



Fact Sheet: HIV in Eastern Europe and Central Asia

HIV and TB in Eastern Europe and Central Asia (EECA)

- Since 2001, HIV prevalence in EECA has roughly doubled, bringing the number of people living with HIV to 1.5 million in 2008 (a 66% increase), and making it the only region where HIV prevalence clearly remains on the rise.¹
- In EECA, the epidemic is concentrated among people who inject drugs, sex workers and their sexual partners, with significant increases being noted among women.^{1,2}
- Russia and Ukraine are experiencing especially severe and growing epidemics. Estimates indicate that over two-thirds of people with HIV in the region live in Russia, and combined with Ukraine, these two countries account for more than 90% of the region's total infections, as well as some of the highest adult prevalence rates, with an estimated 1.6% of Ukrainians and 1.1% of Russians infected.^{1,3}
- Significant numbers of people with HIV live in Belarus (13,000), Kazakhstan (12,000) and Uzbekistan (16,000), among other countries, with prevalence rates in Latvia (0.8%) and Estonia (1.3%) also being among the highest in the region.⁴
- The common overlap between sex work and injecting drug use furthers the spread of HIV in the region. In Russia, more than 30% of sex workers have injected drugs. In Ukraine, HIV prevalence among sex workers ranges from 13.6% to 31.0%.⁵
- HIV prevalence among men who have sex with men is estimated to be 5.3% in Georgia, 6% in Russia and 10–23% in Ukraine.⁵
- In addition to the HIV epidemic, a relatively recent phenomenon in this region is the emergence of multidrug and extensively drug-resistant tuberculosis (M/XDR-TB). A recent World Health Organization report confirms that the highest proportions of MDR-TB among new TB cases are found in countries in EECA. These high rates explain in part the slow progress EECA countries have made toward reaching the Millennium Development Goal target of halving TB mortality rates by 2015.⁶
- Although the limited availability of surveillance data stratified by HIV status makes it difficult to characterize the exact association between the MDR-TB and HIV, data on TB patients living with HIV in four Eastern European countries – Estonia, Latvia, Lithuania and the Republic of Moldova – suggest those with HIV have a higher risk of harbouring MDR-TB strains. These findings concur with other studies in Ukraine.⁶

HIV Prevention and Harm Reduction Services in EECA

- People who use drugs experience significant discrimination globally, but both the scale and degree of stigmatization are exceptionally pervasive across the former Soviet Union. They are frequently denied access to the full range of services—health, legal or social—that are available to fellow residents, even though constitutions and policies in many countries specifically guarantee all citizens equal rights.⁷
- Harm reduction services, including needle and syringe programmes (NSPs) and opioid substitution therapy (OST), are vital to addressing HIV in the region.⁷
- Evidence shows that OST reduces the risk of HIV transmission and is associated with reductions in heroin use, criminal activity and deaths due to overdoses.⁸ In Russia OST is illegal.⁹ Elsewhere in the region, OST is largely restricted to small pilot projects. Uzbekistan closed its pilot OST project on 25 June 2009.¹⁰

- Some EECA nations have demonstrated the effectiveness of drug treatment and harm reduction programmes. Kyrgyzstan has one of the most comprehensive approaches to harm reduction in the region and Ukraine is making major efforts to scale up OST to reach 20,000 people by 2013.¹¹
- All countries in the region have NSPs except Turkmenistan and Kosovo, but access to sterile injecting equipment remains limited. Barriers to access include poor geographic coverage, limited opening hours, fear of police harassment, government red tape and obstruction (in Russia), and the difficulty of attracting and retaining staff.¹²
- There is a severe lack of effective harm reduction measures for people who use drugs in Russia due to the government's unwillingness to fund such programmes. Other bodies, mainly the Global Fund to Fight AIDS, Tuberculosis and Malaria, have stepped in to support NGOs such as the Russian Harm Reduction Network and the Global Efforts Against AIDS in Russia (GLOBUS) consortium. GLOBUS addresses the needs of specific groups including prevention programmes specifically targeted at people who inject drugs, sex workers and men who have sex with men. In 2009, the Global Fund extended funding for GLOBUS when the Russian Government backed out of a previous pledge to fund the programme when Global Fund support expired. Under its normal guidelines, the Global Fund would not provide support for prevention programmes in Russia due to the country having attained a certain degree of economic development.¹³

