



The Changing **HIV/AIDS** Epidemic in Europe and Central Asia



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UNAIDS – 20 avenue Appia – 1211 Geneva 27 – Switzerland
Telephone: (+41) 22 791 36 66 – Fax: (+41) 22 791 41 87
E-mail: unaids@unaids.org – Internet: <http://www.unaids.org>

The Changing **HIV/AIDS** Epidemic in Europe and Central Asia

Diverse HIV epidemics are underway in Europe and Central Asia. In the East, which is experiencing the fastest-growing epidemics in the world, the number of people living with the virus has risen exponentially in just a few years—reaching 1.2-1.8 million at the end of 2003. Between 180,000 and 280,000 people were newly infected with HIV last year. Hundreds of thousands more people, the vast majority of them young, face the imminent risk of HIV infection unless prevention efforts are expanded and improved. Driving the epidemics in these countries are persistently high levels of risky behaviour—specifically injecting drug use and, increasingly, unsafe sex among young people. These epidemics are set to grow considerably still, with unsafe sex likely to become a much more prominent factor, leading to more infections among women. Meanwhile, in south-eastern Europe, high levels of (sexual and drug-related) risk behaviour point to an impending danger of

HIV outbreaks in countries which, to date, have been spared the epidemic.

The countries of Western Europe, by contrast, are home to older, well-trenched epidemics. There, widespread access to life-extending antiretroviral treatment has caused AIDS death rates to plummet from more than 20,000 in 1996 to between 3,400 and 3,600 in 2003. However, that trend is shadowed by ongoing signs that prevention efforts are faltering in several countries. Some 30,000-40,000 new infections occurred in Western Europe in 2003, raising the number of people living with HIV to between 520,000 and 680,000. Although injecting drug use is a prominent factor in the epidemics in several countries (notably France, Italy, Portugal and Spain), most new HIV infections in these countries are now attributable to unsafe sex (a growing proportion of them occurring among heterosexuals). Unless countered by more effective prevention efforts, these developments could spur a more vigorous new phase in the epidemic.

