Resolution of the Session "Access to Treatment for HIV and Related Diseases in the EECA Region: What Comes Next?"

AIDS 2026, Rio de Janeiro, 28.07.2026

This resolution was prepared following the session "Access to Treatment for HIV and Related Diseases in the EECA Region: What Comes Next?", held on 28 July 2026 as part of the AIDS 2026 Conference in Rio de Janeiro.

The discussion brought together representatives of non-governmental organizations, the expert community, and communities of people affected by HIV, tuberculosis, and viral hepatitis from countries of Eastern Europe and Central Asia.

The purpose of this resolution is to summarize the key challenges and priorities identified by the participants, formulate a common position on access to treatment, prevention, and diagnostics, and define the actions required from governments, international organizations, donors, pharmaceutical manufacturers, and civil society organizations to ensure equitable and sustainable access to health technologies and services in the EECA region.

Participants noted that, despite the progress achieved in responding to the HIV epidemic and related diseases, no country in the EECA region has yet reached the 95–95–95 targets. In a number of countries, a substantial gap remains between the number of people who know their HIV status and the number of people receiving antiretroviral therapy.

Most countries in the region have achieved high coverage with dolutegravir-based regimens, exceeding 95% in some countries. In upper-middle-income countries included in the special voluntary licence for dolutegravir, coverage remains lower than in countries covered by the standard voluntary licence, although it has also increased substantially in recent years.

One of the key priorities for the coming years is to create the conditions for a timely transition to alternative treatment regimens for people for whom dolutegravir is not suitable or who have developed resistance. Generic versions of darunavir 800 mg in combination with ritonavir, the combination of bictegravir, emtricitabine and tenofovir alafenamide, as well as doravirine, are already available on the global market. To enable their actual use in national programmes, these options need to be included in national medicines lists and clinical guidelines and procured at affordable prices.

Access to innovative long-acting medicines for HIV treatment and prevention, including cabotegravir, lenacapavir and alimatravir, remains an important priority. Most EECA countries are included in the voluntary licences for lenacapavir and alimatravir; however, participants expressed concern that the Republic of Moldova is not included in the territorial scope of the licence for alimatravir. The voluntary licence for cabotegravir also requires significant expansion to cover countries in the EECA region.

Another urgent priority is to reduce prices for certain tuberculosis medicines, particularly delamanid and bedaquiline, especially in countries that do not procure through the Global Drug Facility (GDF).

Another important area is expanding access to harm reduction tools, including long-acting buprenorphine and low dead-space syringes.

Participants also highlighted difficulties in accessing certain paediatric antiretroviral medicines, particularly zidovudine, in several countries in the region.

At the same time, the range of generic options available for children is expanding globally. In particular, participants discussed a paediatric single-tablet regimen of dolutegravir/abacavir/lamivudine (DTG/ABC/3TC).

Medicine stock-outs continue to occur in the EECA region, including as a result of late tender announcements and delays in procurement procedures.

Participants emphasized that countries in the region face budget constraints in healthcare: increased spending on the treatment of some diseases may come at the expense of reduced funding for other areas. In these circumstances, systematic efforts to reduce prices and ensure access to quality, affordable generic medicines are of particular importance.

Bilateral trade agreements, particularly with the United States and the European Union, remain a serious challenge for the region, as they may promote TRIPS-plus provisions capable of restricting access to generic medicines. Such measures include regulatory data exclusivity, restrictions on the registration of generic medicines for a certain period following registration of the originator product, limitations on parallel imports, and other mechanisms. The move by some countries towards recognition of European patents may also create additional barriers to the use of generic medicines.

In addition, the registration of medicines in several countries in the region remains difficult due to high costs, complex procedures, and additional requirements, including those associated with the common medicines market of the Eurasian Economic Union (EAEU). Among the specific barriers identified by participants was the requirement to conduct local bioequivalence studies when submitting a registration dossier.

Participants agreed that improving access to medicines must be combined with systematic efforts to reduce stigma and discrimination and with measures aimed at decriminalizing key populations. Sustainable progress in responding to the epidemic cannot be achieved without simultaneously addressing medical, economic, legal, and social barriers.