Harm reduction and HIV projects across the unrecognised borders of frozen conflicts in the former USSR: Study trip to Georgia (Abkhazia) and Moldova (Transnistria)

Report summary
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List of abbreviations

ABL – administrative boundary line
AU – International HIV/AIDS Alliance in Ukraine
ART – antiretroviral therapy
ARV – antiretroviral medication
CCM – country coordinating mechanism
GF – Global Fund to fight AIDS, TB and Malaria
ICRC – International Committee of the Red Cross
IDP – internally displaced people
IEC – information-education-communication
IRF – International Renaissance Foundation (Soros)
KP – key population
MoH – Ministry of Health
MSF – Medecins Sans Frontieres
NGO – non-government organisation
OSI – Open Society Institute (Soros)
OST – opioid substitution therapy
PTSD – post-traumatic stress syndrome
PWUID – people who use injection drugs
RF – Russian Federation
SW – sex workers
UNDP – United Nations development programme
VCT – voluntary counselling and testing
VL – viral load

Note on terminology
The terms ‘Abkhazia’ and ‘Transnistria’ are used to refer to breakaway territories that are internationally recognised as part of Georgia and Moldova respectively.
1. Introduction

HIV and harm reduction programmes face risk of interruption or have already been interrupted in Ukraine since Crimea was annexed by Russia, and ongoing armed conflict broke out in east Ukraine.

Both Georgia and Moldova have frozen conflicts with breakaway ‘republics’, dating from the early 1990s and following a similar pattern to Ukraine conflicts. The Global Fund to fight AIDS, TB and Malaria (GF) supports Georgian and Moldovan country programmes which include the disputed areas, providing treatment, care and support for PLHA and prevention and harm reduction services (syringe and other commodities distribution; testing; OST in government controlled areas).

With support from the International HIV/AIDS Alliance Secretariat based in Hove (UK), the International HIV/AIDS Alliance in Ukraine (AU) organised visits to Georgia and Moldova, in order to examine experience of HIV/AIDS and harm reduction projects working in conflict or post-conflict zones, across de facto borders with breakaway regions in countries of the former Soviet Union. This experience will be valuable in planning work both in Ukraine, which is now experiencing conflict with breakaway territories, and in the region.

This report is based on visits to NGOs and state medical institutions in Moldova/Transnistria in February 2015 (Tiraspol, Bendery, Rybnitsa, Chisinau) and Georgia/Abkhazia in March 2014 (Sukhumi, Zugdidi, Tbilisi). The report authors would like to thank the staff and clients who very generously shared their time and experience and helped organise the visits.

The report examines the following key questions about working in frozen conflict zones:

- What are the legal challenges to work of projects?
- How are projects funded and implemented cross-border?
- What mechanism coordinates the work of both sides?
- How open is the ‘border’ for commodities delivery or personnel?
- How does drug and medical policy differ across borders; what is the political climate regarding harm reduction and ST in breakaway regions (influence of Russia)?
- What role do other international humanitarian, crisis or peacebuilding organisations play in project implementation/security?
2. Summary and key findings

In contrast to Ukraine, where well-established national HIV and harm reduction projects are facing interruption due to conflict and new ‘borders’ in east Ukraine and Crimea, national GF programmes in Georgia and Moldova included the entire de jure territory from the early 2000s, long after active conflict ceased, but took some years to be extended in practice to de facto separate territories.

The first HIV, health and harm reduction projects were introduced in these breakaway territories by international agencies at around the same time as, or just prior to, the GF programmes, building first contacts and laying the ground for larger-scale project implementation. Some transfer of projects and methods to the GF programme took place.

In general healthcare is the only, or by far the most successful area of cooperation in the studied countries with their breakaway territories. Particularly in Georgia, the peacebuilding role such projects play is considered very important but very sensitive.

