

HIV PREVENTION NONGOVERNMENTAL ORGANIZATIONS IN CENTRAL AND EASTERN EUROPE: PROGRAMS, RESOURCES AND CHALLENGES

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SUMMARY

HIV incidence is rising more rapidly in some areas of Central and Eastern Europe than anywhere else in the world. Carrying out effective HIV prevention programs requires the presence of "bridges" that can reach community populations most vulnerable to the disease. Nongovernmental organizations (NGOs) are in a natural role to conduct HIV prevention programs. The Directors of 29 HIV prevention NGOs representing almost all countries in Central and Eastern Europe participated in in-depth interviews by telephone. The broad topics of these interviews included descriptions of the three largest programs conducted by each NGO during the past six months, at-risk target populations served, major barriers faced, and funding sources that sponsored HIV prevention activities. NGO programs most often targeted injection drug users (IDUs); other stigmatized groups were less frequently served by NGOs in the sample. The most common types of prevention activities were needle exchange, HIV prevention peer education, and delivering AIDS presentations and distributing educational materials. Among the major barriers that hampered effective conduct of HIV prevention programs were a shortage of available financial resources, governmental indifference or opposition, and AIDS-related stigma. National governments rarely provided substantial funds for NGO programs, and most funding came from United Nations agencies or private foundations. The information sources reported to be most helpful in assisting NGOs in program development were sharing ideas with other NGOs, participating in conferences, and accessing information from the Internet. A number of programs reported by the NGO Directors were innovative, outstanding, and comprehensive. Five such exemplary programs are described in this article. HIV epidemics in the region are still potentially controllable. NGOs need immediate support so that they can carry out their community-based activities on a larger scale.

Key words: HIV/AIDS prevention, nongovernmental organizations, Central and Eastern Europe

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INTRODUCTION

Throughout the world, the HIV epidemic particularly affects populations that are marginalized, ostracized, and hard to reach. In many public health areas outside of AIDS, nongovernmental organizations (NGOs) have played leading roles in serving the needs of such populations (1-6). In world regions with longstanding HIV epidemics, prevention has also heavily relied on the efforts of NGOs to carry out programs that serve the needs of their communities. Governmental HIV prevention efforts are essential but are usually limited to case surveillance, policymaking, public education, and media campaigns. Governments often do not have the experience, competence, or will to work directly with AIDS-affected population groups. Governmental agencies are outsiders to at-risk communities and, because of that, have limited direct ties with those at high risk for HIV. In contrast, community-level HIV prevention programs are known to be effective, and NGOs carrying out these programs can serve as

bridges to hard-to-reach and at-risk populations in many AIDS-affected world regions (7).

Countries in Central and Eastern Europe have undergone massive political, economic, cultural and social change over the past 15 years. During the socialist period, governments and their bureaucracies were seen as the only necessary providers of services, and there were few opportunities for the development of community-based organizations and programs. In contrast to other world regions with a stronger sense of community identification and with a longer history of community-based initiatives, there has been a services vacuum in most post-socialist countries that came about when socialist systems ended. Community-based organizations are only now in their early development. NGOs are meant to fill this service vacuum. However, HIV prevention NGOs in Central and Eastern Europe are also relatively new, lack experience, and often lack support. In addition, stigma associated with many HIV risk behavior practices - including injecting drugs, same-sex behavior, or commercial sex work - may generate public, governmental,

or religious opposition to NGO programs. This situation poses a considerable challenge for HIV prevention efforts.

The HIV epidemic has emerged only recently as a grave public health crisis in this region. Rates of virus transmission have greatly increased in many former Soviet Union republics, as well as post-socialist countries of Central and Eastern Europe. Before the mid-1990s, HIV was perceived by many public health officials as a distant threat. By the end of 1995, the total number of HIV cases in all of Central and Eastern Europe was only 8,616 (8). By the end of 1997, the number of HIV cases increased to 45,800 (8), and - by June 2002 - the officially-recorded number exceeded 280,000 infections (9). However, the number of HIV infections that are officially recorded undoubtedly underestimate the true magnitude of the epidemic. By December 2002, the estimated true number of infections throughout the region was believed to exceed one million (10). Newly documented HIV incidence increases in some countries in the region are among the highest in the world (11).

