Eastern Europe and Central Asia

Overview

- The epidemics in Eastern Europe and Central Asia continue to expand – around 1.5 million people were living with HIV in the region at the end of 2005.
- Numbers of new infections have increased twenty-fold in less than a decade. In 2005, some 220,000 people were newly infected with HIV.
- AIDS claimed the lives of an estimated 53,000 adults and children in Eastern Europe and Central Asia in 2005 – almost twice as many as in 2003.
- An estimated 420,000 adult women were living with HIV in Eastern Europe and Central Asia in 2005 – a third more than in 2003.
- Antiretroviral coverage remains inadequate in the region with only 21,000 of the estimated 160,000 people in need of treatment receiving it in 2005.
- Injecting drug users account for more than 70% of HIV cases in the region but represent only 24% of people receiving treatment.
- In Eastern Europe, harm reduction programmes in 2005 reached only 9% of injecting drug users.

Country developments

- The **Russian Federation** has the largest AIDS epidemic in the whole of Europe. In 2005 some 940,000 people were living with HIV in the country and national HIV prevalence was an estimated 1.1%.
- Unsafe drug injecting practices are the main cause of new infections in **Russia** and large numbers of young people under 30 inject drugs. In St Petersburg, HIV infection levels of 30% have been found among injecting drug users and HIV is spreading from injecting drug users to their sexual partners, with more women becoming infected.
- People on the margins of society are especially at risk of HIV infection in **Russia** – a study at a temporary detention centre in Moscow found HIV prevalence 30-120 times higher than in the general population. HIV prevalence in Russia’s prisons is estimated to be at least four times that found in the wider population.
- In 2005, only 5,000 of the estimated 100,000 people in need of antiretroviral treatment in **Russia** were receiving it.
- In the **Ukraine**, national HIV prevalence was estimated at 1.4% in 2005 – or 410,000 people. A combination of unsafe injecting drug use and unprotected sex is fuelling Ukraine’s epidemic. In Odessa and Simferopol, 58%-59% of injecting drug users tested positive for HIV and in Odessa, 67% of sex workers who also injected drugs were HIV-positive.
Sexual transmission of HIV has become more common and accounted for one in three new HIV infections in 2004 compared with 14% during 1999-2003. HIV has spread to the population at large and more women are being infected: in 2004, 42% of new HIV diagnoses in Ukraine were among women.

In the first seven months of 2005, 1,138 people died of AIDS-related illnesses, almost one-fifth of the total number of reported AIDS-related deaths to date. Ukraine has begun to scale up HIV treatment and the number of people on antiretroviral therapy rose from less than 200 in July 2004 to more than 3,000 in December 2005.

The epidemic is growing in Belarus, where an estimated 20,000 people were living with HIV in 2005 and national adult HIV prevalence was at 0.3%. Sexual transmission accounts for the largest share of new HIV diagnoses (55% in 2004).

In Uzbekistan, where injecting drug use and paid sex fuel the epidemic, the number of new HIV diagnoses rose from 28 in 1999 to 2016 in 2004.

In Kazakhstan an estimated 12,000 people were living with HIV in 2005. National HIV prevalence stood at 0.1%, but very high HIV prevalence has been found among injecting drug users (56% in a recent study in Kashgar City).

Although much smaller, Tajikistan’s epidemic is growing rapidly. The annual number of HIV diagnoses had been less than 50 before 2004, but rose to 198 in 2004.

The epidemics in the Caucasus appear to be growing less rapidly than many of those elsewhere in the former Soviet Union. However, conditions in Armenia, Azerbaijan and Georgia favour a possible surge in HIV.

In Armenia, injecting drug use has emerged as a major route of HIV transmission, while significant HIV prevalence is being found in injecting drug users and sex workers in Baku, Azerbaijan’s capital.

South-eastern Europe’s epidemics are even more low-key, but there, too, injecting drug use and sexual risk behaviour in several countries could start HIV outbreaks. Worst-affected in that subregion is Romania, where a cumulative total of 6,200 HIV infections were diagnosed by the end of 2004, and where most new infections are attributed to unprotected sex.

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