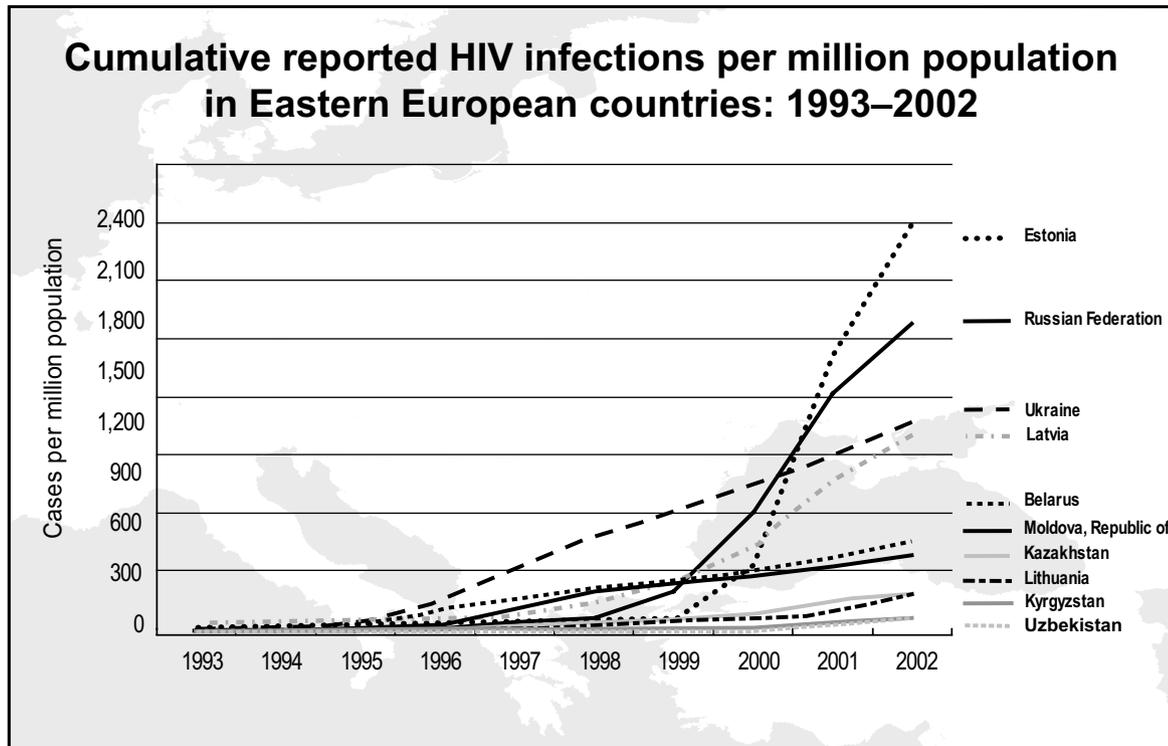
Eastern Europe and Central Asia

Worst-affected in this region are the Russian Federation, Ukraine, Estonia and Latvia, but HIV continues to spread in Belarus, Moldova and Kazakhstan, while more recent epidemics are now evident in Kyrgyzstan and Uzbekistan (see Figure 1). An estimated 1 million people aged 15-49 are living with HIV in the Russian Federation (although various estimates from that country put the figure at between 600,000 and 1.5 million).

Extraordinarily large numbers of young people regularly or intermittently engage in injecting drug use, and this is reflected in increasing HIV prevalence among injecting drug users throughout the former Soviet Union.

Young people predominate in this region among reported HIV cases. In Ukraine, 25% of those diagnosed with HIV are younger than 20, in Belarus 60% of them are aged 15-24, while in Kazakhstan and Kyrgyzstan upwards of 70% of HIV-positive persons are under 30 years of

Figure 1



Source: National AIDS Programmes (2002) HIV/AIDS surveillance in Europe. End-of-year report. Data compiled by the European Centre for the Epidemiological Monitoring of AIDS.

age. In the Russian Federation, 80% of HIV cases due to injecting drug use are in young persons under 30. On the whole, more than 80% of people who are HIV-positive in this region have not yet turned 30, in contrast to the situation in Western Europe, where only 30% of the reported cases are among people under 29 years of age.

HIV prevalence continues to rise in the Baltic States, Russian Federation and Ukraine. In Central Asia, the epidemic is expanding rapidly.

A relatively new phenomenon in these countries, injecting drug use has taken hold amid jolting social change, widening inequalities and the consolidation of transnational drug-trafficking networks in the region. By some estimates, there could be as many as 3 million injecting drug users in the Russian Federation alone, more than 600,000 in Ukraine and up to 200,000 in Kazakhstan. (In Estonia and Latvia, it has been estimated that up to 1% of the adult population injects drugs, while, in Kyrgyzstan, that figure could approach 2%). Most of these drug users are male and many are very young—in St Petersburg, studies found that 30% of them were under 19 years of age, while, in Ukraine, 20% were still in their teens. Overall, up to 25% of injecting drug users are estimated to be under 20 years of age across Eastern Europe and Central Asia. And the use of unclean equipment, often through sharing of drug injecting equipment, remains the norm. As a consequence, very high levels of HIV prevalence have been found among injecting drug users.

HIV prevalence continues to rise in the Russian Federation, which remains saddled with the worst epidemic in this region. By the end of 2002, a cumulative total of 229,000 people had been diagnosed with HIV. Almost a quarter (50,400) of that total was added in 2002 alone, indicating that the epidemic is growing at a fearsome rate. Moreover, these reported cases

almost certainly grossly underestimate the number of people living with HIV.

