners:



**World Health
Organization**

Health in Emergencies
Pandemic and
outbreak
preparedness;

Transborder
cooperation on TB and
HIV response

NCDs, Healthy Ageing
and Integrated care



Strategic
partnership in
EECA

Reproductive
health, maternity
and child health,
sexual education,
Gender based
violence



Advocacy of
key population
on effective HIV
response in CIS
Parliament

MoU with WHO regional office for Europe, signed in September 2019

Memorandum of Understanding
for
Collaboration between the
World Health Organization, Regional Office for Europe (WHO/EURO)
and the
International Federation of Red Cross and Red Crescent Societies (IFRC)
In the European Region

This Memorandum of Understanding (hereinafter referred to as the “the MOU”) is made and entered into by and between the World Health Organization, (hereinafter referred to as “WHO”) represented by its Regional Office for Europe (hereinafter referred to as “WHO/EURO”), a specialized agency of the United Nations.

And

The International Federation of Red Cross and Red Crescent Societies, acting through its Europe Office (hereinafter referred to as the “IFRC”).





HEALTH MAPPING

Health Mapping - Regional Office for Europe

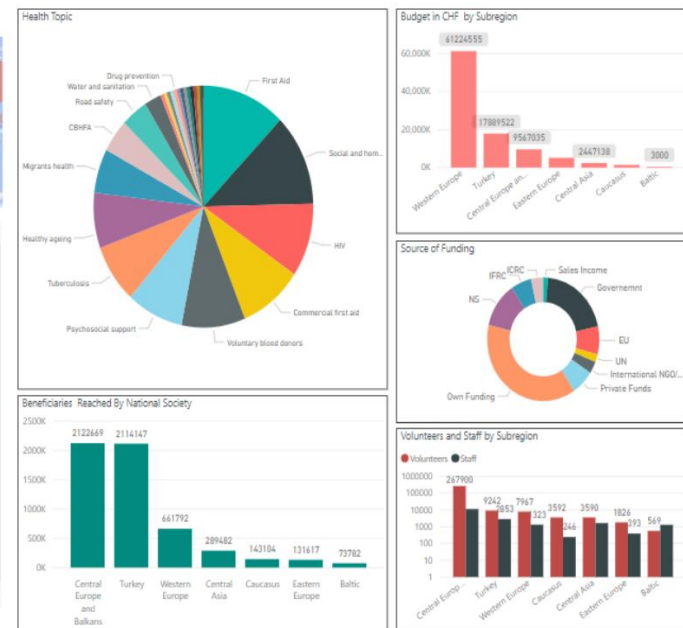
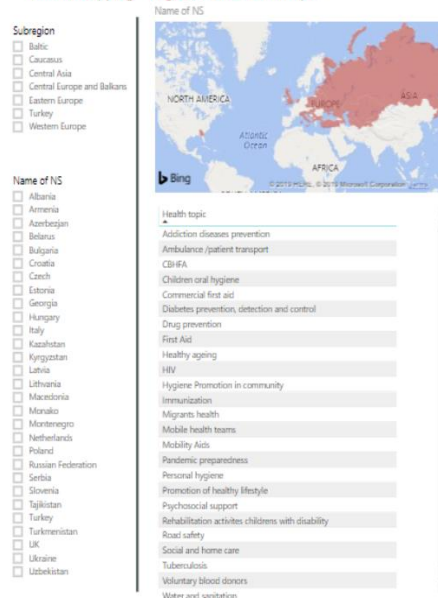


Data mapping Health and Care activities to identify the gaps and areas of focus

- 29 National Societies (will be updated and cover more NSs in Europe in 2020)
- Data on Health activities
- Data on beneficiaries
- Data on number of staff and volunteers involved in implementation of Health activities
- Budget and source of founding



