



U.S. Agency for
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Bureau for
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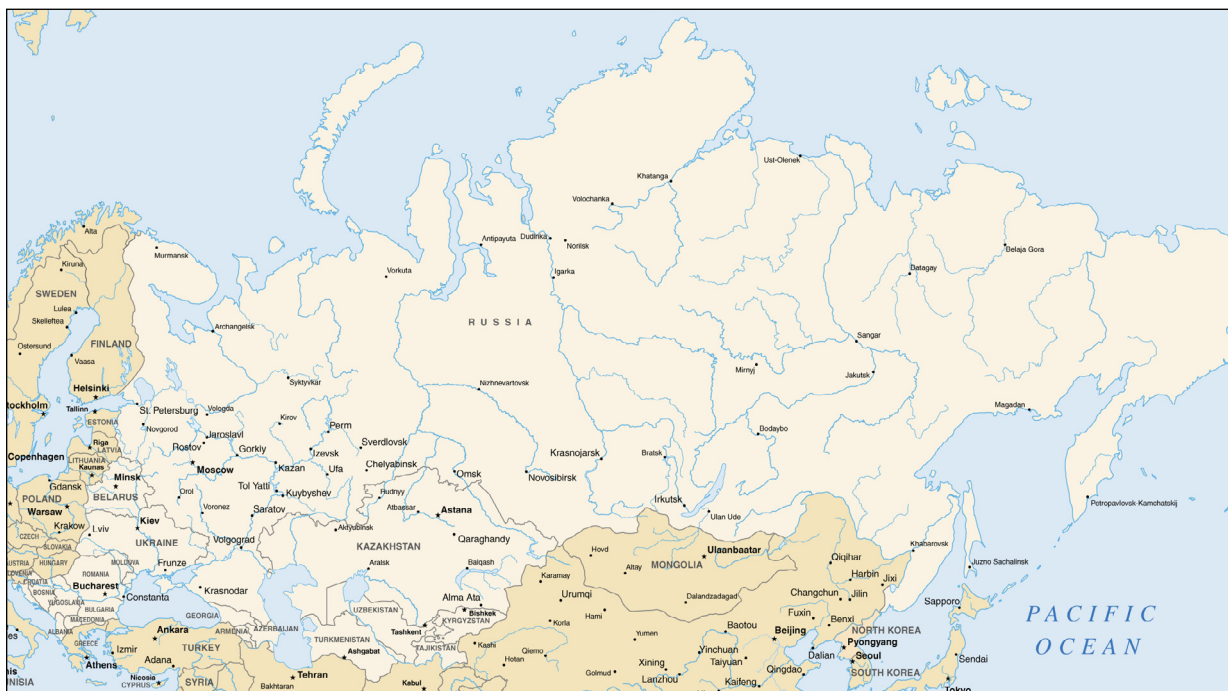
COUNTRY PROFILE

HIV/AIDS

EUROPE/EURASIA

HIV/AIDS epidemics in the Europe/Eurasia region vary widely. In many countries, both the number of AIDS cases and HIV prevalence are still low, but many indicators point to a growing epidemic in the region, driven initially by injecting drug use, but increasingly spread through sexual transmission as well. A decade ago, HIV/AIDS was virtually unknown in the region. Today, although overall numbers remain low, HIV is spreading rapidly. The Russian Federation, with 860,000 reported cases, and Ukraine, with 360,000 cases, are among the worst-affected countries. Belarus, Kazakhstan, and Moldova, however, all have prevalence of at least 0.2 percent (see table). In a region undergoing rapid change, growing injecting drug use, and much cross-border activity, the need for action to prevent further spread of HIV/AIDS and other sexually transmitted diseases is urgent.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the epidemic particularly affects the young and increasingly affects women. More than 80 percent of HIV-infected individuals in the region are under 30 years of age—a marked difference from affected populations in North America and other parts of Europe. Growing particularly quickly is the number of new infections in females; for example, in Russia, infections among females are up from one-in-four in 2001, to one-in-three infections in 2003. This suggests that sexual transmission is increasing, especially among injecting drug users and their partners, but also in the general population. The spread of HIV/AIDS from high-risk populations to the general population is occurring in the countries with the oldest epidemics: Russia, Ukraine, Belarus, and Moldova. Emerging issues include increased mother-to-child transmission, increased prevalence among blood donors, and increased HIV prevalence among those seeking treatment for sexually transmitted infection (from UNAIDS, *The Changing HIV/AIDS Epidemic*).



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Map of Europe/Eurasia

High rates of sexually transmitted infections among young people make them particularly vulnerable to acquiring HIV.

