

# RADIAN IMPACT REPORT

Five Years of Innovation and Impact  
Across Eastern Europe & Central Asia



**We can  
help end  
HIV here.**



A partnership between Gilead Sciences  
and the Elton John AIDS Foundation



# Foreword

In 2019, the Elton John AIDS Foundation and Gilead Sciences created RADIAN in response to an urgent situation: while much of the world is making progress toward ending HIV, Eastern Europe and Central Asia have been left behind.

Rather than funding isolated projects or short-term interventions, we built a partnership grounded in long-term systems change, combining decades of experience in community leadership, scientific innovation, and removing barriers to care. We designed RADIAN not just to deliver services, but to change how those services are sustained over time, partnering with local changemakers to maximize our impact.

The results speak for themselves. Over its first five years, RADIAN-supported partners have helped nearly 350,000 people access HIV-related services across Eastern Europe and Central Asia.

During our joint visit to Almaty, Kazakhstan in 2024, we witnessed the power of these interventions firsthand. We saw systems that were redesigned, barriers removed, and outcomes improved by the work RADIAN supports—reinforcing what’s possible when community organizations, clinicians, and local authorities work together with trust and shared urgency.

The urgency of this work is undeniable. According to the most recent UNAIDS data, Eastern Europe and Central Asia remains one of the only regions globally where new HIV infections continue to rise, and it is now the fastest-growing HIV epidemic in the world.

Put simply: we cannot end HIV everywhere unless we end it here.

This report details what RADIAN has achieved over its first five years (2019–2024), providing a practical blueprint for impact in complex environments and a foundation for where we go from here. That next chapter will require investment where the epidemic continues to grow, supporting community-led action, and inspiring systems to change from the inside out.

## Anne Aslett

Chief Executive Officer,  
Elton John AIDS Foundation

## Daniel O’Day

Chairman and Chief Executive Officer,  
Gilead Sciences



Photo by Jordi Matas

# Why Eastern Europe and Central Asia Required a Different Approach

Eastern Europe and Central Asia (EECA) is home to an estimated 2.1 million people living with HIV, yet progress across the region has lagged far behind global gains.<sup>2</sup>



Effective diagnostics, prevention, and treatment options already exist. Instead, structural barriers drive the epidemic in EECA: stigma and discrimination, criminalization of many of the people most affected by HIV, fragmented health systems, and chronic underinvestment in community-led responses.

RADIAN addresses these barriers directly by investing in local leadership, testing new approaches under real-world conditions, and demonstrating what works well enough that governments and major donors are willing to adopt it.

**Since 2019, RADIAN has supported initiatives across 25 countries, collectively representing more than 95% of people living with HIV in the region.**

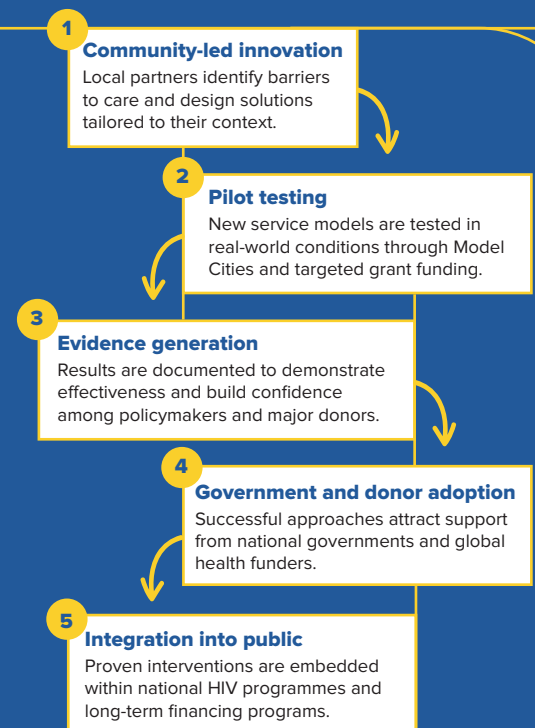
## The RADIAN Blueprint

RADIAN was designed with a simple belief at its core: lasting change happens when local voices are trusted to lead, supported to test new approaches, and given the flexibility to make those approaches work.

The RADIAN blueprint is built around sustained investment in local leadership, paired with the flexibility to respond as conditions change. This combination allows new ideas to emerge, take root, and ultimately reshape the systems around them.

**At the heart of this approach are two complementary forms of support.**

2. UNAIDS. (2025). Eastern Europe and Central Asia — Regional profile — 2025 Global AIDS Update — AIDS, Crisis and the Power to Transform.



# Model Cities

Model Cities are places where RADIAN commits deeply and over time. In these cities, community organizations, clinicians, and municipal authorities work side by side to redesign how HIV services are delivered.

Each city reflects its own political, social, and epidemiological realities. Local partners identify the barriers holding people back from care and develop solutions that fit their context. Whether that means changing how quickly treatment is initiated, integrating community-led services into public clinics, or reshaping referral pathways.