Health Mapping - Regional Office for Europe





Data mapping for TB/HIV activities

29 National societies

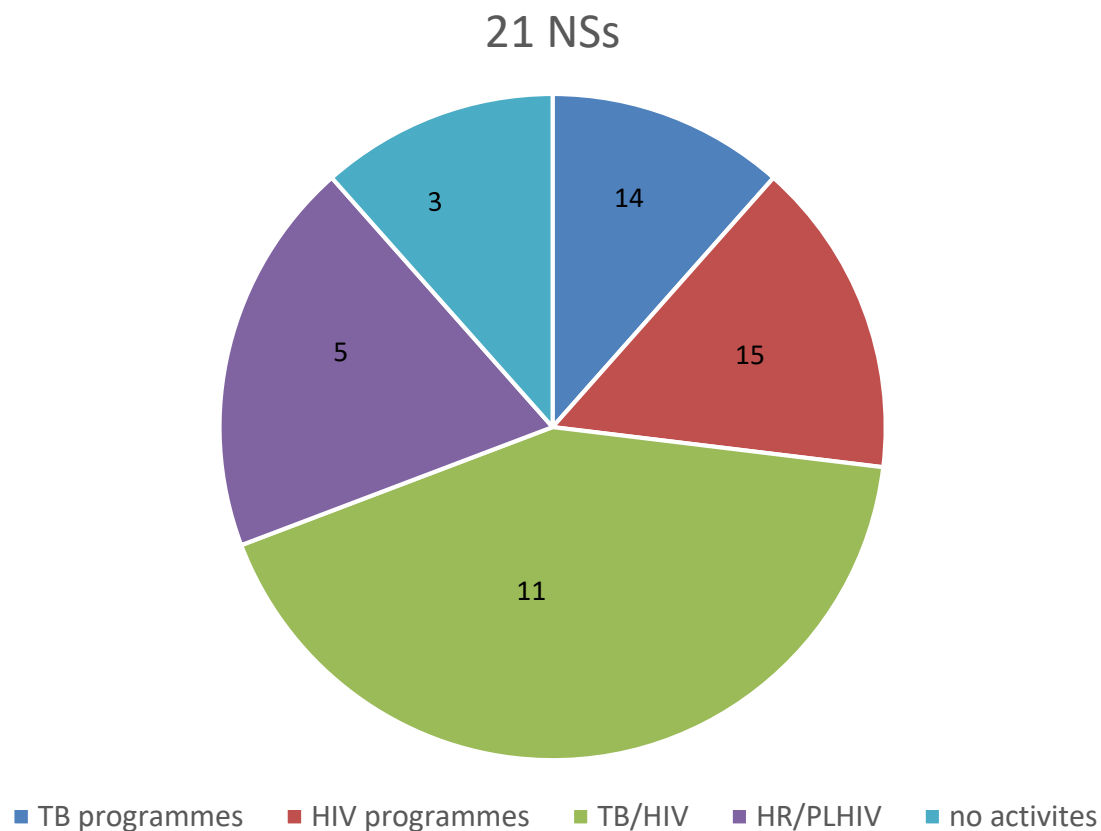
- Albania
- Armenia
- Azerbaijan
- Belarus
- Bulgaria
- Croatia
- Czech Republic
- Georgia
- Estonia
- Hungary
- Italy
- Kazakhstan
- Kyrgyzstan
- Latvia
- Lithuania
- Monaco
- Montenegro
- Netherlands
- North Macedonia
- Poland
- Russian Federation
- Serbia
- Slovenia
- Tajikistan
- Turkmenistan
- Turkey
- UK
- Ukraine
- Uzbekistan



Data mapping Health and Care activities

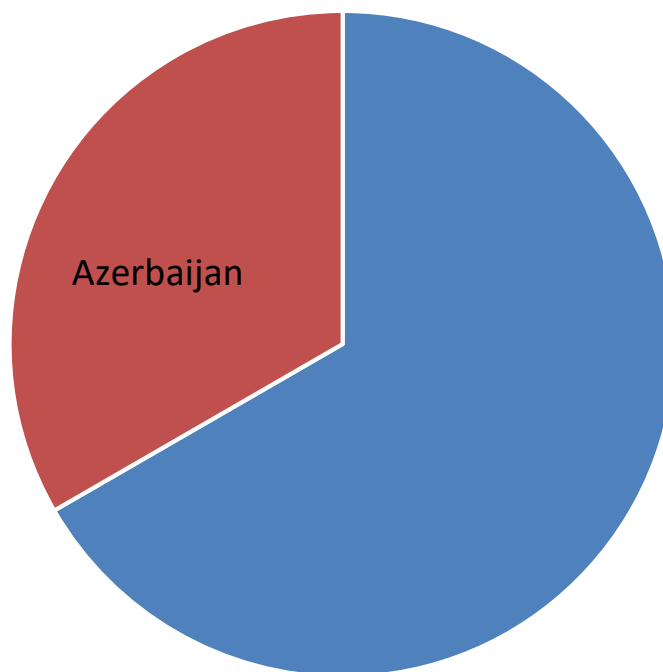
<https://app.powerbi.com/view?r=eyJrljoiOTFkNjc1M2EtMWM5Yy00MDAzLTlmZDEtMWlxN2Q2ZDRiMWVhliwidCI6ImEyYjUzYmU1LTczNGUtNGU2Yy1hYjBkLWQxODRmNjBmZDkxNyIsImMiOiJh9>