Most of these infections are occurring through the use of contaminated equipment when injecting drugs, with young men bearing the epidemic's brunt. One Moscow sample found that 75% of users had shared injecting equipment in the past month. But another striking pattern is now evident. Women account for an increasing share of newly diagnosed HIV infections—33% in 2002, compared to 24% a year earlier. One consequence is a sharp rise in mother-to-child transmission of the virus. These patterns are most evident in regions where the epidemic took hold several years ago, such as Kaliningrad (in the west of the country) and Krasnodar (in the south-west). They indicate the onset of a new stage in the epidemic in parts of the country, where the sexual spread of the virus is becoming a more prominent feature. Because most injecting drug users are young and sexually active, a significant share of new infections is

occurring through sexual transmission (often when injecting drug users or their HIV-infected partners engage in unsafe sex).

Condom use is generally low among young people, including those at highest risk of HIV transmission in Eastern Europe and Central

the situation among those people and groups (chiefly injecting drug users) who come into contact with HIV-testing programmes. There is a concern that hidden epidemics might be occurring among men who have sex with men, who are severely stigmatized across the region.

Driving the epidemic are persistently high levels of risky behaviour—specifically injecting drug use and, increasingly, unsafe sex—among young people.

Asia. According to one survey in the Russian Federation, fewer than half of teenagers aged 16-20 used condoms when having sex with casual partners. The percentage of sex workers reporting consistent condom use has seldom topped 50%, while, among injecting drug users, fewer than 20% on average report consistent condom use.

Although advancing steadily, the Russian Federation's epidemic is still in its early stages. HIV has been detected in 88 of the country's 89 administrative territories, but it is spreading unevenly across this vast country: 10 of those territories account for some 60% of all reported HIV infections to date. In a few places, such as the Nizhny Novgorod region, interventions appear to have stabilized localized epidemics. But widespread risky practices offer the epidemic ample scope for growth elsewhere.

It should be noted, however, that current data are based only on people who are tested for HIV, and not all potentially affected groups of people are being tested. Therefore, the data reflect

Much the same holds true for Ukraine (where a cumulative total of more than 52,000 people had been officially diagnosed with HIV by the end of 2002), Belarus and Moldova—all countries with comparatively older epidemics. Although the majority of HIV infections still occur among young people who inject drugs (and their sexual partners), there are indications that the epidemics are starting to spread beyond them. In Ukraine, HIV prevalence among blood donations reached a disturbing 93 per 100,000 donations in 2002, and there has also been a sharp increase in HIV infections among patients attending sexually transmitted infections clinics.

Although overall numbers of infections remain low, HIV spread continues at an alarming pace in the Baltic States. The total number of HIV diagnoses in Latvia has risen five-fold since 1999 (reaching 2,300 in 2002), while the 12 new HIV cases Estonia reported in 1999 soared to 899 in 2002. Lithuania is on a similar path.

The most recent HIV outbreaks in the region are to be found in Central Asia, where reported HIV

infections have grown exponentially from 88 in 1995 to 5,458 in 2002. This is mainly due to the sharp rise in infections recorded in Kazakhstan, Kyrgyzstan and Uzbekistan. HIV has now spread to all regions of Kazakhstan, while the majority of cases reported in Kyrgyzstan are concentrated in the Osh region, which serves as a drug transit route for neighbouring countries. Given that several of the five Central Asian republics straddle major drug trafficking routes into the Russian Federation and Europe, it is no surprise that the majority of infections currently are related to injecting drug use. Indeed, in some parts, heroin is now believed to be cheaper than alcohol. As elsewhere in the region, young people are the worst-affected, with those on the margins of the economy particularly vulnerable. In Kazakhstan, for example, three-quarters of people diagnosed with HIV were unemployed.

Toward the west, in the Caucasus, HIV prevalence remains very low. Most reported HIV infections are attributable to injecting drug use, although unsafe sex accounts for at least one-quarter of new infections in Azerbaijan and Georgia, and just less than half in Armenia.