HIV Treatment in EECA

- Despite increases in the number of people receiving HIV treatment in recent years, access to antiretroviral treatment (ART) remains relatively low in EECA, with only 23% of adults in need receiving treatment in 2008, compared to the global average of 42% in low- and middle-income countries.⁸ Evidence suggests that people who inject drugs are often least likely to receive ART.¹⁴
- In 2007 in Russia, an estimated 416,000 people were registered as living with HIV, out of a total estimate of 940,000 infected people. Despite the fact that Russia doubled funding for ART therapy in 2007, by 2009, only 60,000 were receiving this treatment.^{4,15,16}
- An area where progress has been made is the coverage of prevention of vertical transmission; in EECA this exceeds 95%.¹⁶
- The high cost of treatment is seen as a barrier to access and supply. However, a report by Boston University School of Public Health from June 2002 to March 2008 showed that many countries in the region paid well over the median price for ARVs than they would have if procurement had been done at global median prices. A major part of this overpayment took place in Russia (\$19.9 million), while Ukraine and Estonia overpaid (above median price) \$7.9 and \$2.3 million, respectively.¹⁷

References:

- ¹ UNAIDS, Eastern Europe and Central Asia, <http://www.unaids.org/en/CountryResponses/Regions/EasternEuropeAndCentralAsia.asp>, accessed June 2010.
- ² Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation and UNAIDS (2008), Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS.
- ³ UNAIDS, Epidemiological Fact Sheet on HIV and AIDS, 2008 Update, Russian Federation and Epidemiological Facts Sheet on HIV and AIDS, 2008 Update, Ukraine, <http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epifactsheets.asp#R>, accessed June 2010.
- ⁴ HIV and AIDS in Russia, Eastern Europe & Central Asia. <http://www.avert.org/aids-russia.htm>, accessed June 2010.
- ⁵ UNAIDS, AIDS Epidemic Update, 2009.
- ⁶ WHO Multidrug and extensively drug-resistant TB (M/XDR-TB): 2010 global report on surveillance and response. http://whqlibdoc.who.int/publications/2010/9789241599191_eng.pdf
- ⁷ Jeff Hoover. Shining a Light on a Hidden Epidemic: Why and How Civil Society Advocates Can Support the Expansion of Hep C Treatment in EECA. Open Society Institute. 2009
- ⁸ World Health Organization, Policy Brief: Reduction of HIV Transmission Through Drug-Dependence Treatment, 2004.
- ⁹ Needle Exchange and Harm Reduction. <http://www.avert.org/needle-exchange.htm>
- ¹⁰ Eurasian Harm Reduction Network – EHRN Closure of pilot OST programs in Uzbekistan. <http://www.harm-reduction.org/news/1310-closure-of-pilot-ost-programs-in-uzbekistan.html>. Accessed June 2010
- ¹¹ WHO, UNAIDS and UNICEF, Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress Report, 2009.
- ¹² GMHC, Syringe Exchange Programs around the World: The Global Context, 2009.
- ¹³ International AIDS Society – Global Fund Extension of HIV Prevention Program. <http://www.iasociety.org/Default.aspx?pagelid=383> accessed June 2010.
- ¹⁴ International Harm Reduction Development Programme. Harm Reduction Developments 2008: Countries with Injection-driven Epidemics. Open Society Institute. 2008.
- ¹⁵ Richard Needle, Lin Zhao. Closing the Coverage Gap, Expanding Access and Scaling up HIV Prevention Core Interventions for Injection Drug Users in PEPFAR Countries: 2009-2013. Pangea Global AIDS Foundation, 2009.
- ¹⁶ Are We There Yet? Universal Access in EECA. Key Findings from 2009 EECAAC Conference. IAS.
- ¹⁷ European AIDS Treatment Group, ECUO, et al. Access to ARV Treatment in 7 Countries of the Former Soviet Union in 2007.