TB and HIV activities



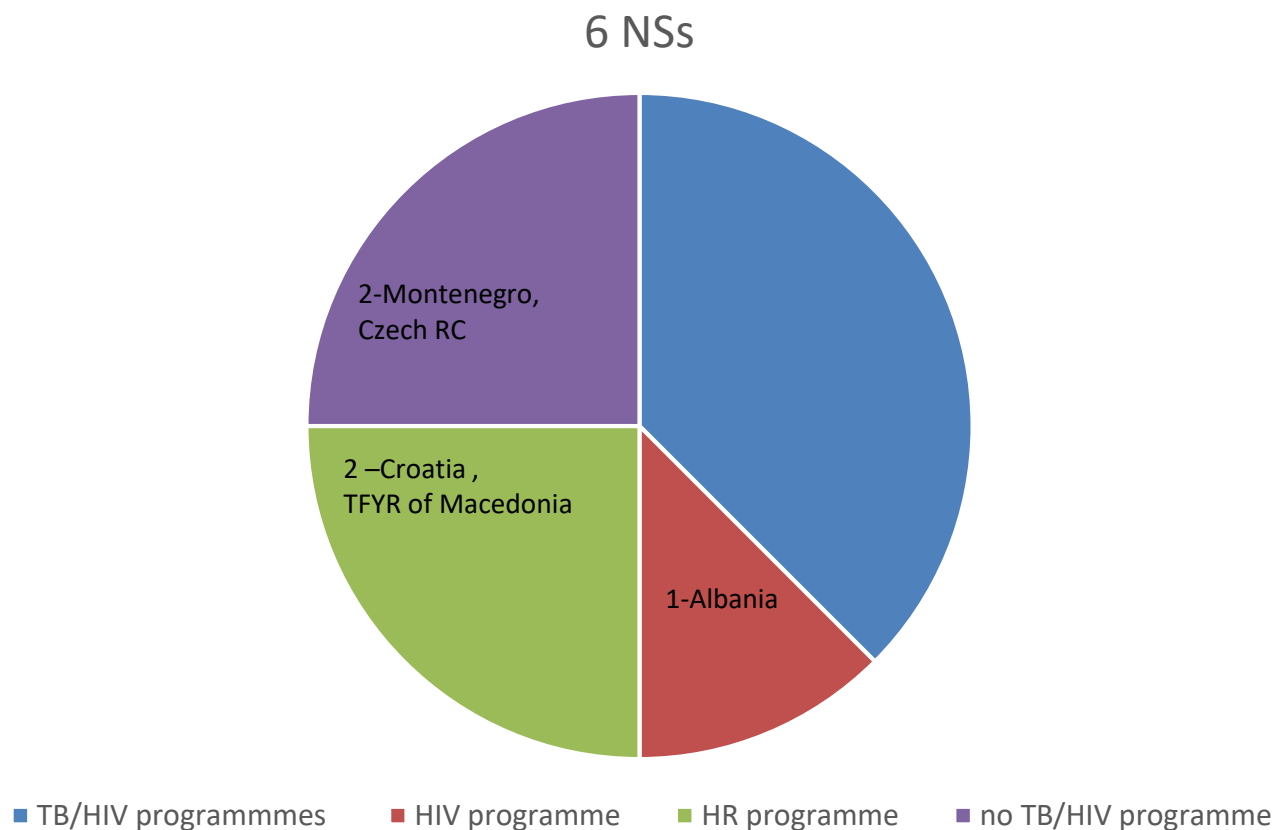
TB and HIV activities Caucasus

Caucasus-3 NSs Azerbaijan, Armenia and Georgia

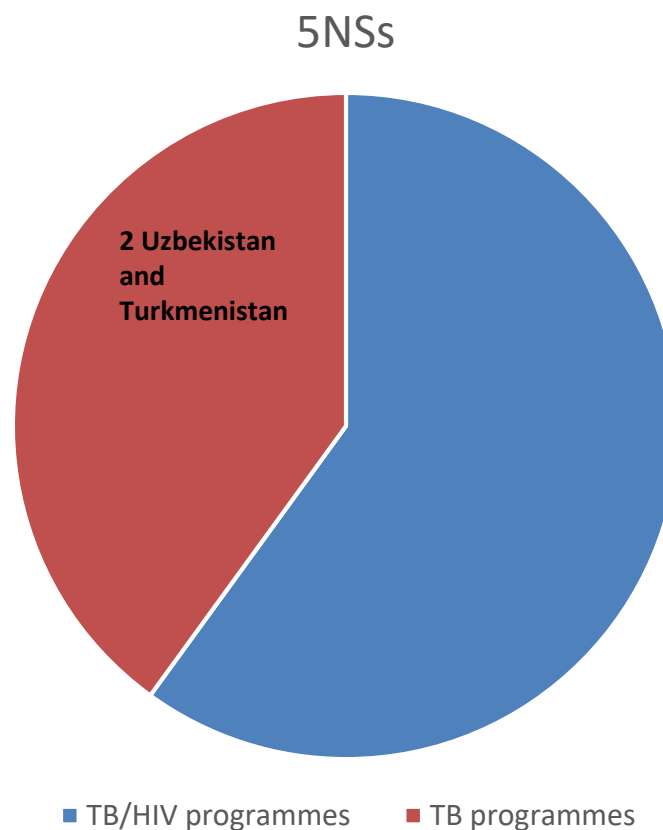


■ TB /HIV activites ■ HIV activites

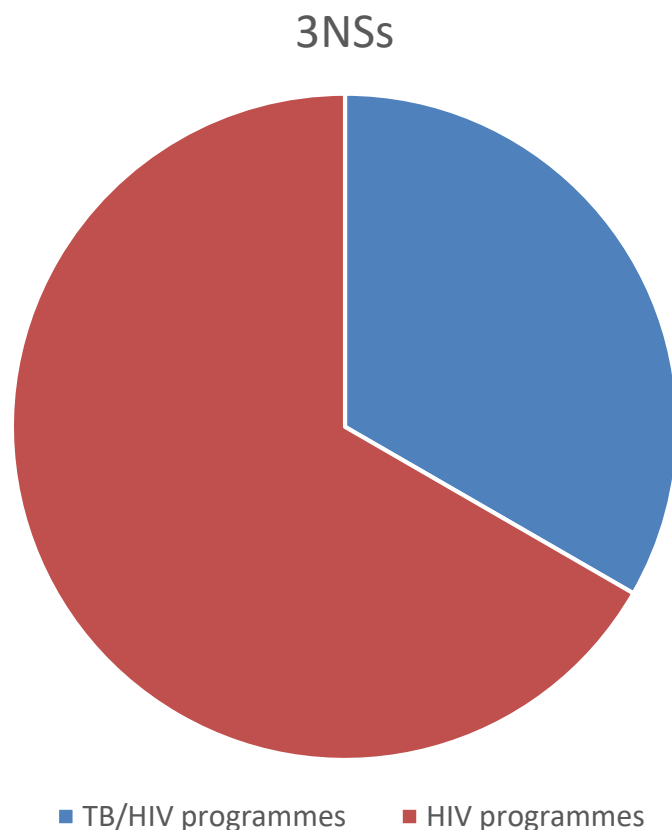
TB and HIV activities –Central Europe and Balkan