HIV prevalence and incidence increases are not uniform in this region. Russia, Ukraine, Belarus, Moldova, and Estonia have the most advanced HIV epidemics, with both the highest incidence and the highest prevalence. Latvia and Kazakhstan are among countries with modest HIV prevalence. However, high HIV incidence has been documented recently in these countries. In all post-Soviet countries, HIV has predominantly affected IDUs (12-14). The transition from a primarily drug injection epidemic to a sexual epidemic is of great public health concern, and rates of sexual HIV transmission are believed to be increasing (12, 15-19). Modest and relatively stable HIV prevalence has characterized other post-socialist states especially countries located in Central Europe. Populations primarily affected are MSM (men having sex with men) (in Czech Republic and Hungary) and IDUs (in Poland, Serbia, and Montenegro). HIV epidemics in many other countries of the region are still at their early stages, and their future direction and scope are not yet clear.

In this study, in-depth semi-structured interviews were conducted with the Directors of large HIV prevention NGOs in countries throughout Central and Eastern Europe. The purposes of these interviews were to gather systematic information about NGO organizational characteristics, budgets, funding sources, and sources of information used for program development; the types of HIV prevention programs carried out and populations served by NGOs in the region; and barriers faced by the organizations. In addition to these quantitative profiles of a multinational sample of Central and Eastern European NGOs, the interviews provided detailed information about innovative prevention programs that appeared effective and were especially well-received in the NGOs' communities. This article concludes with case study descriptions of several of these exemplary programs.

METHODS

Identification and Selection of Study NGOs

NGOs in this research were organizations participating in the Global AIDS Intervention Network (GAIN) Project, a study evaluating the effectiveness of computer-based methods for improving information exchange and technology transfer between HIV prevention researchers and international service providers.

A previous paper described activities of AIDS prevention NGOs worldwide (20). Findings reported in this article are from in-depth interviews conducted with NGOs in Central and Eastern Europe prior to their participation in the GAIN Project.

The study sample consisted of leading and well-established HIV prevention NGOs actively carrying out service programs in Central and Eastern Europe. A two-stage selection process was used to identify the sample of NGOs. First, international directories and databases of NGOs active in HIV prevention in each country were searched. These included the databases of the European Council of AIDS Service Organizations (EuroCASO), UNESCO, UNAIDS, UNDP, and AIDS Organisations Worldwide (21). Additional sources were NGO presentations made at international and regional AIDS conferences over the past three years and lists of NGOs participating in regional AIDS consortia and networks. In the second phase of the search process, and especially for countries where more than one HIV prevention service provider had been found, we used both citations across multiple databases and expert recommendations to identify which NGO appeared best established and had the greatest scale of direct service HIV prevention activity in its community or country. All of the NGOs contacted agreed to participate in the study. The sample consisted of 29 NGOs, one or two per country. All states in Central and Eastern Europe and Central Asia were represented except two former Yugoslavian republics. A listing of NGO cities and countries is in Table 1.

Table 1. Countries and cities represented in the study sample of NGOs in Central and Eastern Europe, and former Soviet Republics of Central Asia

Albania (Tirane)	Moldova (Chisinau)
Armenia (Yerevan)	Poland (Szczecin)
Azerbaijan (Baku)	Poland (Zielona Gora)
Belarus (Minsk)	Romania (Bucharest)
Belarus (Svetlogorsk)	Russia (Barnaul)
Bulgaria (Sofia)	Russia (Moscow)
Czech Republic (Prague)	Slovakia (Bratislava)
Estonia (Tallinn)	Slovenia (Ljubljana)
Georgia (Tbilisi)	Tajikistan (Khorugh)
Hungary (Budapest)	Turkmenistan (Ashgabat)
Kazakhstan (Almaty)	Ukraine (Kiev)
Kyrgyzstan (Bishkek)	Ukraine (Odessa)
Latvia (Riga)	Uzbekistan (Tashkent)
Lithuania (Vilnius)	Yugoslavia (Belgrade)
Macedonia (Skopje)	