The Central Asian Republics (Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistan) still have low HIV prevalence, but they have experienced a rapid rise in infections in just a couple of years. Central Asia is part of a well-established drug-trafficking route between East and West and thus has many conditions that can lead to an accelerating epidemic: high rates of injecting drug use, migration, rising rates of sexually transmitted infections, and increasing numbers of women who use injecting drugs and/or engage in commercial sex work. Although overall HIV/AIDS prevalence is low, among high-risk populations in Central Asia, prevalence is estimated to be over 5 percent.

The Europe and Eurasia region's overall relatively low HIV/AIDS prevalence probably does not reflect actual conditions but, instead, results from underreporting for several reasons. Current data are based on reported AIDS cases and do not include asymptomatic HIV-positive individuals. In much of the region, surveillance is based solely on such data collection rather than on behavioral surveillance, thus missing the trends and behaviors that cause people to become HIV-infected. Where HIV testing does occur, it generally does not reach injecting drug users, who may be marginal to society and highly subject to stigma. Large numbers of infected individuals may not be coming into contact with HIV-testing programs and thus are missed in estimations of prevalence.

NATIONAL/REGIONAL RESPONSE

National responses to the low but escalating HIV/AIDS epidemic have varied across the region, with some

Europe/Eurasia Countries That Receive USAID HIV/AIDS Assistance	
<i>Southeast Europe</i>	
Albania	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	-
Total Population (2004)	3,194,000
Adult HIV Prevalence (end 2003)	-
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Bosnia and Herzegovina	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	900
Total Population (2004)	4,186,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	-
Bulgaria	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	under 500
Total Population (2004)	7,829,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	2.8%
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Croatia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	under 200
Total Population (2004)	4,416,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Kosovo	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	-
Total Population (2004)	-
Adult HIV Prevalence (end 2003)	-
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	-
Macedonia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	-
Total Population (2004)	-
Adult HIV Prevalence (end 2003)	-
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Romania	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	6,500
Total Population (2004)	22,280,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	0.3%
HIV Seroprevalence in Urban Areas (population least at-risk)	0%

Sources: UNAIDS, U.S. Census Bureau.

countries identifying the emerging problem and demonstrating strong political commitment to address it much sooner than others. But all countries now have national HIV/AIDS plans, and most have successfully applied for at least initial grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Bulgaria, Croatia, Macedonia, and Romania have shown particularly strong national commitment to fighting the HIV/AIDS epidemic. Romania developed a National HIV/AIDS strategy in 1999, and in 2001 established the National Multisectoral AIDS Commission under the authority of the prime minister. Declaring HIV/AIDS to be a top health priority, the country developed a plan for universal access to HIV/AIDS treatment, committing \$25 million in public-sector funds to provide antiretroviral therapy. Romania has also passed a “special law” for HIV prevention and protection of people living with HIV/AIDS. Croatia, whose epidemic is primarily among men who have sex with men, also provides access to antiretroviral therapy through its public health system, and the Ministry of Health works with nongovernmental organizations in developing prevention and treatment outreach. Macedonia is taking measures to reinforce and invigorate its national HIV/AIDS program, and it is launching a school campaign on healthy lifestyles.

USAID Response

The still relatively low infection rate in the region offers a unique opportunity to reverse the escalating trend of recent years. Even so, many countries in the region suffer from a number of social conditions that coincide with the spread of HIV/AIDS: poverty, fragile health infrastructures, reduced social services, civil conflict, low levels of knowledge about how to prevent

Europe/Eurasia Countries That Receive USAID HIV/AIDS Assistance (cont'd)	
<i>Transition Countries</i>	
Belarus	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	12,000
Total Population (2004)	9,852,000
Adult HIV Prevalence (end 2003)	0.2%
HIV Seroprevalence in Urban Areas (population most at-risk)	6.7%
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Moldova	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	5,500
Total Population (2004)	4,263,000
Adult HIV Prevalence (end 2003)	0.2%
HIV Seroprevalence in Urban Areas (population most at-risk)	1.3%
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Russian Federation	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	860,000
Total Population (2004)	142,397,000
Adult HIV Prevalence (end 2003)	1.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	2.3%
HIV Seroprevalence in Urban Areas (population least at-risk)	-
Ukraine	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	360,000
Total Population (2004)	48,151,000
Adult HIV Prevalence (end 2003)	1.4%
HIV Seroprevalence in Urban Areas (population most at-risk)	1.8%
HIV Seroprevalence in Urban Areas (population least at-risk)	0.2%
<i>Caucasus Countries</i>	
Armenia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	2,600
Total Population (2004)	3,052,000
Adult HIV Prevalence (end 2003)	0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	7.5%
HIV Seroprevalence in Urban Areas (population least at-risk)	0.1%
Azerbaijan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	1,400
Total Population (2004)	8,447,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	0.2%
HIV Seroprevalence in Urban Areas (population least at-risk)	0.1%
Georgia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	3,000
Total Population (2004)	5,074,000
Adult HIV Prevalence (end 2003)	0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	0%
HIV Seroprevalence in Urban Areas (population least at-risk)	0%

HIV/AIDS, and high levels of injecting drug use.