TB and HIV activities –Central Asia

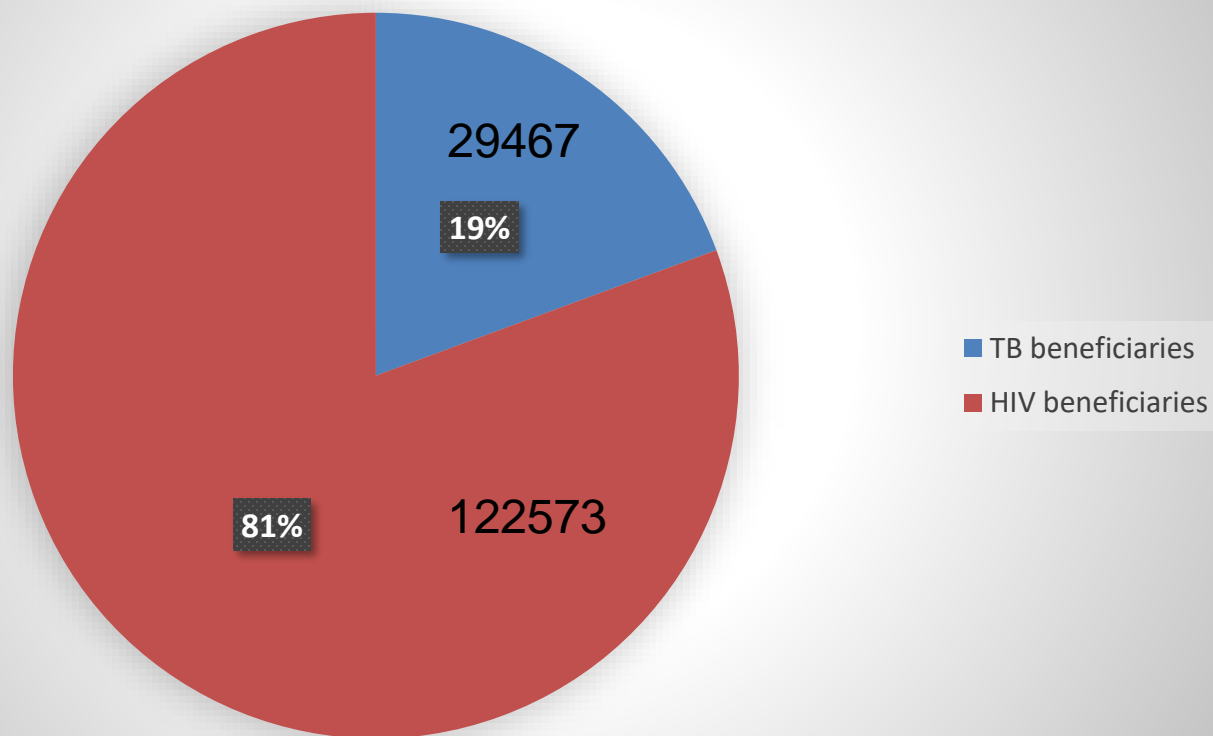


TB and HIV activities –Baltic



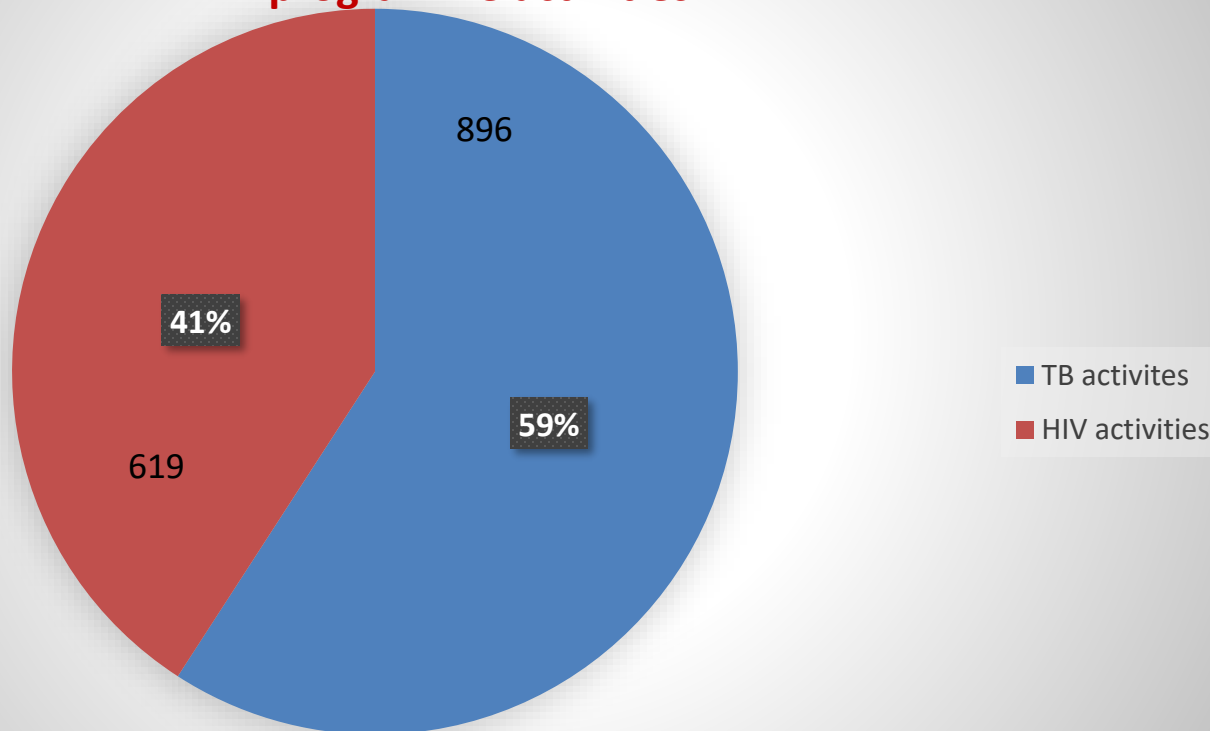