In-depth Interviews with NGO Directors and Measures Administered

Between autumn 2001 and spring, 2002, in-depth semistructured telephone interviews were carried out with the Director or the Prevention Director of each NGO in the study. Interviews, conducted by professionals with backgrounds in social or behavioral sciences and familiarity with HIV prevention programs, were carried out in English or Russian depending on the language preference of the

NGO Director. The interviews, which lasted for two to three hours, followed a standardized script that included both closed- and open-ended questions; interviewers probed as needed to obtain full responses. Because the assessment interview elicited very specific information that might not be known without advance preparation, Directors were provided with a copy of the questionnaire in advance of the telephone interview. NGOs were compensated to offset the staff time needed to compile and organize the data. The following areas were assessed in each interview:

Current HIV prevention direct service programs being offered by the NGO. The interviewer asked the Director to identify the NGO's three largest HIV prevention programs. If a NGO offered fewer than three programs, only the number offered were described. For each program, the Director responded to a series of open-ended questions and probes intended to provide a detailed picture of the program's methods, goals, and operation (e.g., "Please tell me how the program is implemented, the people it is designed to help, and how it works;" "What exactly is done in this program?;" "What is the goal of the program and how often is it offered?;" and "Who conducts the program, staff or volunteers?").

Client populations served by NGO HIV prevention programs. The interviewer summarized the community populations that the Director said were served by the three largest NGO programs. The Director was then asked to identify any other populations that were served by the NGO during the past six months.

NGO funding sources. Each Director identified the funding sources for their NGO's activities and indicated the approximate proportion of the total current-year budget derived from each funding source.

Sources of information most useful to NGOs. The interviewer asked the Director to identify, in order, the three sources of information that were most useful for planning and conducting new HIV prevention programs.

Barriers faced by the NGO. The interview elicited information about the types of barriers, obstacles, or challenges encountered by the NGO when implementing HIV prevention programs. Each Director was asked to identify the three greatest barriers faced by the NGO in order of importance. Although most NGOs could spontaneously describe barriers they faced, the interviewer used followup probes when needed to clarify the nature of barriers that were reported (e.g., funding, governmental agency difficulties, locating and training staff, cultural barriers, lack of priority given to AIDS, and stigma associated with the disease).

Interview Coding and Summarization

Because of the large quantity of information elicited in them, all interviews were audiotape recorded. Shortly following the conduct of an interview, the interviewer listened to the audiotape and wrote summaries of the Director's responses to each question and within each topic domain. These written summaries, translated into English, were reviewed by a team of experienced HIV prevention researchers. Members of this team coded responses from the written interview summaries into categories: types of NGO funding sources, types of HIV prevention programs offered by the NGO, community populations served, and types of barriers faced by the NGO.

NGO Background Characteristics

NGOs in the sample were located in cities with a median population of 965,350 residents. They had been carrying out HIV

prevention activities in their communities for a median of 4.0 years. The median annual NGO budget devoted to HIV prevention activities was 35,549 USD (range: 630 - 450,000 USD). NGOs had medians of 5.0 full-time staff and 5.0 part-time staff. The median number of NGO volunteers was 28.0.

RESULTS

Populations Served by NGOs

The majority of NGOs in the sample (55%, n=16) worked with IDUs. Many NGOs targeted youth (48%, n=14) and the general population (31 %, n=9) with their prevention programs. However, specific vulnerable populations other than drug users were not often the focus of NGO prevention activities. Few NGOs (between 1 and 7) reported working with commercial sex workers, prisoners, men who have sex with men, and high-risk heterosexuals.

It is appropriate that large numbers of programs were directed toward IDUs because drug users predominate the current HIV epidemiology of the region. On the other hand, the incidence of sexually transmitted HIV in Central and Eastern Europe is increasing. Groups at high risk for sexual HIV transmission were infrequently reported as target populations for NGO programs even though HIV vulnerability is concentrated in specific groups rather than the overall population. Groups such as commercial sex workers (CSWs), men having sex with men (MSM) and prisoners are hard to reach and often highly stigmatized. These groups are in greater need of attention by prevention activities throughout the region.

Barriers to Effective Programs

When asked to name the three greatest barriers to HIV prevention program implementation, 72% of NGOs (n=21) cited lack of funding, 59% (n=17) reported their government's indifference or opposition, and 31% (n=12) named stigma as major obstacles. Equal numbers of NGOs (17%, n=5 each) reported low community perception of HIV risk or referred to the presence of other serious social problems including war and poverty as their greatest barriers.

