HIV/AIDS HEALTH PROFILE

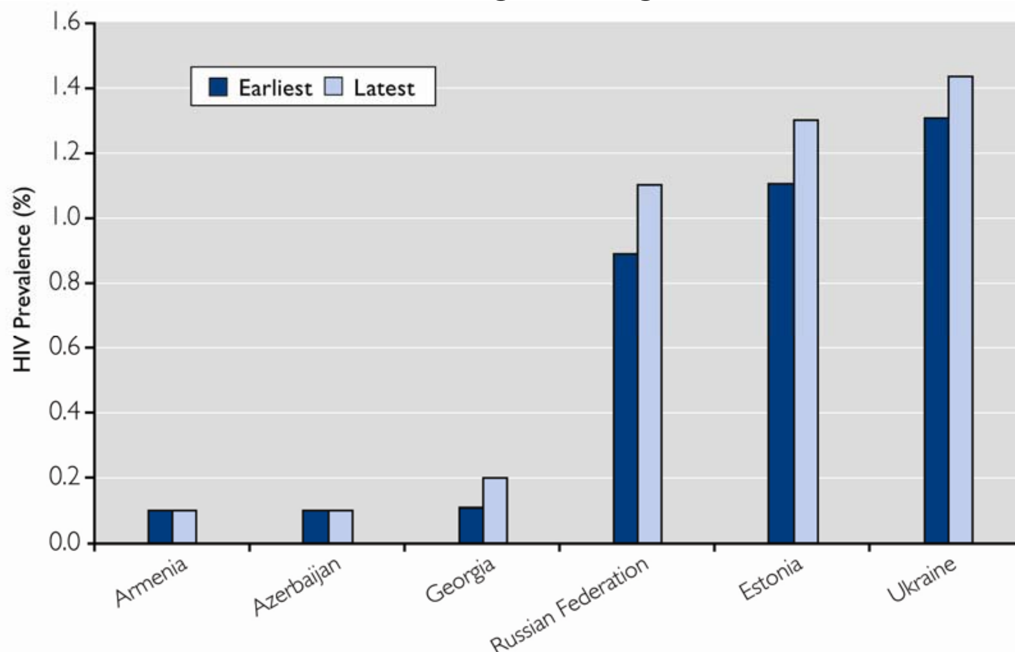
Europe and Eurasia Region

Overall HIV Trends

The HIV/AIDS epidemics in Eastern Europe and Eurasia continue to grow, although not as rapidly as they did in the late 1990s. Unless prevention efforts are stepped up, high levels of risky behavior suggest that the number of people newly infected with HIV will continue to climb.

The number of people living with HIV in Eastern Europe and Eurasia reached an estimated 1.6 million in 2007, compared with 630,000 in 2001. In Eastern Europe, the estimated annual number of new infections decreased from 230,000 in 2001 to 150,000 in 2007, with the difference mainly due to the slower growth of the HIV epidemic in Russia, which has the region's largest epidemic. Nearly 90 percent of newly reported HIV diagnoses in the region in 2006 were from two countries: Russia (approximately 66 percent) and Ukraine (nearly 21 percent). Of the new cases reported in 2006 for which there was information on mode of transmission, nearly two-thirds (62 percent) were attributed to injecting drug use, and more than one-third (37 percent) were ascribed to unprotected heterosexual intercourse. Regionally, AIDS claimed the lives of an estimated 55,000 adults and children in 2007, compared with 8,000 in 2001. The majority of people living with HIV are young, with almost one-third of new infections occurring in youths aged 15 to 24. This contrasts with Western Europe, where 10 percent of new infections are in this age group. Estonia continues to have the highest rate of newly reported HIV diagnoses (504 per 1 million population) and one of the highest estimated adult national HIV prevalence rates (1.3 percent in 2005) in all of Europe.

HIV Prevalence Rate Among Adults Aged 15 to 49 for 2003–2008



Source: UNAIDS 2006 Report on the Global AIDS Epidemic. Comprehensive External Evaluation of the National AIDS Response in Ukraine Consolidated Report Zero Draft June 2008.

The HIV epidemic in Russia continues to grow, although more slowly than in the late 1990s. The annual number of newly registered HIV cases declined between 2001 and 2003, from 87,000 to 34,000, but it has subsequently started to increase again. In 2006, 39,000 new HIV diagnoses were officially recorded, bringing the total number of HIV cases registered in Russia to about 370,000. However, these cases represent only officially documented HIV cases that have been in direct contact with Russia's HIV reporting system. Injecting drug use remains the main mode of HIV transmission in Russia. Of the newly registered HIV cases in 2006 where the mode of transmission was known, two-thirds (66 percent) were due to injecting drug use and about one-third (32 percent) to unprotected heterosexual intercourse. The latter proportion has been increasing steadily since the late 1990s. Overall, women made up about 44 percent of the newly registered cases in 2006. Russia's epidemic is overwhelmingly young, with 80 percent of people living with HIV aged between 15 and 30. A 2005 study found that 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. This social instability and high youth unemployment are factors related to the high rate of injecting drug use; for example, 62 percent of injecting drug users (IDUs) in St. Petersburg are unemployed.