In Central Europe, about two-thirds of reported HIV infections to date have occurred in just two countries: Poland and Romania. New reported HIV infections have remained stable (at roughly 500-600 annually) in Poland since the mid-1990s, and a similar pattern has been evident in the Czech Republic, Hungary and Slovenia since the late 1990s. As yet, there is

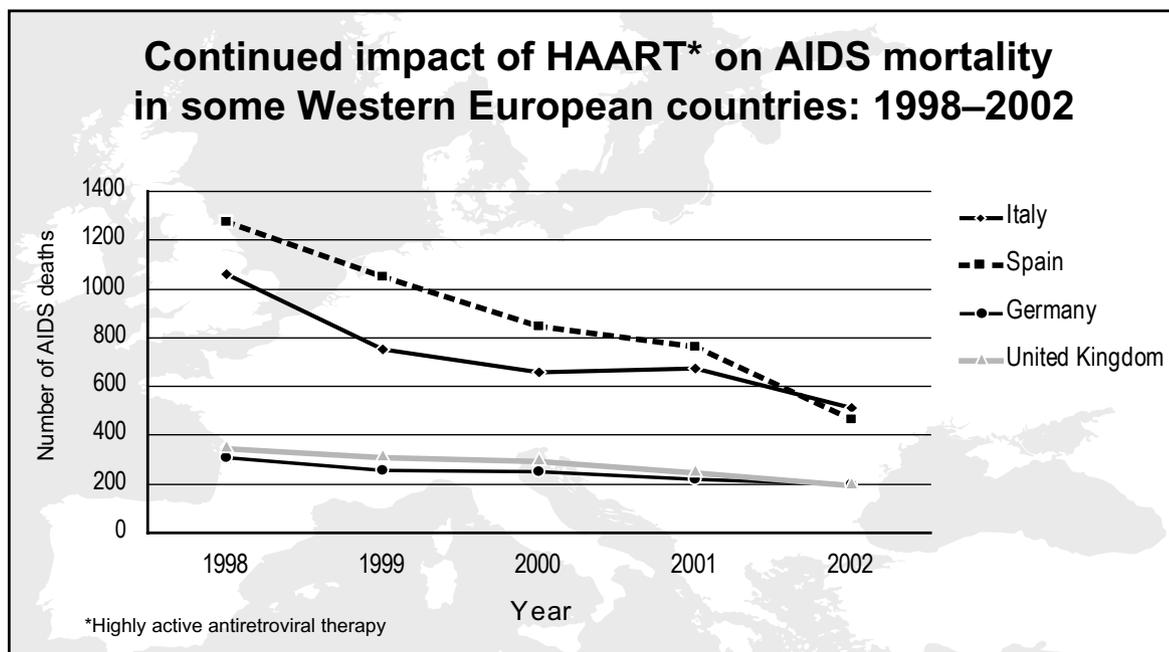
little sign of high vulnerability to HIV infection among specific population groups in Central Europe, except among men who have sex with men who remain the most affected group in the Czech Republic, Hungary, Slovak Republic and Slovenia. . In contrast, in parts of south-eastern Europe (notably countries emerging from conflict and difficult transitions) drug injecting and risky sexual behaviour appear to be on the increase—raising the prospect of possible HIV outbreaks unless preventive steps are swiftly introduced.

Western Europe

The total number of people living with HIV continues to rise in Western Europe—due to the fact that more people are surviving thanks to antiretroviral treatment, and to the 30,000-40,000 people who were newly infected with HIV in 2003. As Figure 2 illustrates, the number of annual AIDS deaths has continued to slow in Western Europe, due to the widespread availability of antiretroviral treatment.

Although some countries that harbour significant HIV epidemics do not yet have national HIV surveillance systems (such as Italy and Spain), there is mounting evidence that prevention activities in several Western European countries are not keeping pace with the changes occurring in the spread of HIV. Such shortcomings are most evident where HIV is lodged also among marginalized sections of populations, including immigrants and refugees.