HIV and harm reduction projects are tolerated by the breakaway authorities (with the exception of OST) but not actively supported; instead local NGOs, communicating directly with their counterparts across the ‘borders’, are vital to the realisation of projects on the ground. It seems likely that this pragmatic approach will be taken also by authorities in Ukraine’s breakaway territories, where relationships between NGOs and medical staff are already well-established.

OST is an exception because of Russia’s highly public ban on OST. Russian influence (political, social and economic) cannot be underestimated. However, people who use injection drugs (PWUID) and doctors in the studied breakaway territories, as in East Ukraine, are strongly interested in implementing OST, or in facilitating daily cross-border trips for PWUID to get OST in government-controlled territory.

Georgia and Moldova have developed different mechanisms of cross-border cooperation: Georgia has developed a unique two-sided mechanism which relies on one individual, while Moldova has more relaxed laws and ad-hoc border control. International agencies were important to establishing the first links after conflict, but now do not play a significant role in the mechanisms in either country.

Key findings:
• Importance of medical staff and NGOs on the ground on both sides. Professional relationships ‘outside politics’ that often date back to before the conflicts allow projects to work across de facto borders.
• Health projects are at the forefront of cross-border cooperation and peacebuilding initiatives.

• Political level does not help, but does not actively hinder.

• Authorities of breakaway regions do not contribute any funding to internationally supported projects such as GF programmes, including for ART.

• Repressive attitude to drug use in breakaway regions. Local AIDS/drugs legislation based on Russia’s with little mention of harm reduction; OST impossible though much discussed due to ‘unspoken’ influence of Russia regarding OST.
3. Georgia

3.1. Key points

- **O** de facto border is closed to Georgians. Most Abkhazians need a permit to cross. Most meetings between sides usually held in neutral third countries which is expensive and logistically difficult.

- **O** Medical care is almost the only area of cross-border cooperation; deemed ‘non-political’.

- **O** Political sensitivities, fear of exacerbating conflict and creating problems for local people means cooperation on HIV is not publicised.

- **O** GF programme works through a Georgia/Abkhazia coordinating mechanism, in particular one individual authorised by both Georgian and Abkhazian presidents and enjoying trust of both. All cross-border transport of medications and commodities, salaries, travel of medical staff is organised through this mechanism.

- **O** All HIV/AIDS supplies come from Georgia with GF and UN/EU support. No local purchases in Abkhazia. No wire/bank transfers from Georgia to Abkhazia, only cash flow.

3.2. Brief background

War between Georgia and Abkhazia, a breakaway territory supported by Russia, lasted 13 months in 1992–1993. About 10–15 000 people were killed (according to the International Red Cross Committee). Around 250,000 internally displaced people (IDPs) fled Abkhazia during the war and ethnic cleansing campaigns. Current population of Abkhazia is around 240,000. In 2008 hostilities again broke out for a short time. Russia recognised Abkhazia as an independent republic and increased financial assistance and military presence in 2008. In 2014 Russia and Abkhazia signed an agreement on joint border control and economic and foreign policy.

3.3. HIV services, GF programme

Georgia’s programme funded by the Global Fund to Fight HIV, Tuberculosis and Malaria began in 2004 and included Abkhazia on paper from the beginning, but took three years negotiation to begin in practice in Abkhazia. Services in Abkhazia include ART; counselling and testing for HIV, TB (run by MSF) hepatitis and STIs;
syringes, commodities and naloxone distribution. Around 2000 people are tested annually for HIV and hepatitis. The Abkhaz government provides testing for pregnant women. Georgian NGO Union Tanadgoma under the UN joint programme funded by the EU will start the first testing and counseling for prison inmates (around 300 inmates in Dranda prison) from June 2015.

An **AIDS centre was established in 1990** in the capital Sukhumi on the basis of the venereal-dermatological clinic (it registered the first case of HIV in the Soviet Union). Since 2008 it has been headed by the former Abkhazian minister of health. ART treatment began in 2008. There were 321 patients on ART at the time of report writing, and another 300 registered but not on treatment. ARV stocks are provided from Georgia for six months, while in Georgia they are supplied for three-month periods.

