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| **Proposal Title** | Support for Relocation of Opioid Substitution Patients from Crimea |
| **Reserve Fund** | Reserve Funds allocated to Eurasia Program for Ukraine emergency |
| **Collaborating Programs** | Eurasia Program, Public Health Program and International Renaissance Foundation (IRF) |
| **Recommended by** | Sabine Freizer, Eurasia Program Director |
| **Coordinated by** | Daniel Wolfe, Director, International Harm Reduction Development Program, Public Health Program |
| **Approver** | Leonard Benardo, Regional Director |
| **Date approved:** | April 19, 2014 |
| **Amount Requested** | **$227,370** |
| **Unforeseen need** | Russia's unexpected annexation of Crimea is bringing to an end lifesaving treatment for some 800 patients receiving methadone or buprenorphine for heroin dependence.  These medicines, piloted and promoted in Ukraine with OSF assistance, are illegal in Russia.  Despite appeals from UNAIDS, the UN Special Rapporteur on Health, the UN Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, and more than fifty international organizations concerned with HIV and addiction, Russian authorities have not permitted the delivery or disbursal of the medications in Crimea, and Russian drug control chief Viktor Ivanov has publicly identified stopping methadone as one of his agency’s priorities.  Russia sees the “methadone question” as part of its larger war on drugs. It seeks to turn its approach to substance abuse into a regional standard. Ending Ukrainian substitution policies can be seen as part of a larger Russian project to assert its regional influence in the sphere of HIV and drug control, and represents a direct rebuke to OSF work and that of our allies.  The project is thus both one offering emergency medical support and support for larger questions of freedom of information, scientific evidence, human rights and citizen participation. For patients, the consequences of treatment cessation in Crimea will be suffering, sickness and the destruction of the social support networks many former drug users used to return to work and family responsibilities. Physicians have begun reducing doses to try to make medicine last longer, but existing stocks will be exhausted by the end of April.  Without treatment, patients are likely to return to illegal drug use, undergo painful withdrawal symptoms, or be required to submit to hospitalization and the heavy doses of psychiatric medicines used in Russia to treat addiction without evidence of efficacy.  Treatment disruption can be expected to result in increased rates of HIV infection as people return to illicit drug injection, and to have a negative effect on lifesaving treatment for HIV and TB since methadone and buprenorphine increase patients’ ability to adhere to treatment for these diseases.   |
| **Activities proposed (500 words)** | To support relocation to mainland Ukraine for approximately 100 individuals (who face prosecution under Russian law for public support for methadone).  Run by the International HIV/AIDS Alliance of Ukraine with coordinators in place in six Crimean cities where methadone and buprenorphine are offered, the project’s  preliminary assessment has identified at least 79 patients considering relocating to other parts of Ukraine to continue treatment. This number will grow as stocks of medication dwindle.  In addition to transport for relocation of 100 patients from Crimea to the mainland, the project covers basic costs for a four-month transition period.  The recommended period for support comes after extensive discussion with Alliance, IRF, IHRD and others with experience in refugee resettlement.  Given the significant stresses of relocation, the fact that the first month may require dose adjustment or additional medical intake, and the difficulties posed by requiring people to simultaneously find new jobs, new housing, new medical providers, and new social supports in unfamiliar cities, three months was deemed too short to be responsible.  Six months, while giving patients a longer ramp for social integration, might offer perverse incentives for relocation.  Four months was judged a fair intermediate. This recommendation is predicated on several requirements for risk mitigation that the Alliance will agree to prior to project initiation.  1. Full and careful process of informed consent that any patient accepting the offer of assistance has been clearly informed as to the limits of this assistance, the lack of legal liability for the Alliance or its sponsors, and the inability of the Alliance to extend support beyond the agreed upon period.
2. Ensure that patients who will arrive with limited social supports will be able to turn to the Alliance for case management support.  The Alliance will establish and staff a hotline to field requests, and task three coordinators with troubleshooting problems of medication access, legal issues, etc.

 Relocation cities will be identified based on the preferences indicated by patients, taking into consideration availability of social networks (family/friends), potential job/education opportunities. Preliminary assessment of possible relocation cities should allow equal distribution across Ukraine.  Specifically, support provided through this project will include:1. Coverage of transportation, accommodation, and meals for the transition period of six months.
2. Access to medical and legal aid services. The treatment unit of the HIV/AIDS Alliance in Ukraine will work with local medical institutions and State Service on HIV/AIDS to ensure access of relocated patients to OST, anti-retroviral treatment (ARV), and TB treatment, as well as access to other medical services if and when needed. HIV/AIDS Alliance will cover all medication and counselling support costs through the current Global Fund Round 10 grant. Support for local coordinators and project consultants (lawyers and specialized doctors) who will provide case management to patients will be supported through this proposal.
3. Access to other integration services. HIV/AIDS Alliance will link these activities with ongoing Crimean refugee resettlement efforts to provide OST patients with access to a range of social support activities provided by local governments.
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| **Statement of who within OSF would lead the work** | This project will be coordinated in-country by IRF with support from the International Harm Reduction Development Program/Public Health Program staff and the Eurasia program based in New York.   |
| **Contributions expected from various units within OSF and essential partners or grantees (250 words)** | **The Alliance**, a Ukrainian NGO supporting community action in response to HIV/AIDS, is the primary partner. A leading provider of HIV/AIDS prevention, treatment, and care, the Alliance has a network of programs operating throughout the country, financial monitoring and governance. Additional support for case management and troubleshooting may be required, and if needed additional funding will come through ordinary mechanisms.    **IRF** will issue the grant to the Alliance and is responsible for ensuring compliance with grant terms. The Public Health staff at IRF serves as project advisors, engage in outreach to donors and report on implementation.   **International Harm Reduction Development/Public Health Program** has been a partner of the Alliance with five grants over six years. They will work with the organization to cement strategy and work through practical details of relocating patients and provide ongoing medical care and social assistance.International agencies have been/will be contacted to source additional funds.**The Eurasia Program** will monitor developments and evaluate final outcomes. George Soros informed the Ministry of Health that OSF could offer short-term support for patients interested in relocation, and reached out through Victor Pinchuk to consult Elena Franchuk ANTIAIDS Foundation for contribution.  Although Soros was optimistic that ANTIAIDS Foundation would support, ANTIAIDS declined. OSF’s harm reduction program has collaborated with foundations funding HIV work in the region and will reach out to Elton John AIDS Foundation, MAC AIDS Foundation and Levi Strauss Foundation for potential support, though all have limited commitments in Ukraine and are unable to respond rapidly.      |