Number of TB and HIV beneficiaries

Number of beneficiaries

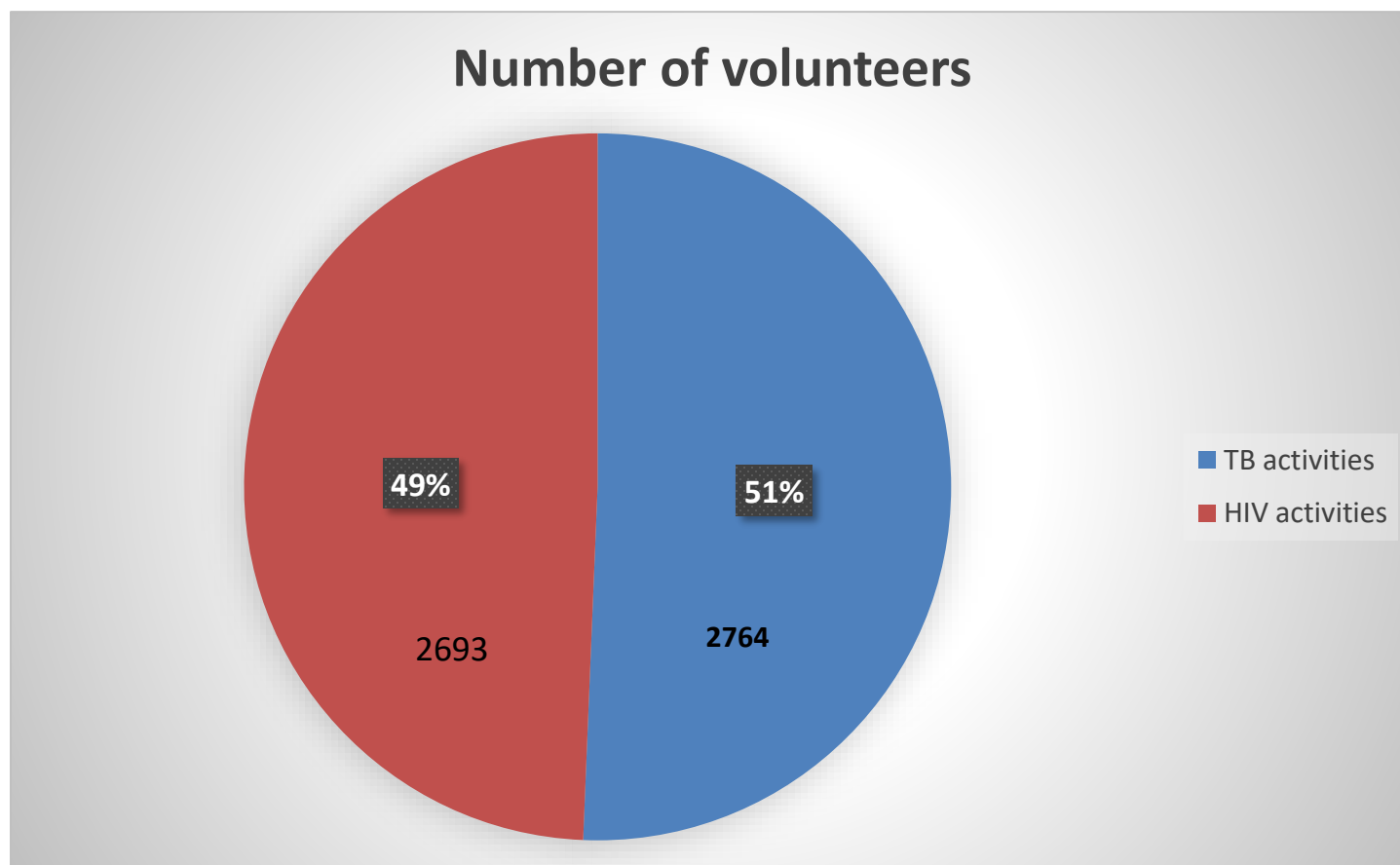


Number of staff involved in