A **state drug treatment clinic opened in 2000** in Sukhumi. It offers in-patient long or (paid) short-course detox, and provides some harm reduction services: syringes, naloxone and antiseptic cream/wipes.

**Qualified staffs in both the AIDS centre and the drug treatment clinic are in extremely short supply.** Chances to go for training in other countries are limited, with Russia being the most possible option. Project counterparts cross the ABL 2–4 times a year for meetings, training and monitoring.

Abkhazia contributes no funding for ART. From 2016 the Georgian government is supposed to take over 100 percent funding of 1st line ARVs under the GF programme.

### 3.4. Legal situation

In Georgian law Abkhazia is an autonomous republic of Georgia temporarily occupied by Russia (since 2008), with an Abkhazian government in exile in Tbilisi. Georgian law deems entry into Abkhazia across the border with Russia an administrative offence, and prohibits all economic or financial transactions between Abkhazia and Georgia and other countries. The Administrative Boundary Line (ABL) – the de facto border between Georgia and Abkhazia – is closed to Georgians. Since 2008 it has been under control of Russian border guards and Federal Security Service (FSB). People who live in the Abkhaz district of Gali close to the ABL (often returned IDPs) can freely cross into Georgia. Other Abkhazians can get permits if they have family in Georgia or are going there for medical treatment. Since 2010 most medical care in Georgia (excluding OST) is free for holders of Abkhazian passports, whom Georgia considers Georgian citizens. There is an official programme via the Abkhazian Ministry of Heath in exile in Tbilisi to bring
Abkhazians to Georgia for treatment they cannot get in Abkhazia. Such medical exchanges are the only real area of cooperation between the two territories, because they are considered ‘non-political’, but they are not widely publicised.

3.5. Programme delivery mechanism

The GF programme is realised in Abkhazia via a unique **two-sided Permanent Working Group of the Georgian-Abkhazian Coordination Commission**. This commission, founded in 1999, started as a political organ but now implements humanitarian programmes and maintains informal contacts between the two sides and with international organisations including the UN.

The coordinating mechanism organises all cross border deliveries including medical supplies like ARVs, commodities; transfer of test samples; cash salaries for GF project staff in Abkhazia, and monitoring visits and reporting.

The NGO ‘21st Century Medicine’ was set up in 2006 on the basis of the Sukhumi AIDS centre, to be able to accept international aid for health projects. All international (non-Georgian) agencies which are working or have worked in health in Abkhazia have worked through the NGO, although Georgian NGO Tana works directly with the AIDS centre and drug treatment clinic.

3.6. Drug use and OST

Abkhazia does not officially acknowledge the problem of drug use and has highly repressive drug legislation. An estimated one third or more of people with HIV in Abkhazia are drug users or infected via injecting drug use. The most common illegal drug is methadone (in crystals smuggled from Russia). The GF programme included funding for a pilot project for 100 OST patients in Abkhazia in 2008–2010, but political issues means it was not implemented.

When an OST site opened in Zugdidi (on territory under Georgian control close to the ABL) in 2009, around 20 patients travelled daily across the ABL from Abkhazia for OST. Patients ceased to travel from Abkhazia about two years ago as Abkhazia introduced a stricter permit system on the ABL, and GF-funded OST in Zugdidi was replaced with Georgian government payable ST, which requires patients to have a Georgian passport (GF did not have this requirement).