During the interviews, Directors elaborated on how these barriers impacted on the conduct of their programs. Lack of financial support was a predominant barrier among the vast majority of NGOs throughout Central and Eastern Europe. However, many NGOs also cited their government's indifference or opposition to NGO programs and operation. In some countries, NGOs said their budgets were subject to such high taxation that the organizations could barely afford both to pay taxes and carry out the intended programs. There were reports by NGOs of losing office space due to pretexts that reflected public opposition to NGO programs. Some NGO Directors said that they could work effectively only in circumstances when governmental officials personally knew them. The Directors reported cases of public opposition to some HIV prevention programs seen as propagating stigmatized and marginalized behaviors including injecting drugs, engaging in commercial sex, or popularizing same-gender sex. Low community perception of HIV risk reported by NGOs in this sample is consistent with other studies' findings showing that even population members at high risk perceive HIV as a distant threat (17, 22). In addition, there is not a longstanding history of community self-identification

throughout Central and Eastern Europe. Some NGOs said they operated under circumstances where HIV prevention was not perceived to be important because of the presence of other pervasive social hardships that were more pressing in their countries.

NGO Funding Sources

One-third (31%) of NGO budgets were provided by international or national charitable foundations, and the same proportion (31%) of NGO budgets were derived from international aid organizations. Nearly 15% of NGO budgets were funded by home-country governments, while foreign governments supplied approximately 10% of the funds used by NGOs. Finally, 9% of NGO budgets were raised by self-funding efforts and 4% came from other sources.

International organizations that most often sponsored NGO HIV prevention activities in the region were UNAIDS, UNDP, UNICEF, as well as the “Open Society Institute,” a major charitable foundation founded by George Soros. A high level of reliance on a limited number of funding sources creates the risk of instability because these sources are not assured. In-country governments in Central and Eastern Europe provided only a small percentage of budget contributions to support the activities of NGOs in the sample. This may indicate low awareness by local authorities about the HIV epidemics in their countries, low priority given to AIDS, or lack of national resources for preventing HIV.

Sources of Information Used by NGOs for Program Development

When NGOs were asked to name the three sources of information that they found to be most useful for HIV prevention work, 69% (n=20) said that sharing ideas with other NGOs, 62% (n=18) reported that conferences, and 48% (n=14) said that the Internet were among their most useful resources. Forty-one percent (n=12) cited the materials of UNAIDS/WHO. Smaller numbers identified journal articles (24%, n=7) and program manuals (21%, n=6) as useful information sources. Fourteen percent (n=4) named their own countries’ governmental bodies.

Types of Programs

Table 2 reports on the types of HIV prevention programs that NGOs in the current sample carried out in the past six months. As the Table shows, the most frequently reported program types were needle exchange, peer education, and AIDS education factual presentations and the distribution of AIDS education handouts. A smaller number of NGOs in the sample reported offering intensive individual sessions or group workshops on HIV risk reduction and individual community outreach.

There is a large body of literature that supports the effectiveness of needle exchange as a structural intervention for HIV prevention among IDUs (23, 24). If undertaken on a large enough scale, needle exchange programs can reduce HIV incidence among drug users in a region. Peer education and individual community outreach programs predominantly targeted high-risk populations including youth, CSWs, or IDUs. Intensive individual risk-reduction sessions and group workshops were among the most comprehensive programs reported by NGOs, but only a few organizations offered programs of this kind. Much more common were factual presentations about AIDS and the distribution of AIDS educational materials.

During the course of the interview data collection, some programs reported by NGO Directors appeared particularly innovative and distinctive, and carry the potential for replication by others. Five exemplary programs are described below.

EXEMPLARS OF HIV PREVENTION PROGRAMS IN FIVE COUNTRIES

Uzbekistan: Using Community Political Structures to Implement Programs

AIDS prevention NGOs in many countries report lack of government support, indifference, or opposition as major barriers to their programs. In contrast, the NGO “Sabo” in Tashkent, Uzbekistan developed ways to engage the existing political infrastructure to collaborate and share the success of HIV prevention programs.