USAID recognizes this opportunity and the importance of early prevention and control efforts if the epidemic is to be contained. USAID has provided HIV/AIDS support at a steadily increasing pace since a grant to Russia in 1995. In FY 2002, USAID HIV/AIDS support to the region through country and regional programs amounted to \$16.9 million; in FY 2003, it increased to \$19.1 million.

USAID currently provides both country support and regional support through two major programs. A third program, which ended in September, provided support for HIV/AIDS activities to Baltic countries. Finally, USAID provides technical assistance to a range of countries to help them develop HIV/AIDS programming and obtain funding from the Global Fund.

RiskNet: Reducing Vulnerability in Southeastern Europe

A USAID-supported study in 2002 determined that young and marginalized populations in southeastern Europe are highly vulnerable to HIV/AIDS. The combination of increases in injecting drug use; high incidence of sexually transmitted infections; high-risk behaviors; human trafficking; tourism; high unemployment; weakened health care systems; and low funding for prevention, diagnosis, and treatment of

HIV and sexually transmitted infections, means that young people and marginalized people—including injecting drug users, commercial sex workers, men who have sex with men, and ethnic minorities—are at heightened risk for contracting HIV/AIDS. Although condoms are available on the local market, transmission of HIV and sexually transmitted infections cannot be controlled until these other risk factors are addressed.

RiskNet was created jointly by USAID and the United Nations Fund for Population Activities (UNFPA) to address these vulnerabilities and to prevent transmission of HIV and sexually transmitted infections in Bosnia-Herzegovina, Bulgaria, Croatia, Macedonia, and Romania. RiskNet is a regional network of nongovernmental organizations that focuses on high-risk behavior groups; it offers testing and counseling for sexually transmitted infections or gives referrals to clinics that offer these services. RiskNet strengthens the capacity of local nongovernmental organizations to design and implement effective prevention interventions aimed at HIV and sexually transmitted infections in order to promote sexual health. USAID and UNFPA developed a joint work plan in 2002. USAID's contribution is to provide grants, primarily to local nongovernmental organizations, that fund cross-border HIV/AIDS-prevention activities. (The nongovernmental organizations themselves do not execute cross-border activities. RiskNet, though, is cross-border in that it is an

Europe/Eurasia Countries That Receive USAID HIV/AIDS Assistance (cont'd)	
<i>Central Asian Republics</i>	
Kazakhstan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	16,500
Total Population (2004)	15,403,000
Adult HIV Prevalence (end 2003)	0.2%
HIV Seroprevalence in Urban Areas (population most at-risk)	0%
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Kyrgyzstan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	3,900
Total Population (2004)	5,208,000
Adult HIV Prevalence (end 2003)	0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Tajikistan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	under 200
Total Population (2004)	6,298,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Turkmenistan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	under 200
Total Population (2004)	4,949,000
Adult HIV Prevalence (end 2003)	less than 0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%
Uzbekistan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	11,000
Total Population (2004)	26,479,000
Adult HIV Prevalence (end 2003)	0.1%
HIV Seroprevalence in Urban Areas (population most at-risk)	-
HIV Seroprevalence in Urban Areas (population least at-risk)	0%

Sources: UNAIDS, U.S. Census Bureau.

international network.) UNFPA focuses on mass-media condom social marketing, particularly to increase condom demand and use among high-risk youth. In January 2003, the first regional workshop was held to develop implementation strategies.

These strategies were improved upon at subsequent regional workshops at which RiskNet members used their field experience to help design activities that are appropriate for the entire region. As RiskNet enters its third year, the nongovernmental-organization members have established not only professional ties, but also personal ones, resulting in even greater exchanges of information and ideas across the region. Ongoing e-mail exchanges among members provide updates on conferences and workshops, interesting news articles, funding ideas and sources, and donor information, as well as new implementation ideas. This communication and the annual workshops help to reinforce HIV/AIDS-prevention efforts across borders and throughout the region. UNFPA no longer funds RiskNet.