Figure 2



Source: HIV/AIDS surveillance in Europe (2002). End-of-year report.
Data compiled by the European Centre for the Epidemiological Monitoring of AIDS.

Rates of newly diagnosed HIV infections have increased in several countries over the past six years—including in Ireland (where it

Indeed, in most Western European countries that report HIV cases, heterosexual intercourse may now be the most common mode of HIV

AIDS mortality continues to drop, thanks to the widespread availability of antiretroviral treatment.

rose by 234%), the United Kingdom (111%), Finland (83%) and Norway (74%). Overall, the number of new HIV diagnoses attributable to injecting drug use has been dropping slightly while infections acquired during heterosexual intercourse have been rising sharply.

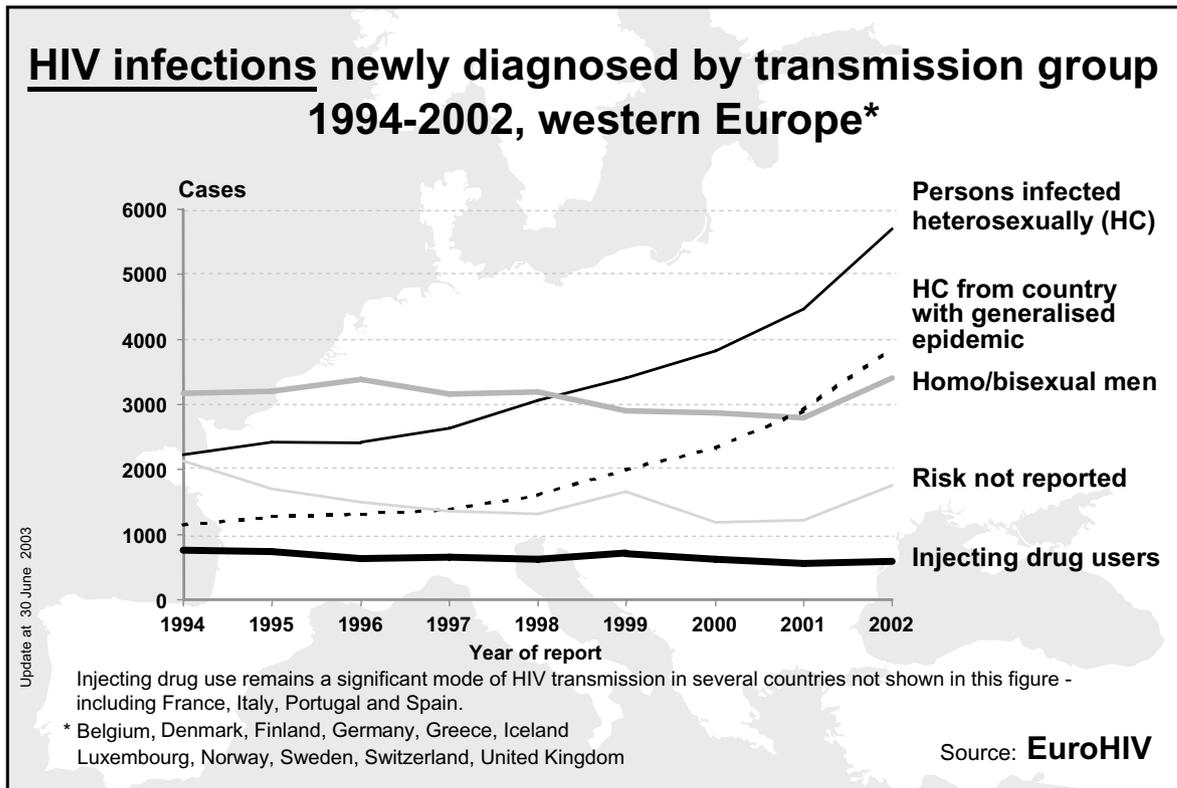
transmission (and women form a growing proportion of people living with HIV). This trend appears largely due to HIV diagnoses in people originating from countries with generalized HIV epidemics (see Figure 3). Most of those cases have been recorded in the United