The territory of Uzbekistan is divided into 50 districts that are called “mahalyas”. Mahalya is a traditional form of community authority responsible for dealing with local problems and other aspects of community life. Decisions made by the mahalya authorities are well-accepted by the public and other institutions. Each region’s mahalya headquarters have women’s committees, members of which are elected by the women living in that particular neighborhood. Sabo targeted the Tashkent (capital city) women’s committee members through previous programs in order to raise their awareness and strengthen attention toward issues of HIV, STDs, and family planning in the community. Later, Sabo established a collaboration with women activists who were members of the mahalya women’s committee. With this base of local political support, HIV prevention programs were first established in public schools, and included trainings and AIDS education competition activities among the students. Later, mahalya members endorsed the conduct of HIV prevention lectures at universities and the establishment of a “School for Newly-Weds” at the city marriage registration palace. In this latter setting, young couples receive counseling about AIDS, STDs, pregnancy, and protection.

Because the NGO’s programs were well-accepted and proved popular, other Uzbekistani institutions invited NGO Sabo to work with additional populations such as newly-recruited military sol-

Table 2. HIV Prevention Programs in Eastern Europe (N = 29)

Program Type	% (n) of NGOs Offering Program Type
Needle exchange	45% (13)
Peer education	31% (9)
AIDS talks and print materials distribution	24% (7)
Intensive individual sessions and group workshops on HIV risk reduction	21% (6)
Individual outreach	21% (6)
AIDS hotlines and resource centers	14% (4)
Community event programs	14% (4)
HIV counseling and testing	7% (2)
Condom distribution	3% (1)
Mass media campaigns	3% (1)

diers. Later, the NGO identified an urgent need for HIV prevention work with commercial sex workers (CSWs), a group very hidden due to traditional public conservatism in Uzbekistan. Because of their earlier positive experience, the mahalya women's committee members assisted the NGO in accessing CSWs. Rapport-building communication to CSWs was successful after sex workers became certain that they were being invited to participate in a discussion about HIV prevention rather than moralism about their work. A series of AIDS education seminars for CSWs, held in the city AIDS Centre, were attended with great interest. In addition, anonymous HIV testing was provided. After a first wave of CSWs completed training, they themselves became volunteers to the NGO. In these roles, CSWs then accessed other CSWs and communicated HIV prevention messages to them. In addition, medical check-ups, legal advice, and psychological support were provided to the program participants. As the NGO became known and trusted, members of other hidden populations became program clients.

Albania's Youth Center: Making Prevention Services Attractive

A dominant model in the HIV prevention field is outreach, programs in which staff or volunteers provide services to members of the community in the settings where they naturally socialize, congregate, or live. A different approach to service provision is specifically creating a community center that attracts members of a target population, that meets their social or recreational needs, and that can - in the process - also serve as a vehicle conducting of ongoing HIV prevention activities. Action Plus NGO in Tirane, Albania has developed a Youth Services Center that provides a setting which attracts large numbers of young people to its social activities and, while they are there, engages them in a variety of AIDS prevention programs.

The Action Plus Youth Services Center carries out HIV prevention through a mix of drama programs, art exhibitions, and social events. Youth write, direct, produce, and act in original drama productions, often with AIDS prevention themes, carried out on a regular basis at the center. Action Plus sponsors poster and brochure creation activities in which young people design messages related to HIV prevention and avoiding drug use. Posters and brochures developed by center youth are printed on a mass scale and distributed to area schools and service programs. In addition to prevention, an objective of the center and its programs is to increase social tolerance towards persons living with HIV/AIDS.

Russia and Belarus: Establishing Schools for Volunteers

Volunteers play significant roles in NGO HIV prevention activities worldwide. However, having intentions to be a volunteer and to help one's community in preventing HIV/AIDS does not assure that volunteers have relevant skills. Volunteers are most effective if they have skills and competences that match the NGO's needs. The development of a skilled NGO volunteer work force requires establishing special education programs for volunteers. Two NGOs - "The Real World" in Svetlogorsk, Belarus and "Siberian Initiative" in Barnaul, Russia - have developed outstanding volunteer education programs. Both NGOs work with several target populations, but have youth as their main prevention focus. The NGOs use multiple strategies for attracting volunteers. For example, intensive volunteer training sessions are carried out in

outdoor settings and include activities such as mountain or river camps, social events, and sport games. Sometimes, willingness to become a volunteer is strengthened through increasing the social status of being a volunteer. For instance, some volunteers sign agreements with the NGO in which they express what they were willing to do. In other cases, the status of being a volunteer is awarded only after an individual successfully passes a special exam and participates in ongoing NGO prevention programs during the training period.