YOUTHNET

Since its inception in 2001, YouthNet has collaborated with UNFPA to improve the quality of peer education and youth programming in Eastern Europe and Central Asia as part of the Y-PEER network. Y-PEER is a joint effort to build the capacity of national nongovernmental organizations and governments to implement, supervise, monitor, and evaluate peer HIV/AIDS education programs in the region. The project also focuses on reinforcing the status and credibility of peer education in the region and contributes to strengthening sexuality education programs through the development of life skills.

Y-PEER stands for youth peer education resources. The network is linked through capacity-building activities and a website, <http://www.youthpeer.org>. This site is home to the largest collection of youth peer education resources on the Web, including country-specific and local-language materials. In particular, YouthNet has taken the lead in the development of an interactive CD-ROM and Web version to teach peer educators the technical content of HIV/AIDS and reproductive health. The CD-ROM is composed of seven modules: contraception, drug abuse, HIV/AIDS, peer education, reproductive health, sexuality and gender, and sexually transmitted infections. The CD-ROM is highly interactive and offers videos, games, quizzes, and other tools in each module.

YouthNet has participated in the design and implementation of many Y-PEER program elements and also conducts training and provides technical assistance to nongovernmental organizations. YouthNet's mandate assures a comprehensive and multisectoral response to reducing the vulnerability of young people to HIV/AIDS, which empowers them to become active partners in HIV/AIDS prevention. In the coming year, efforts will focus more on identifying successful methodologies to reach especially vulnerable young people and ensure that appropriate technical resources are available.

An outside evaluation commissioned by UNFPA found that Y-PEER appears to be an effective way to involve and mobilize young people in the process of behavior change. As of early 2004, 184 organizations from 22 countries were involved in the Y-PEER network. The total number of youth reached in the region through the pyramid training scheme and peer education activities is estimated to exceed 1.3 million.

BALTIC SEA INITIATIVE

In May 2000, during the Baltic Sea Initiative consultation on HIV/AIDS prevention in the Baltic Sea Region, the governments of Latvia, Lithuania, and Estonia and the cities of St. Petersburg and Kaliningrad declared their support and commitment to the full implementation of the "Baltic Sea Strategy and Action Plan." The Action Plan contains a set of interventions to prevent a widespread HIV epidemic in the Baltic Sea Region by addressing most-at-risk populations, expansion of sexually transmitted infection prevention and control programs, and comprehensive and sustainable health promotion for youth with a focus on vulnerable groups. USAID welcomed this Action Plan and agreed to financially support it through the services of an HIV/sexually transmitted infection International Technical Advisor and related activities.

With funding from USAID through IMPACT, Family Health International was asked to support the establishment of a Network of Excellence in order to facilitate the dissemination of existing expertise of various governmental and nongovernmental organizations in the region and to support the HIV/AIDS International Technical Advisor seconded to the Council of Baltic Sea States as part of the Action Plan.

The Baltic Sea HIV/AIDS Regional Initiative support was designed on two levels:

- 1) To respond to urgent national-level priorities, especially those that could contribute to cross-border, twinning, or regional efforts.
- 2) To identify, strengthen, and support a region-wide knowledge management system.

By design, the purpose of the Network of Excellence was to support capacity development in conjunction with a networking process in order to strengthen civil society and multisectoral collaboration. This was to be accomplished by:

- facilitating the exchange of information, experience, skills, lessons learned and research
- greater coordination between individuals and programs at the local, national, regional and international levels
- developing and sharing experience in areas of program management, technical expertise, training, monitoring and evaluation, and policy formulation
- further developing the capacities and skills of practitioners through peer-to-peer exchanges
- improving the quality of programs by offering technical standards and models of effective interventions

TECHNICAL ASSISTANCE: DEVELOPING SUCCESSFUL HIV/AIDS PROGRAMS

The Global Fund is an international, multidonor, public-private partnership created to dramatically increase available resources to fight the world's three most devastating diseases. The United States is the largest single country donor to the Global Fund and has played a strong role in its formation. Grants from the Global Fund to various European and Eurasian countries are significant to these countries' abilities to implement effective HIV/AIDS programming. The USAID Europe and Eurasia Bureau has provided technical assistance for proposal preparation as well as for implementation, monitoring, and evaluation of grant awards.

IMPORTANT LINKS AND CONTACTS

USAID/Europe-Eurasia

http://www.usaid.gov/policy/budget/cbj2004/europe_eurasia/

USAID HIV/AIDS Website, Russia

http://www.usaid.gov/our_work/global_health/aids/Countries/eande/russia.html

USAID HIV/AIDS Website, Ukraine

http://www.usaid.gov/our_work/global_health/aids/Countries/eande/ukraine.html

USAID HIV/AIDS Website, Central Asia

http://www.usaid.gov/our_work/global_health/aids/Countries/eande/caregion.html

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