4. Moldova
4.1. Key points

• ‘Border’ is currently open to Moldovans and Transnistrians; foreigners need to register

• Moldova-Transnistria coordinating mechanisms more public than Georgian counterpart but less effective in organising practicalities. Some problems with transporting medications and commodities across the ‘border’ – customs exemption for humanitarian aid very time-consuming

• Moldovan organisations can transfer funds to locally registered NGOs in Transnistria. Some commodities purchased within Transnistria

• Staff and patients on both sides can attend trainings and advocacy events or rallies in Moldova or neighbouring countries like Ukraine

4.2. Brief background

Moldova and the breakaway Transnistria or left bank of the Nistru river fought a short war in 1992, in which around 1000 were killed. Russian peacekeepers have been stationed in Transnistria since 1992. Current population of Transnistria is around 450,000. The ‘Pridnistrovskaya Moldavskaya Respublika’ or PMR is unrecognised except by Abkhazia and the similarly frozen conflict zones of South Ossetia and Nagorno-Karabakh. Today there is much cross-‘border’ traffic; however the Transnistrian parliament has passed a law which would reintroduce a stricter entry permit system. The majority of Transnistrian citizens are Moldovan passport holders and many come to Moldovan-controlled territory for medical treatment, trade and higher education. Many also have Ukrainian or Russian passports. Travel to Ukraine has become more difficult since spring 2014 when conflict began in Ukraine.

4.3. HIV and harm reduction services, GF programme

Moldova’s GF programme started in Moldova in 2003, and was extended to Transnistria in 2004.

A harm reduction pilot started by the OSI and now part of the GF programme covers 1000–1300 clients with needle exchange/distribution including in prisons, commodities (wipes, IEC including AU Russian-language materials printed in Transnistria), testing, counselling and a small project with sex workers. Moldovan GF recipients fund four Transnistrian NGOs which are part of the Moldovan network of harm reduction organisations; one organisation in Bendery is also an affiliate of the Moldovan ICRC.
Harm reduction activities are implemented by NGOs; there are no drug treatment clinics. Harm reduction is largely absent from the Transnisterian government HIV programme, which emphasises treatment and prevention among the general population, in line with Russia’s state HIV programme.

An AIDS centre opened in Tiraspol in 2007 with MSF support. GF-funded ART began in 2007; there are at present 650 patients in Transnistria. Before this, some patients went to Moldova where ART was available.

Moldova covers 40 percent funding for ART for Moldova, this does not include Transnistria where funding is 100 percent GF. Transnistrian authorities do not contribute any independent funding, treatment or coordination for GF projects, but do provide some testing for HIV and STI.

Representatives from the Transnisterian AIDS centre and TB hospital are members of the GF Moldova CCM. However there is no cooperation on a ministry level between Moldova and Transnistria; all coordination is at the professional level of AIDS/TB centres and NGOs.

Some HIV project staff have been to Moldova and Ukraine for meetings and trainings with harm reduction NGOs and have personal links with Ukrainian staff and activists. There is some exchange of medical staff and training with Russia.

4.4. Legal situation

Moldova legally designates Transnistria an ‘autonomous territorial unit with special legal status’. The law does not ban economic activity with Transnistria; Moldovan NGOs working with Transnistria are considered to be engaged in internal economic activity and can transfer directly to National Bank of Transnistria accounts (the only bank operating in Transnistria: transfers take a week and have to be converted within Transnistria into PMR currency).

The majority of Transnistrian citizens are Moldovan passport holders and may get medical treatment in Moldova.

In Transnistria NGOs are considered to be engaging in external economic activity if they receive funds from Moldova or from any other country. Most organisations and businesses in Transnistria are also registered in Moldova as this allows them to cooperate with Moldova and internationally. A ‘foreign agent’ law is under discussion, similar to the RF law requiring NGOs who receive foreign funds deemed for political purposes to register; such a law would include funding from Russia.
An EU/UNDP programme ‘Support to Confidence Building Measures’ supports limited joint projects between the two banks. These are mostly in the sphere of small business, education and journalism. Several international humanitarian agencies are working in Transnistria, but cooperation between the two sides remains a difficult and sensitive issue.