Training for volunteers in both NGOs is structured to achieve two main goals. One goal is to provide the volunteers with knowledge about AIDS transmission and risk reduction, to help volunteers to develop skills in how to stay safe, and then learn how to communicate HIV prevention messages to others. Another goal is to develop trainer skills among "volunteer students" so they can later conduct trainings for the next wave of volunteers. The Siberian Initiative successfully used this volunteer training program to achieve a rapid HIV prevention dissemination plan. Each volunteer participated in only two sessions, one session on AIDS education and communication and the other session on developing trainer skills. Despite its brevity, the program could quickly reach and mobilize large communities of youth in the region. Monthly maintenance sessions were held to keep volunteers informed, up-to-date, and motivated. During these followups, volunteers shared problems they encountered and received problem-solving advice.

Somewhat different than the Siberian Initiative, the "Volunteer School" program of The Real World uses a more intensive approach for training a smaller number of volunteers. The NGO established a volunteer training program of 40 academic hours, and each trainee is required to pass an exam at its conclusion. If the exam is successfully passed, the volunteer proceeds to the next training phase that is intended to train volunteers in how to conduct games, role plays, and other group facilitation techniques. During this phase of the program, each trainee gains practical experience by working with more senior volunteers or staff members.

Moldova: Trained School Teachers Educate Other Teachers in AIDS Prevention Methods

"TDV," or "Youth for the Right to Live," is an AIDS prevention NGO in Chisinau, the capital city of Moldova. The country has one of the highest HIV rates in the region, and it has limited national resources to confront the epidemic. Under these circumstances, a three-session seminar program "Young and Free" was established to train in HIV prevention schoolteachers and psychologists from many small towns and villages of the country. Topics of the seminar sessions include methods for communicating credible HIV prevention messages to students; providing information about AIDS, sexually transmitted diseases (STDs), and drugs; and sexual education methods. These educational components were led by National AIDS Centre professionals as well as by skin and venereal disease physicians. University and private school students then complemented the AIDS education lessons by leading interactive games and telling stories about their own HIV prevention experience. Teachers were asked to implement the AIDS education activities in their own schools. The lessons for students were named "Healthy Living" and included a significant HIV/STD and drug use prevention component. In order to maintain interest and motivation, the NGO announced a contest

asking teachers to write proposals for innovative HIV prevention programs. Seven winning applications were then awarded the funding needed for their implementation.

In addition to carrying out the HIV prevention program for students, teachers who initially participated in “Young and Free” program seminars engaged other teachers in their schools to also conduct AIDS education for their own students. These newly-engaged teachers established a second “wave” of the “Young and Free” program, and its full course was replicated. The teachers who were trained in the first wave served as trainers of the AIDS education seminars for the next wave of teachers. Because teachers from both waves knew each other well, the teachers from the second wave were likely to be more confident discussing intimate issues with students since these discussions were endorsed and supported by their professional peers, the teachers of the first wave.

This program, conducted in collaboration with Peace Corps Moldova, demonstrates the feasibility of reaching large numbers of vulnerable youth with HIV prevention information and advice. Schoolteachers are likely to be highly professional and experienced in working with youth, and school attendance in the region remains high. Adding HIV prevention activities to teachers’ school practice can be an effective and low-cost HIV prevention delivery method. The Young and Free Program demonstrated its feasibility and sustainability, and merits future evaluation.

DISCUSSION

NGOs are in a position to implement prevention programs with the potential to reach community populations vulnerable to HIV/AIDS. Nongovernmental organizations typically originate from, or are specifically developed to meet the needs of, their community constituencies. For that reason, their programs can be culturally tailored to the groups they serve. NGOs do not typically have large levels of organizational bureaucracy, are relatively autonomous from more restrictive policies that affect governmental agencies, and are able to quickly develop innovative programs that meet new and emerging community needs. For these reasons, HIV prevention NGOs can be major providers of services to vulnerable groups that cannot be effectively reached through official and traditional channels. NGO prevention programs, if carried out on a sufficiently large scale, can help to avert the HIV epidemic that is now threatening Central and Eastern Europe.

