HEALTH PROFILE

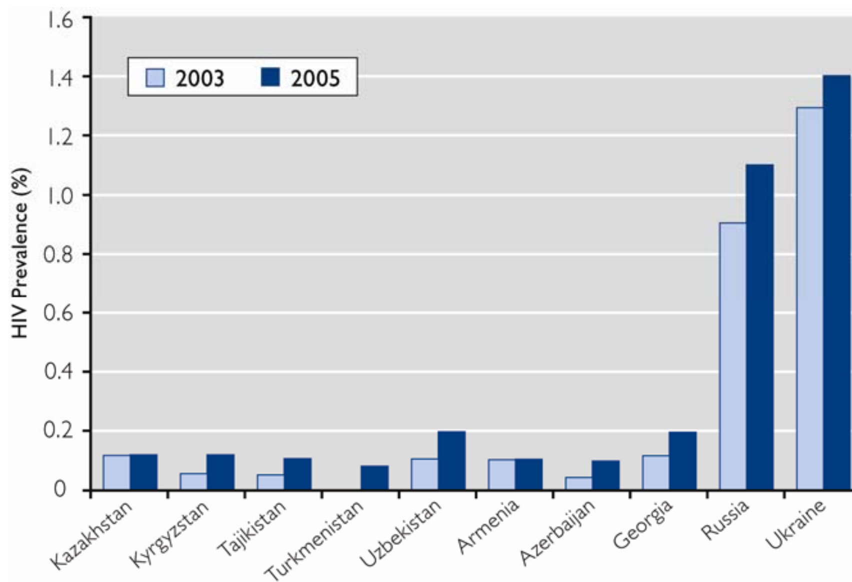
Europe and Eurasia

The U.S. Agency for International Development is a key partner in the U.S. President's Emergency Plan for AIDS Relief.

Overall HIV Trends

The HIV/AIDS epidemics in Europe and Eurasia continue to increase. The number of people living with HIV in this region reached an estimated 1.7 million in 2006, a 20-fold increase in less than a decade (UNAIDS, 2006). This past year approximately 270,000 people were newly infected with HIV, a 70 percent increase from 160,000 in 2004, and AIDS claimed an estimated 84,000 adults and children, a 75 percent increase from 48,000 in 2004. The overwhelming majority of people living with HIV in this region are young – 75 percent of the reported infections between 2000 and 2004 were in people less than 30 years old, and almost one-third of new infections are in youths aged 15 to 24 years. The pattern of the epidemic is changing in several countries, with sexually transmitted HIV cases making up a growing share of new diagnoses. Increasing numbers of women are being affected, many of them acquiring HIV from male partners who became infected when injecting drugs. In Russia and Ukraine, women accounted for more than 40 percent of new HIV diagnoses in 2005 (UNAIDS, 2006). Unless prevention efforts are stepped up, high levels of risky behavior suggest that HIV could strengthen its presence in the region.

Trends in HIV Prevalence, 2003–2005 (Adults 15–49 Years)



Source: UNAIDS. 2006 Report on the Global AIDS Epidemic.

The vast majority of the people living with HIV in this region – around 90 percent – are in Russia and Ukraine. The use of nonsterile injecting drug equipment is the predominant mode of transmission, accounting for 63 percent of HIV cases in 2005, although transmission due to unprotected sexual intercourse is increasing, accounting for 37 percent of HIV cases in 2005.

Russia has the largest number of people living with AIDS, with 940,000 infected at the end of 2005 (UNAIDS, 2006). Russia's epidemic is associated with factors rooted in the socioeconomic and sociopolitical upheavals of the 1990s, when economic and social dislocation created a climate in which drug markets, drug use, and related HIV risk thrived (Rhodes and Simic, 2005). This social instability and high youth unemployment are factors related to the high rate of injecting drug use; for example, 62 percent of drug users in St. Petersburg are unemployed. The epidemic continues to grow primarily among young people. Eighty percent of the people living with HIV in Russia are aged 15 to 30 years. The epidemic may be changing, as 35,000 new HIV cases were reported in 2005, a reduction from 87,000 cases reported in 2001, which may be related to substantially fewer cases among people who use nonsterile drug injecting equipment. However, prevalence still increases as the number of cases from unprotected sex continues to grow, especially among partners of IDUs and sex workers (UNAIDS, 2006).

Ukraine's HIV prevalence rate stands at 1.5 percent, the highest prevalence rate in all of Europe, with an increasing number of new HIV diagnoses occurring each year. The epidemic is concentrated among high-risk populations, such as IDUs and sex workers. Fueled by unsafe injecting drug use and unprotected sex, the epidemic is increasing. The number of newly reported cases per year continues to grow, rising to 13,786 in 2005, a 38 percent increase from 10,000 in 2003 and double the number diagnosed in 2000 (UNAIDS, 2006).

The five Central Asian Republics – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan – still have relatively low HIV prevalence, which is consistent with an epidemic in its early stages. Nonetheless, recent sharp increases in the number of new infections, high prevalence in vulnerable populations, and their position at the crossroads of the drug-trafficking routes between Asia and Europe suggest that they are highly vulnerable to a rapid acceleration of the epidemic. Among the republics, Uzbekistan is experiencing the most dynamic epidemic. The number of new infections has steadily increased from 28 in 1999 to 2,198 in 2005 (UNAIDS, 2006), primarily due to injecting drug use combined with commercial sex. Kazakhstan's epidemic is driven by similar factors, particularly among youth. Almost 964 HIV cases were reported in 2005 in Kazakhstan, one-third more than 699 reported in 2004. HIV has made less dramatic inroads in Kyrgyzstan, Turkmenistan, and Tajikistan. Each of these countries reported fewer than 180 new HIV cases, although in Tajikistan the epidemic has grown nearly fivefold, from 31 to 142 cases.