TB and HIV activities

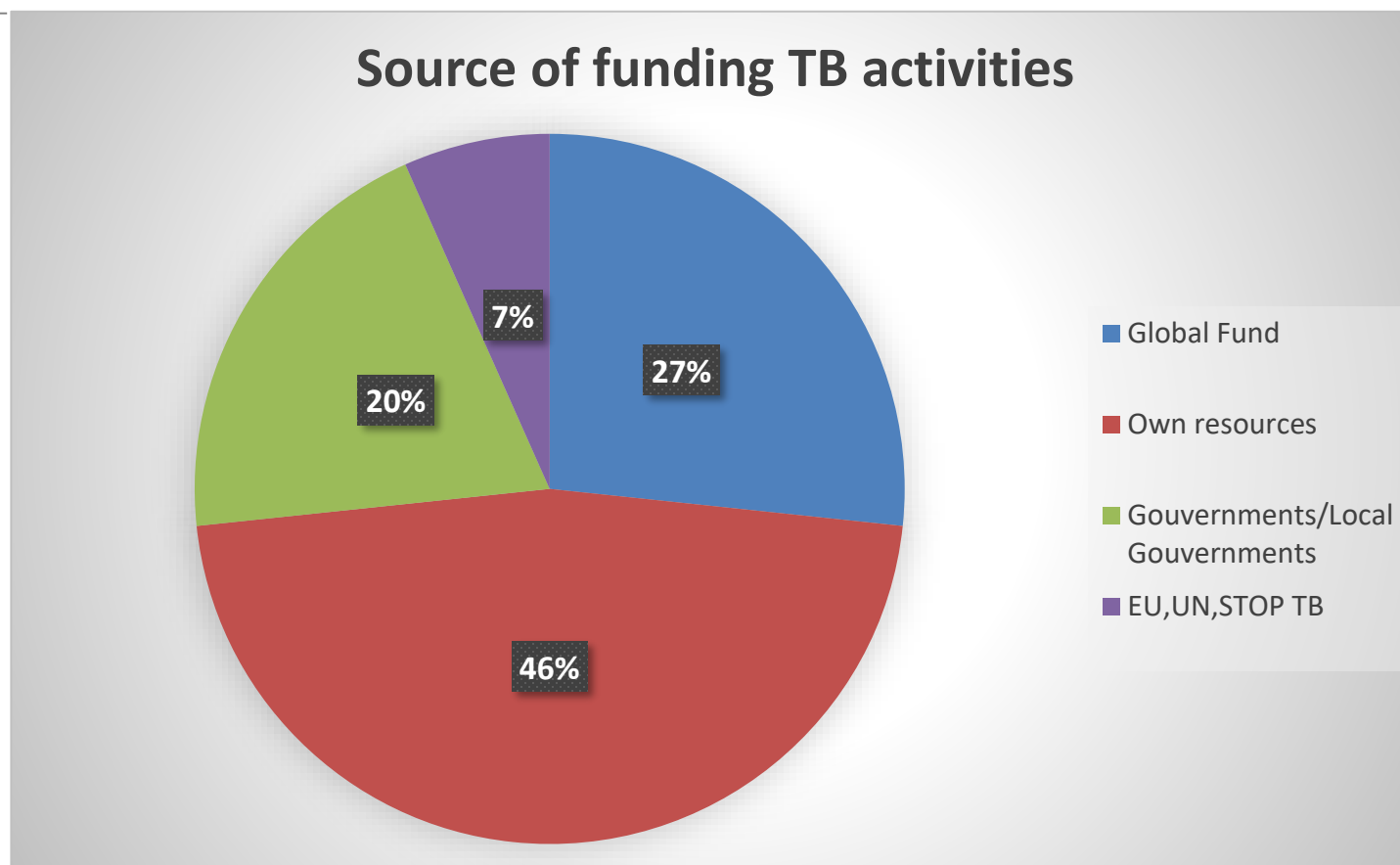
Number of Staff involved in implementation of TB and HIV programme activities