In Ukraine, annual HIV diagnoses have more than doubled since 2001, reaching 16,094 in 2006 and exceeding 8,700 in the first six months of 2007. Ukraine's HIV prevalence rate stands at 1.63 percent, the highest in all of Europe. The epidemic is concentrated among high-risk populations, including IDUs and sex workers. A recent study found that HIV prevalence among men who have sex with men ranged from 4 percent in the capital of Kiev to 23 percent in the city of Odessa.

Other countries have also seen increases. The annual number of newly reported HIV cases in Moldova has more than doubled since 2003, to 621 in 2006, with 59 percent of the HIV infections reported in 2006 attributed to unprotected sexual transmission. In Georgia, more than half (60 percent) of the 1,156 HIV cases registered to date were reported from 2004–2006, with the annual number of newly registered cases rising each year, and in Azerbaijan's relatively recent epidemic, almost half (47 percent) of all HIV infections documented were reported in 2005 and 2006. Similar patterns are evident in Armenia's smaller epidemic, where most reported HIV infections have been among IDUs. In Belarus, however, the epidemic may have stabilized, with the annual number of newly reported HIV diagnoses averaging approximately 700 per year.

Knowledge of HIV prevention remains relatively low in many areas of the region. In Albania, only 25 percent of women aged 15 to 49 know of three ways of preventing HIV transmission; in Moldova, only 20 percent of women know three ways. In Azerbaijan, 36 percent of women aged 15 to 49 know that HIV transmission can be prevented by using a condom.

High tuberculosis (TB)-HIV co-infection rates, migration, and limited public information complicate the containment and treatment of HIV. HIV weakens the ability to fight TB, the most common AIDS-associated disease in the region. In 2005, more than half of AIDS cases (54 percent) in Eastern Europe were diagnosed with TB, with Moldova having the highest incidence (58 percent) of TB among HIV-positive people. In Estonia, more than one in 20 TB patients have HIV. Ukraine has more than 90 percent of Eastern Europe's co-infected population (2,243 of 2,471 HIV-TB cases). Increases in prevalence of multidrug-resistant (MDR) TB make prevention and treatment of TB co-infection much more difficult; just over half of the cases of MDR-TB notified in 2006 were in the Europe and Eurasia Region. Azerbaijan has the highest proportion of MDR-TB in the world, with drug resistance found in more than 22 percent of TB cases.

Economic and Social Impact of HIV/AIDS in the Europe and Eurasia Region

Illness, disability, and death associated with the HIV/AIDS epidemic affect populations on multiple levels and in multiple ways. The majority of people who have the disease are between the ages of 15 and 49, and often the under-30 age group is the most affected. This changes a population's demographic structure and poses a challenge to systems in supporting dependent populations such as children and the elderly. HIV-positive children are often orphaned by their mothers who are drug users. The children most often do not receive medical care and suffer social isolation as a result of stigma and discrimination. The high rate of migration among countries in the region also creates challenges, as mobile populations may be more at risk for disease because they are more likely to engage in risky behaviors such as unprotected sex. Also, immigrants often lack access to health services.

Ethnic minorities in the region, such as the Roma, may face more difficulties in accessing care. Though a small minority, the approximate 5.2 million Roma who live in Eastern Europe have very low socioeconomic status, face a great deal of stigmatization, and have poor health status and very little access to health care. Although data are limited, studies in several countries show high rates of high-risk behavior among the Roma, and further research is needed to assess their vulnerability and exposure to HIV in order to provide an effective response. In 2005, the European community began a policy response called the "Decade of Roma Inclusion," which includes an objective to ensure health care for Roma in all countries in the region.

The economic effects of HIV/AIDS are still small in the region, though the impact is beginning to be felt in countries with higher prevalence rates, namely Ukraine and Russia. The costs of HIV/AIDS care and treatment divert resources from other important needs and from investments critical to economic development. Under a nonintervention scenario developed in 2001 by the World Bank, the gross domestic product (GDP) in Russia could decline by 10.7 percent. Investment would decline even further, dropping 5.5 percent by 2010 and 14.5 percent in 2020. The economic effects of AIDS are most likely to be felt by

small businesses and households, as many households rely on one income and are vulnerable to the illness or death of the working adult. With the fastest-growing epidemic in the world, the economic impact in Ukraine may be more pronounced than in Russia. A model analyzing the potential impact of HIV/AIDS on Ukraine shows that it could experience a 1.6 percent reduction in GDP and that AIDS is likely to affect the size of the labor force significantly, with total employment declining by 10.4 percent by 2014. The economic consequences of AIDS in the region will depend on the ability of countries to adopt and implement policies that address HIV prevention, treatment, and care and support.