**The aim is to show what is possible when community leadership is treated as an essential part of the health system. When those approaches succeed, they create evidence and confidence needed for governments and major donors to step in and sustain them.**



## Unmet Need Fund

Alongside these long-term investments, the Unmet Need Fund supports local partners to reach people who are routinely excluded, whether because of criminalization, stigma, migration, or sudden political or humanitarian shocks. It also creates space to pilot new approaches outside of traditional funding streams, from digital outreach to cross-border continuity of care.

**The fund drives innovation through small, responsive investments that allow local organizations to test what works and adapt in real time.**



# The Almaty Model: The RADIAN Blueprint in Action

The Almaty Model for Epidemic Control (AMEC) offers the clearest example of how RADIAN’s blueprint translates into sustained impact.

Between 2020 and 2024, RADIAN supported AMEC in Almaty, Kazakhstan, under ICAP, a global health organization led by Columbia University, and in close partnership with local community organizations, clinicians, and municipal authorities. When RADIAN began this work, no other international donors were funding HIV services in the city.

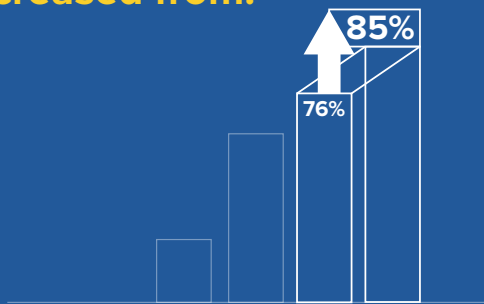


The RADIAN-funded AMEC has been a game-changer, allowing us to move beyond standard facility-based testing and implement truly person-centered strategies—like online self-testing and social network strategy for HIV testing—that would not have been possible through traditional funding streams alone. Ultimately, AMEC has acted as a catalyst for a sustainable, cost-effective response that has fundamentally transformed how our city supports people living with HIV.

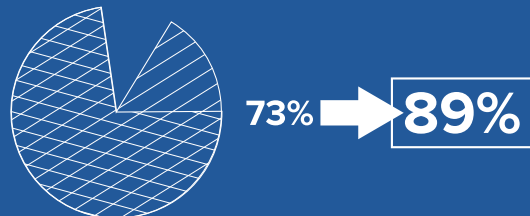
**Anna Deryabina**  
Regional Director, ICAP

By redesigning how services were delivered and coordinated, Almaty achieved measurable gains:

**Viral suppression increased from:**



**Antiretroviral therapy (ART) coverage increased from:**



**Median time from diagnosis to ART initiation:**



# Putting the Model into Practice

In Almaty, local organization Community Friends worked alongside public clinics to redesign how people move through care, from testing to treatment, without delay or disclosure-driven drop-off. Through RADIAN, community-led referral pathways became part of routine service delivery, embedding trust and speed into the city's HIV response.

Peer counselors like Vildamir put the model into practice, ensuring that those who need the most support don't have to navigate their care journey alone.

**Following demonstrated success, both the Global Fund and PEPFAR incorporated RADIAN-supported interventions nationally, including pre-exposure prophylaxis (PrEP) delivery, partner notification, and HIV self-testing.**



**VILDAMIR**  
Community Friends,  
Kazakhstan



The Almaty Model introduces approaches that have proven effective in other countries and projects. One of the key innovations is the use of digital technologies, including online ordering of HIV self-test kits. In addition, a regional PrEP Hub has been established in Almaty, where specialists from AIDS Centers and NGOs in Kyrgyzstan and Tajikistan have been trained.

**Alfiya Denebayeva**  
Deputy Chief Physician, Almaty AIDS Center

## At a Glance: Five Years of RADIAN's Total Impact

These numbers reflect redesigned systems, rebuilt relationships, and people reached after years of exclusion from care.

**349,574**  
people accessed  
HIV-related  
services

**188,913**  
people received  
HIV testing

**37,107**  
people living with  
HIV (re)initiated  
ART

**204,417**  
people accessed  
HIV prevention  
services

# Five Examples of RADIANT's System-Level Impact in EECA

## 1. Finding Infections Faster

RADIANT-supported partners focused testing on people most likely to be at risk, expanding index testing (offering HIV tests to partners of people newly diagnosed with HIV), social network strategies, and HIV self-testing. By focusing on people at highest risk, index testing identified HIV in roughly one in five people tested and in nearly one in three during early implementation in Almaty.

**By identifying infections faster and more efficiently, these strategies reduced strain on systems while accelerating progress toward epidemic control.**



## 2. Changing Attitudes Inside Health Systems

**Stigma remains one of the most persistent barriers to HIV care in EECA, often reinforced unintentionally by health institutions themselves.**

Across RADIANT-supported projects, more than 19,650 frontline workers received training on stigma and discrimination. In Almaty, provider knowledge and awareness increased from 64% to 93% following training embedded directly within public institutions.

For transgender people, stigma can be a decisive barrier to care. A 2024 study across 10 EECA countries found that while HIV testing and treatment are often formally available to trans people, transphobia, lack of provider competence, and rigid administrative requirements frequently block access in practice — particularly in public clinics and for migrants.<sup>3</sup> RADIANT-supported training and service redesign directly address these institutional gaps.