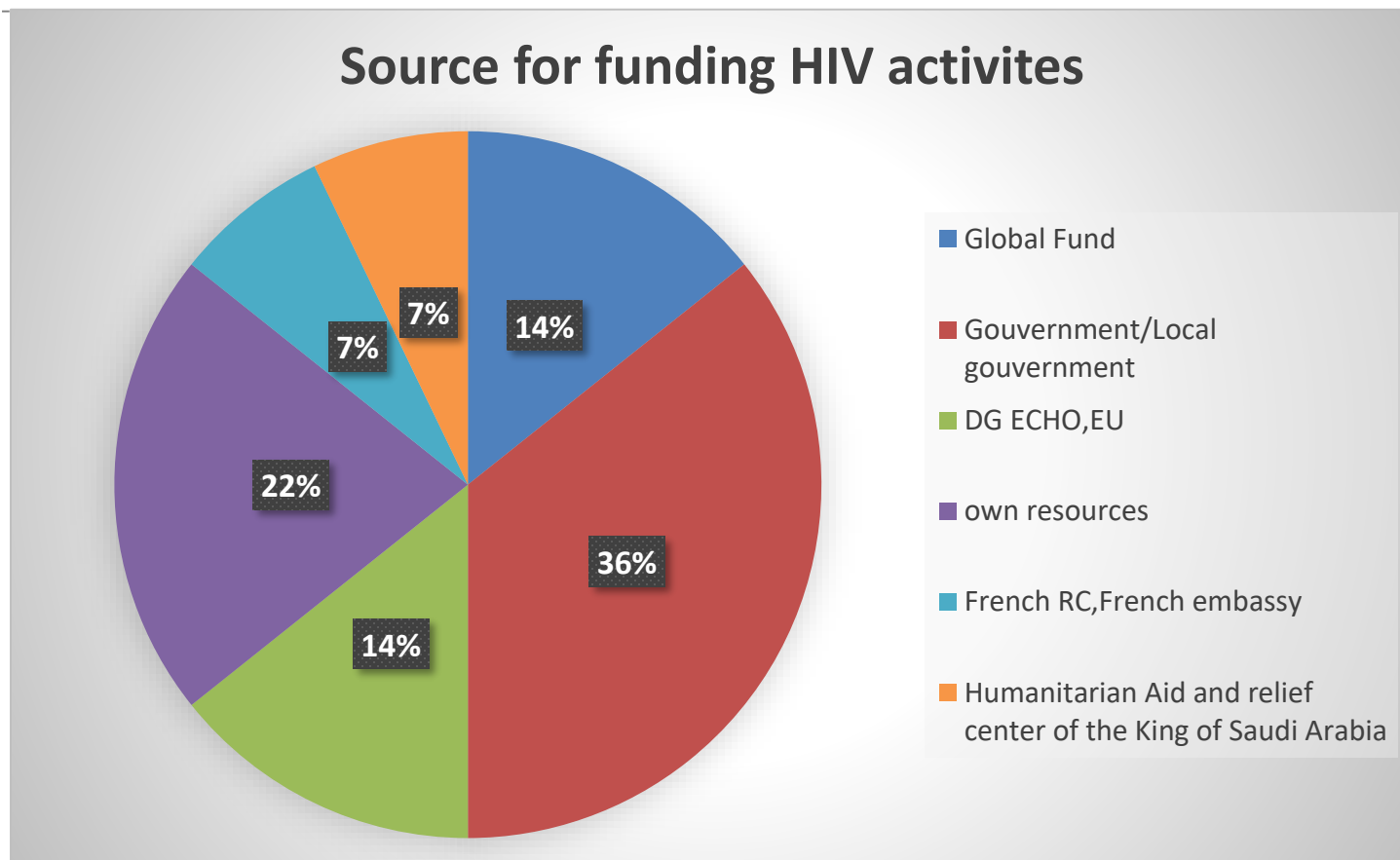
Number of volunteers involved in implementation of TB and HIV activities



Source of Funding of TB activities



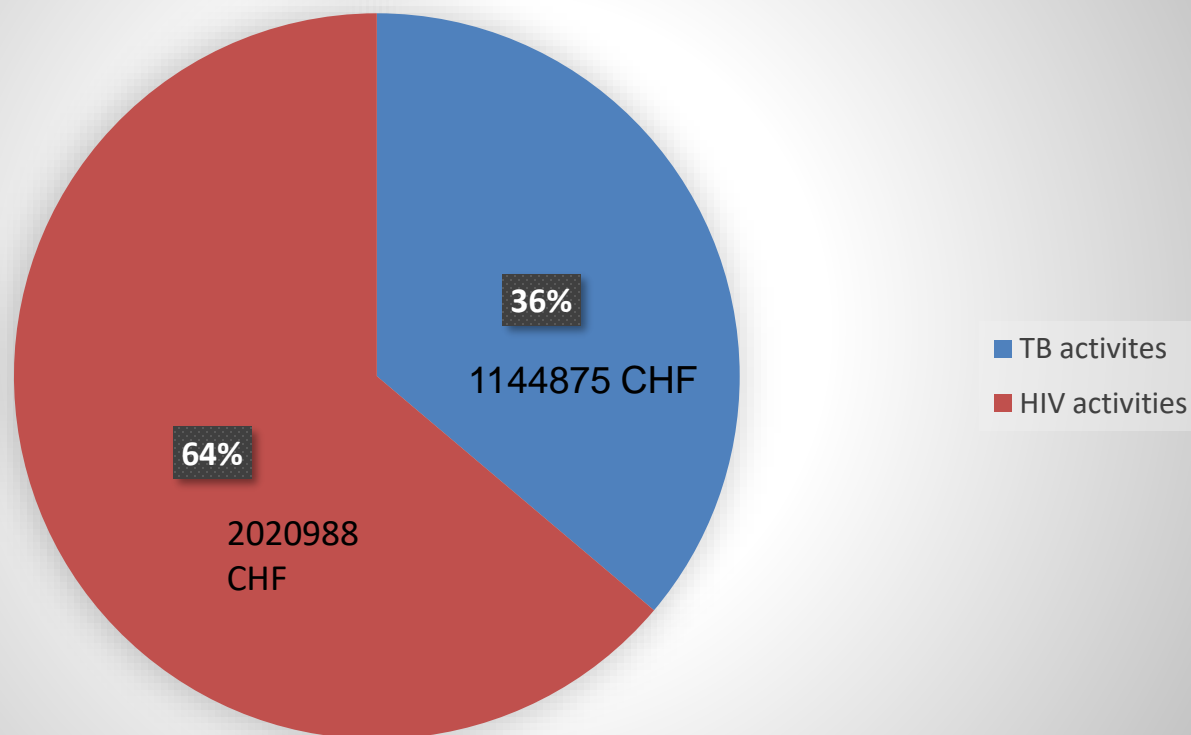
Source of Funding for HIV activities





Budget for TB/HIV activities

Budget 2018 in CHF





Goals 90 -90 -90

90%

of all



living with HIV will
know their HIV
status

90%

of all



living with HIV will
receive sustained
antiretroviral
therapy

90%

of all



receiving
antiretroviral therapy
will have durable viral
suppression

- Unfortunately, there has been some slowdown in these indicators in Eastern Europe and Central Asia, which is of serious concern