4.5. Programme delivery mechanism

Two special government commissions deal with Moldova/Transnistria relations. They do not contribute to GF programme delivery. Centrally-bought medications and commodities are stored in a warehouse in Moldova; Transnistrian NGOs collect and transfer them to Transnistria. Theoretically delivery of medications and diagnostics is freed from customs under the humanitarian mission, in practice the process is complicated and time-consuming (takes up to several months).

Some commodities (needles, wipes) are purchased locally in Transnistria since 2009 which is cheaper and more convenient; before all were provided from Moldova via the humanitarian commission.

4.6. Drug use and ST

Transnisterian authorities do not admit to a problem with widespread drug use. Since 2008 the drug scene has moved more underground as harsher legislation was introduced modelled on Russia’s drug laws. Drug use is an administrative offence. There are an estimated 10,000 drug users in Transnistria; a third of all prison convictions are for drug related offences. The most common drugs are synthetic ‘vint’ or ‘krokodil’, and home-made opium from Moldova. PWUID in Transnistria have formed initiative groups with links to counterparts in Odessa (Ukraine) and Chisinau (Moldova).

There is no OST in Transnistria but drug users know about the OST programme in Moldova and would like to arrange a system whereby Transnisterians with Moldovan passports (60 percent of the Transnistrian population) could go to an OST site set up in a nearby location under Moldovan jurisdiction. On the Moldovan side this would be possible, but Transnisterian PWUID believe that they would be stopped on their return journey over the ‘border’ and tested for drugs, and no one has yet tried to go.
5. Key differences between Georgia/Moldova and Ukraine

- Georgia/Abkhazia and Moldova/Transnistria are ‘frozen’ conflicts, east Ukraine is still a hot conflict.

- Georgia and Moldova established HIV projects well after the conflicts became frozen. In contrast, Ukraine is looking to continue well-established programmes with highly experienced staff and strong personal links across ‘borders’.

- Georgian and Moldovan society has a generally positive attitude towards people living in Abkhazia and Transnistria, and there is goodwill to provide medical and social assistance to them. In Ukraine, because the conflict is still hot, there is more ill-feeling on both sides.

- Poor professionalism of medical staff in Abkhazia and (less so) Transnistria; lack of knowledge/training and external communication.

- Russia has recognised Abkhazia as an independent republic. It has not recognised Transnistria. It considers Crimea part of Russia, and is actively assisting east Ukraine ‘republics’ without publicly recognising them.

- There is no current legal funding mechanism for NGOs registered in non-Ukraine controlled east Ukraine. Bank transfers are possible to Transnistria and limited cash flow possible from Georgia to Abkhazia.

- No fixed and working border regime yet in east Ukraine. No official coordinating mechanism between two sides.

- Large population movement within east Ukraine and from East Ukraine to the rest of the country. Population is fairly stable in Abkhazia/Transnistria.
6. Relevant links/sources:

1. The Role of the United Nations in the Georgian-Abkhazian Conflict  


   http://www.eurasianet.org/node/63868

4. Eastern Ukraine Has Parallels to Abkhazia  
   http://www.eurasianet.org/node/72151

5. Government of Georgia State Strategy on Occupied Territories: Engagement Through Cooperation  

6. Protection of Internally Displaced Persons in Georgia: A Gap Analysis (para 8.2)  
   http://www.unhcr.org/4ad827f59.pdf

7. Facilitating Peaceful Resolution of Internal Conflicts  
   http://zakareishvili.com/?p=151&lang=en

8. Georgia - The Global Fund Grant Portfolio  

9. MSF Hands Over Transnistria HIV/AIDS projects  

10. Moldova - The Global Fund Grant Portfolio  
    http://portfolio.theglobalfund.org/en/Grant/Index/MOL-102-G01-C-00

11. Moldova GF country proposal  

12. UNDP. Republic of Moldova. Combat HIV/AIDS, tuberculosis and other diseases  