Economic and Social Impact of HIV/AIDS in the Developing World

The economic and social effects of HIV/AIDS are felt from the family level, where families experience the death and incapacity of loved ones and providers and must cope with the burden of caring for the sick and dying, to businesses, schools, hospitals, and other institutions that suffer the loss of valuable personnel and declines in productivity. Food security is threatened by the effects on food production and the reduced ability of households to afford a nutritious diet. School enrollments decline, and the payoffs of investments in education are undercut by high death rates among young adults. The economic costs of addressing HIV and its effects, both in the health sector and other economic sectors, divert resources from other important needs and from investments critical to economic development. In many cases, the impact of the epidemic on families, communities, and countries has feedback effects that influence the epidemic's future course – for example, poverty and the breakdown of social and economic systems impair community systems that could help stem the spread of infection.

Finally, HIV/AIDS has orphaned many children who are now raised by grandparents or live in households headed by other children. As parents die, the effects on children cannot be overstated. Many children orphaned by HIV/AIDS lose their childhood and are forced by circumstances to become producers of income and food, or caregivers for sick family members. They suffer their own increased health problems related to increased poverty and inadequate nutrition, housing, clothing, and basic care and affection.

Partnering for Success: USAID and the U.S. President's Emergency Plan for AIDS Relief

The U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, $15 billion, multifaceted approach to combating the disease in more than 120 countries around the world, with a special emphasis on 15 focus countries in Africa, the Caribbean, and Asia. In these focus countries, the Emergency Plan has set goals of supporting prevention of 7 million new infections, treatment for 2 million HIV-infected people, and care for 10 million individuals, including orphans and vulnerable children.

The Emergency Plan encompasses all U.S. Government international HIV/AIDS activities, including those implemented by the U.S. Agency for International Development (USAID). Under the Emergency Plan in Europe and Eurasia, USAID's staff of foreign service officers, trained physicians, epidemiologists, and public health advisors work with host governments, nongovernmental organizations (NGOs), and the private sector to provide training, technical assistance, and supplies – including pharmaceuticals – to prevent and reduce the transmission of HIV/AIDS and provide care and treatment to people living with HIV/AIDS. In fiscal year 2007, USAID will continue efforts to prevent the spread of HIV/AIDS using several interventions:

- The ABC approach to prevent sexual transmission of HIV – Abstinence, Be Faithful, Correct and Consistent Use of Condoms
- Prevention of mother-to-child HIV transmission
- Voluntary counseling and testing
- Injection safety and ensuring the safety of blood supplies
- Provision of therapy for concurrent illnesses and opportunistic infections, as well as palliative care
- Nutritional therapy
- Support for orphans and vulnerable children

USAID is uniquely positioned to support multisectoral responses to HIV/AIDS that address the widespread impact of HIV/AIDS outside the health sector. In particular, USAID is supporting cross-sector programs in areas such as agriculture, education, democracy, and trade that link to HIV/AIDS and mutually support the objective of reducing the impact of the pandemic on nations, communities, families, and individuals. Under the Emergency Plan, USAID also supports a number of international partnerships; provides staff support to the Global Fund to Fight AIDS, Tuberculosis and Malaria; and works with local coordinating committees of the Global Fund to improve implementation of the Fund programs and their complement to U.S. Government programs. Finally, USAID supports targeted research, development, and dissemination of new technologies and new packaging and distribution mechanisms for antiretroviral drugs.

USAID Support in Europe and Eurasia

In Europe and Eurasia, USAID support of the Emergency Plan targets several countries, some including Russia, Ukraine, Kazakhstan, Tajikistan, and Uzbekistan. Examples of USAID assistance include the following activities and interventions:

- Assisted in scaling up AIDS treatment services in high-prevalence regions in Russia; promoted public awareness and business community involvement; built high-level political leadership on HIV/AIDS; and supported the prevention programming of 20 NGOs to reach 36,000 commercial sex workers and injecting drug users with educational materials and medical and social services
- Helped 1,403 children remain in families through family preservation and reunification efforts in Russia
- Provided comprehensive psychological and social assistance services in Russia to more than 10,000 of the most vulnerable children and 7,000 families, including short- and long-term foster families, guardianship families, adopting families, and respite families
- Supported outreach and peer-led efforts in Georgia that benefited 12,668 high-risk individuals, with use of shared injecting drug equipment decreasing from about 79 percent in 2002 to below 43 percent in 2005 and commercial sex workers' use of condoms increasing from 86.7 percent to 94.4 percent during the same period
- Supported more than 80 health facilities in Ukraine and trained more than 400 doctors and midwives in prevention of mother-to-child HIV transmission (PMTCT)
- Provided 45,000 pregnant women in Ukraine with access to quality HIV counseling and testing and PMTCT services
- Provided technical assistance in the Central Asian Republics to support health care reform and improve access to quality health care while preventing and controlling infectious diseases, particularly HIV/AIDS

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