The traditional approach taken by public health bodies in Central and Eastern Europe to implement HIV involves prevention measures using traditional medical and educational infrastructures. There is little history of public health program implementation through governmental/NGO collaborations in Central and Eastern Europe. AIDS education can be carried out in public schools and in other educational venues, and HIV counseling can be provided in health care settings. On the other hand, NGOs are uniquely able to deliver prevention effectively and directly to at-risk population members in the community. The roles of NGOs in fighting the HIV epidemic should be more widely recognized at national levels. Over half of the NGOs in the sample reported governmental opposition or indifference as a significant barrier. Bridges must be built between governmental and nongovernmental agencies that are

working in the HIV prevention arena. In addition, governments need to support the community self-identification processes that have proven essential elsewhere for preventing HIV on a large scale.

To achieve their potential, other barriers that confront HIV prevention NGOs must be addressed. NGOs in this sample had exceedingly small levels of funding for their HIV prevention programs, and most were highly reliant on international aid sources; very little funding of NGOs in the sample was derived from their governments. Governmental budgets for AIDS prevention should direct appropriate levels of resources to effectively-functioning NGOs that work with populations most vulnerable and threatened by the disease. Several NGOs’ exemplary HIV prevention programs were described in this article. All NGOs in a country need access to descriptions of “best practice programs” in that country since they share the same cultural background, use the same language, and have experience in dealing with other issues unique to their country. Specialized resource centers for NGOs can serve as vehicles for information exchange and collaborative networking among NGOs, creating opportunities for disseminating exemplary programs on larger scales.

Distributing AIDS information brochures or giving AIDS education talks are programs that can be implemented relatively easily on a routine basis. In contrast, effective community-based programs are often more complex, are based on theory, and usually specifically target at-risk communities. Implementing programs of this kind requires higher NGO capacity and staff with higher professional backgrounds and skills. This suggests that NGOs need assistance in capacity development, in professional training for staff, and in employing effective fundraising mechanisms.

A large proportion of NGOs reported working with injecting drug users. However, few programs in the region targeted other stigmatized, high-risk populations including men who have sex with men or commercial sex workers. Over one-third of NGO Directors said that stigma was a major barrier for successfully implementing their programs. Overcoming stigma regarding HIV/AIDS and communities at risk are important components of a prevention agenda.

Community-based HIV prevention programs usually target members of identifiable at-risk populations with HIV prevention activities. However, not all individuals who engage in high-risk behavior identify themselves as part of a community at risk. In Eastern Europe, many men who have sex with men do not self-identify as part of the gay community, persons who engage in sex for commercial gain may not think of themselves as sex workers, and occasional drug injectors may not perceive themselves as part of a drug injector community. Under such circumstances, innovative programs are needed to reach these persons. Community mobilization is another element that enhances the positive impact of HIV prevention programs. NGOs can attract members of at-risk populations into social life activities of the community. A number of NGO Directors used recreational camps, music or theater programs, holiday events, or classes unrelated to AIDS as framework activities for their HIV prevention programs.

Among the major elements of the exemplary HIV prevention programs described in this article were activities that strengthened the motivation of NGO volunteers. Incorporating HIV prevention volunteerism into broader social activity programs increased volunteers’ motivation to work in the HIV prevention

field. In addition, virtually all best-practice programs created opportunities for volunteers' professional development. Exemplary programs employed training-for-trainers mechanisms, engaging the graduated trainers to educate new waves of HIV prevention trainers who then worked in their own organizations, settings, or neighborhoods.

Socioeconomic transition continues in many countries of Central and Eastern Europe. This transition includes changes in public values. Under circumstances of social and economic hardship that confront Eastern Europe, HIV prevention activities should be complemented by general health awareness campaigns. NGOs are challenged to promote broader health issues and link them with HIV prevention programs. HIV epidemics in the region are still potentially controllable. NGOs need immediate support to implement their activities on a larger scale.

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