National/Regional Response

There has been substantial progress in increasing the number of people receiving antiretroviral therapy (ART) in Europe and Central Asia; as of 2007, 54,000 people were receiving ART, compared with only 15,000 in 2003. Nonetheless, coverage is estimated to be only 17 percent of those in need. The Commonwealth of Independent States (CIS)* has developed a Coordinating Council on HIV through which member states cooperate on scaling up access to ART under the World Health Organization's (WHO's) former "3 by 5" initiative and other AIDS-related initiatives.

In 2006, the first Eastern European and Central Asian AIDS Conference was held in Moscow, with all countries in the region coming together to discuss urgent issues and examine strategies to overcome the challenges. The participants emphasized evidence-based nondiscriminatory care and the use of civil society groups, the private sector, and other stakeholders as partners in the implementation of a response.

Ukraine has established a National Coordination Council on HIV/AIDS and expanded it to include representatives from key sectors, including government, civil society, people living with HIV/AIDS, and donor agencies. A unique network has developed over the last decade and is now a major partner in the fight against AIDS. An advocacy group called the All-Ukrainian Network of People Living with AIDS has undertaken successful advocacy campaigns at both the national and local levels and has had strong success in delivering services to people living with HIV.

This past year, a joint United Nations regional workshop on HIV prevention and care among IDUs brought together experts from the region to discuss harm reduction programs in countries in Eastern Europe and the CIS. The countries set up a discussion on legal frameworks needed for implementation of harm reduction initiatives and discussed how to work with the media to ensure appropriate coverage of harm reduction and HIV activities.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has approved grants to countries in Eastern Europe and Eurasia exceeding $430 million (about three-quarters of which are grants for activities in the Russian Federation and Ukraine). Grants have targeted high-risk groups, including IDUs, commercial sex workers (CSWs), youth, street children, prisoners, uniformed personnel, and migrants. Programs support a broad range of accessible services to reduce these groups' vulnerability to infection and also referral to treatment and care services for people living with HIV. The U.S. Government provides one-third of the Global Fund's funding.

USAID Regional Support in Europe and Eurasia

Since 2003, the HIV/AIDS programs of the United States Agency for International Development (USAID) in Europe and Eurasia have been implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of $39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

In collaboration with the Emergency Plan, USAID recognizes the need to prevent further increases in HIV infections and contain the epidemic in the Europe and Eurasia region. USAID currently provides both country and regional support for prevention, care, and treatment programs. The Agency provides technical assistance to a range of countries to help them develop HIV/AIDS programming and obtain funding from the Global Fund. USAID assistance includes the following:

- Provided assistance in Russia for scaling up AIDS treatment services in high-prevalence regions; promoted public awareness and business community involvement; built high-level political leadership on HIV/AIDS; and supported the prevention programming of 20 nongovernmental organizations (NGOs) to reach 36,000 CSWs and IDUs with educational materials and medical and social services. In fiscal year 2006, USAID leveraged $210 million in Russian Government support to address HIV/AIDS and TB.

---

* The following countries make up the CIS: Azerbaijan, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Uzbekistan, and Ukraine.

- Supported outreach and peer-led efforts in Georgia that benefited 12,668 high-risk individuals, with reported use of shared injecting drug equipment decreasing from about 79 percent in 2002 to below 43 percent in 2005. CSWs' reported use of condoms increased from 86.7 percent to 94.4 percent during the same period.

- Supported a project in Ukraine that reached 25 percent of the high-risk population with preventive information and services; the project is expected to reach 60 percent of this population this year.

- Provided 45,000 pregnant women in Ukraine with access to quality HIV counseling and testing and prevention of mother-to-child transmission services.

- Launched a participatory site assessment in Ukraine that included the development of a comprehensive package of services and identification of intervention gaps. USAID also prepared a network of 62 master trainers on HIV/AIDS-related stigma and discrimination. The master trainers in turn trained more than 4,250 individuals.

- Expanded RiskNet2, a Southeast Europe regional HIV/AIDS prevention project that works through a network of NGOs to strengthen services and outreach activities for vulnerable populations.

- Supported the Internet-based EurasiaHealth AIDS Knowledge Network Library and provides translation and distribution of educational materials throughout the region; produced a practical field guide on HIV/AIDS surveillance in the region.

Important Links

USAID HIV/AIDS Web site for Europe and Eurasia: *http://www.usaid.gov/our_work/global_health/aids/Countries/eande/hiv_summary_ee.pdf*
For more information, see USAID's HIV/AIDS Web site: *http://www.usaid.gov/our_work/global_health/aids*

September 2008