3 . Burtsev, E. (2024). Study on the access of trans people to medical services, including HIV prevention and treatment services and hormone replacement therapy in countries of the EECA region. ECOM.

### 3. Redesigning Health Systems

Across supported projects, partners documented 181 discrete system changes, including:

- Decentralized ART delivery
- Digital adherence support through SMS and Telegram bots
- Revised intake, referral, and data-sharing protocols

**These changes mark a move away from stand-alone, donor-run programs toward services integrated into public health systems, making them easier to sustain.**



### 4. Reaching People Who Use Drugs

**Across EECA, people who use drugs, particularly those using new synthetic drugs, are often invisible to traditional health services.**

In Kyrgyzstan, RADIANT-supported partners piloted a web-based harm reduction model that combined digital outreach with offline testing and treatment referral. The initiative was led by community organizers who understood that trust often begins online, long before someone is ready to walk into a clinic.

As a result, digital outreach accounted for up to 20% of all people who use drugs engaged by services, a significant expansion of reach. The model proved effective enough that it was incorporated into the Global Fund's 2024–2026 national program, embedding a once-experimental approach into formal financing.

## 5. Continuity of Care Across Borders

The war in Ukraine has been a major disruptive force for HIV services across Eastern Europe and Central Asia, driving large-scale displacement and interrupting treatment for many people living with HIV. At the same time, labor migration, economic instability, and long-standing cross-border movement have shaped access to care across the region. As displacement intensified following the ongoing conflict in Ukraine, RADIANT partners rapidly adapted services in host countries to support displaced populations.

**RADIANT-supported advocacy helped governments in Kyrgyzstan, Kazakhstan, Tajikistan, and Uzbekistan introduce remote ART initiation for citizens living abroad, ensuring treatment could continue even when people crossed borders.**

### Designing Care that Moves with People

In Kyrgyzstan, community health leader Dina works with migrants whose HIV treatment is often disrupted by border crossings. RADIANT-supported advocacy informed new national guidance allowing remote ART initiation, helping ensure continuity of care even when people cannot remain in one place.

HIV prevention and treatment for migrants had long been overlooked, with no real solutions in place. Many describe migration as a stressful and uncertain experience, but with RADIANT support, they were able to focus on work, goals, and building a future, knowing their health was taken care of.



**DINA**  
AFEW, Kyrgyzstan



## Lessons from Five Years of RADIANT

Across five years of implementation, several lessons have emerged about how progress can be achieved in complex HIV epidemics.

**Community leadership drives innovation:** Local organizations often identify barriers and solutions faster than traditional institutions, particularly for populations facing stigma or criminalization.

**Flexible funding enables experimentation:** Small, responsive investments allowed partners to test approaches that traditional donor programs could not initially support.

**Cities can catalyze system change:** Municipal partnerships provided opportunities to redesign services even where national policy environments remained constrained.

**Evidence builds confidence for adoption:** When innovations demonstrated measurable improvements in outcomes, governments and major donors were more willing to adopt and sustain them.

**Together, these lessons highlight the importance of investing in locally driven innovation while building pathways for those innovations to enter formal health systems.**

# Impact that Endures

**RADIAN measures success not only by immediate outcomes, but by what continues after funding cycles end.**

RADIAN was designed as a catalytic investment. By piloting new approaches and generating evidence of impact, the partnership helps unlock larger streams of financing. Once proven effective, many RADIAN-supported models transition into national HIV programs supported by mechanisms such as the Global Fund, PEPFAR, or municipal health budgets. This pathway allows relatively modest investments to drive system changes that continue long after initial funding ends.



In Almaty, municipal funding was secured for key population services for the first time, including KZT **6.5 million** allocated to **community-led shelters**



In Bulgaria, national and municipal authorities **renewed funding** for **harm reduction** following RADIAN-supported advocacy



**Community-led PrEP services** transitioned into **Global Fund support** for the 2024–2026 cycle



# RADIAN 2.0: Building What Comes Next

RADIAN's first five years showed, in the most challenging environments, locally driven approaches can reshape how care is delivered and prove that change can last.

The next phase builds directly on that foundation. Through an additional \$25 million investment, RADIAN will expand its geographic reach to address urgent needs and support communities facing the greatest barriers to care, including working with new partners in EU countries hosting people displaced by the war in Ukraine and helping improve access to HIV services alongside mental health and social support.

We're focused on scaling approaches that have already proven effective. This includes supporting partners to adapt and replicate successful models in new settings and expanding the Model Cities approach, including work to adapt the Almaty model for Samarkand Oblast, Uzbekistan.

In 2025, RADIAN launched three new funding streams: the Innovation Challenge Fund, the Equity Challenge Fund, and the RADIAN Success Replication Fund. Together, they support new ideas, address the root causes of the epidemic, and help proven solutions scale so momentum is not lost.

As global health priorities shift, Eastern Europe and Central Asia cannot remain an afterthought. The blueprint is proven. The evidence is strong. What comes next requires sustained commitment, shared responsibility, and the willingness to invest where the need remains greatest.

**RADIAN was built to show what works. The next chapter depends on others choosing to stand with this work, support local leadership, and help finish what has begun.**

**This is how we help end HIV here.**