Kingdom (where the number of HIV diagnoses reported in 2002 was double that in 1998) and in Germany (where new HIV diagnoses last year rose for the first time since 1997). In the United Kingdom and Ireland, about 70% of heterosexually-transmitted HIV cases were among people who had acquired HIV while living in countries with generalized epidemics. HIV infections apparently acquired elsewhere in the world also accounted for a significant share of new diagnoses in the Netherlands, Norway and Sweden. It is vital that prevention,

treatment and care programmes be adapted to reach all persons affected by HIV/AIDS, particularly those whose language, culture or immigrant status might limit their access to services.

Sex between men remains an important aspect of the epidemic in most Western European countries, with studies indicating HIV prevalence levels of 10-20% among some groups of men who have sex with men. In Denmark, Germany, Greece and the Netherlands, it is the most common mode of

Figure 3



HIV transmission. Meanwhile, the resurgence of other sexually transmitted infections in Western Europe points to a revival of high-risk sexual behaviour—especially among young men who have sex with men. Studies at sexually transmitted infection clinics have found HIV prevalence of 15% among men who have sex with men in Amsterdam and 10% in London. The prevention programmes that had achieved notable success in limiting HIV transmission in the 1990s, especially among men who have sex with men, appear to have been shifted to the back burner in many high-income countries.

gonorrhoea among adults aged 15-39 since 1997. Reported gonorrhoea cases have increased also in the Netherlands, Sweden and Switzerland. This would seem to indicate that current prevention activities are registering poorly among the younger generation.

The prominence of injecting drug use varies in the HIV epidemics of Western Europe. In Portugal, this mode of transmission caused almost half the total HIV infections in 2002, while in Italy it accounted for an estimated 16% of new HIV diagnoses in 2000 (down from 31% in 1990). (Both countries are seeing

Continuing a trend of recent years, there is more evidence of increasing rates of other sexually transmitted infections—perhaps presaging new increases in HIV incidence.

France, Ireland, the Netherlands and the United Kingdom have reported outbreaks of syphilis in men who have sex with men, with new syphilis cases reported among men who have sex with men in the Netherlands increasing by 182% in 2002, for example. In England and Wales, diagnoses of gonorrhoea at sexually transmitted infection clinics rose by 102% in 1995-2000, with the steepest increases occurring among older teenagers (aged 16-19), while Australia has reported its highest incidence rates for

a significant increase in sexually transmitted HIV infections, both heterosexual and between men.) Studies among injecting drug users in France in the late 1990s found HIV prevalence of 10-15%, and localized studies have found prevalence of 20% in Amsterdam (1998) and as high as 35% in Barcelona (1999). These patterns underscore the need for prevention (and treatment) programmes that reach injecting drug users—including those in prisons and those who belong to marginalized minorities.

A Challenge to All

The challenge HIV/AIDS poses to all of Europe and Central Asia should not be under-estimated. It would be foolhardy for Western Europe to rest on its laurels or to assume it can isolate itself from the global epidemic. The achievements in bringing treatment to people living with HIV/AIDS must be complemented with strengthened prevention programmes among young people—especially those belonging to

migrant communities or mobile populations, young men who have sex with men, and young drug injectors and their sexual partners. Moreover, there is a critical need to support country responses to HIV/AIDS in Eastern Europe and Central Asia, and to avert the destabilizing demographic and socio-economic impact of a larger scale epidemic in the new neighbourhood of the European Union.

Notes

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together nine UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its nine cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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Joint United Nations Programme on HIV/AIDS (UNAIDS)
20 avenue Appia – 1211 Geneva 27 – Switzerland
Tel. (+41) 22 791 36 66 – Fax (+41) 22 791 41 87
E-mail: unaids@unaids.org – Internet: <http://www.unaids.org>