Barriers and obstacles

- Unfortunately, there are still many obstacles to HIV diagnosis. Stigma and discrimination continue to prevent people from being tested for HIV. The availability of confidential testing also leaves much to be desired. Many take an HIV test only when they already show symptoms of the infection.
- HIV-infected people often experience various forms of discrimination in their daily lives related to their status. Thus, because of fears and fears, only 35% of people living with HIV go to public health facilities, and more than 65% remain outside the provision of basic medical care in the official health system.



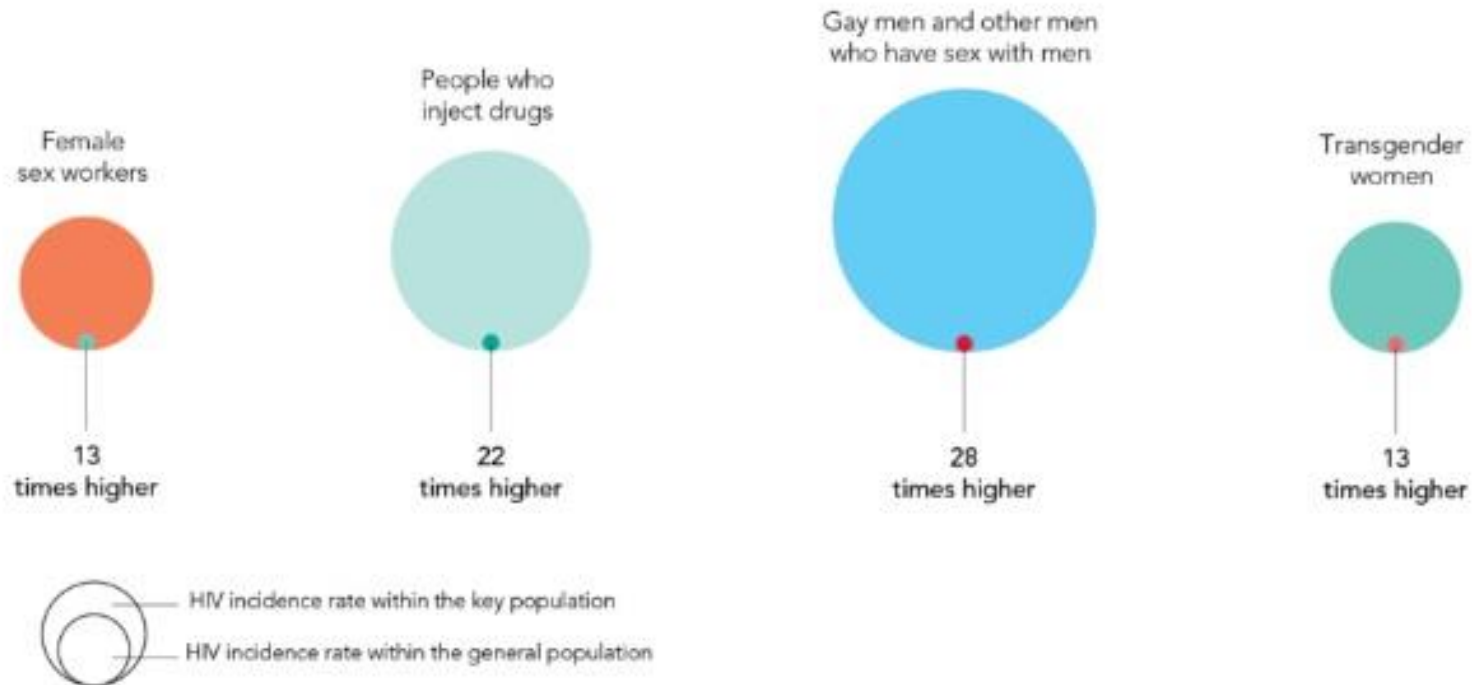
HIV and key population

- UNAIDS estimates that up to 50% of all new HIV infections worldwide are in key populations. In Eastern Europe and Central Asia, key populations account for more than half of new infections.
- Coverage of key populations for HIV services remains largely inadequate. In many regions, morbidity among key populations continues to rise even as morbidity in the general population stabilizes or declines.



Key populations at higher risk of infection

Relative risk of HIV acquisition, by population group compared to the general population, global, 2017



Source: UNAIDS 2018 estimates.



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Red Cross Red Crescent actions

To mobilize all efforts to reach the most
vulnerable and achieve Universal Health
Coverage



**THANK
YOU**

**Working together, we can save
more lives and build stronger,
more resilient communities.**