

HIV and AIDS in Eastern Europe & Central Asia Overview



Eastern Europe & Central Asia (2018)

1.7m people living with HIV

0.9% adult HIV prevalence (ages 15-49)

150,000 new HIV infections

38,000 AIDS-related deaths

38% all ages on antiretroviral treatment*

n/a children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2019

KEY POINTS

- Eastern Europe and Central Asia is the only region in the world where annual rate of HIV infections continues to rise at a concerning rate.
- The HIV epidemic has, for the most part, hit people who inject drugs the hardest. Harm reduction service coverage remains low and where it does exist the services offered are often not comprehensive.
- Antiretroviral treatment coverage remains well below the global average at 38%. New infections continue to outpace ART enrolment.
- Conservative legislation around same sex relationships, drug use and sex work continues to fuel stigma, obstructing the HIV response in some countries within the region.
- Improved surveillance of the HIV epidemic is needed, often data is unavailable for populations or disputed.

Explore this page to find out more about the [people most affected by HIV, testing and counselling, prevention programmes, antiretroviral treatment availability, civil society's role, HIV and TB coinfection, barriers to the response, funding and the future of HIV in Eastern Europe and Central Asia.](#)

At the end of 2018, an estimated 1.7 million people were living with HIV in Eastern Europe and Central Asia.¹ It is one of two regions in the world where the HIV epidemic continues to grow rapidly, with a 27% increase in annual HIV infections between 2010 and 2018.²

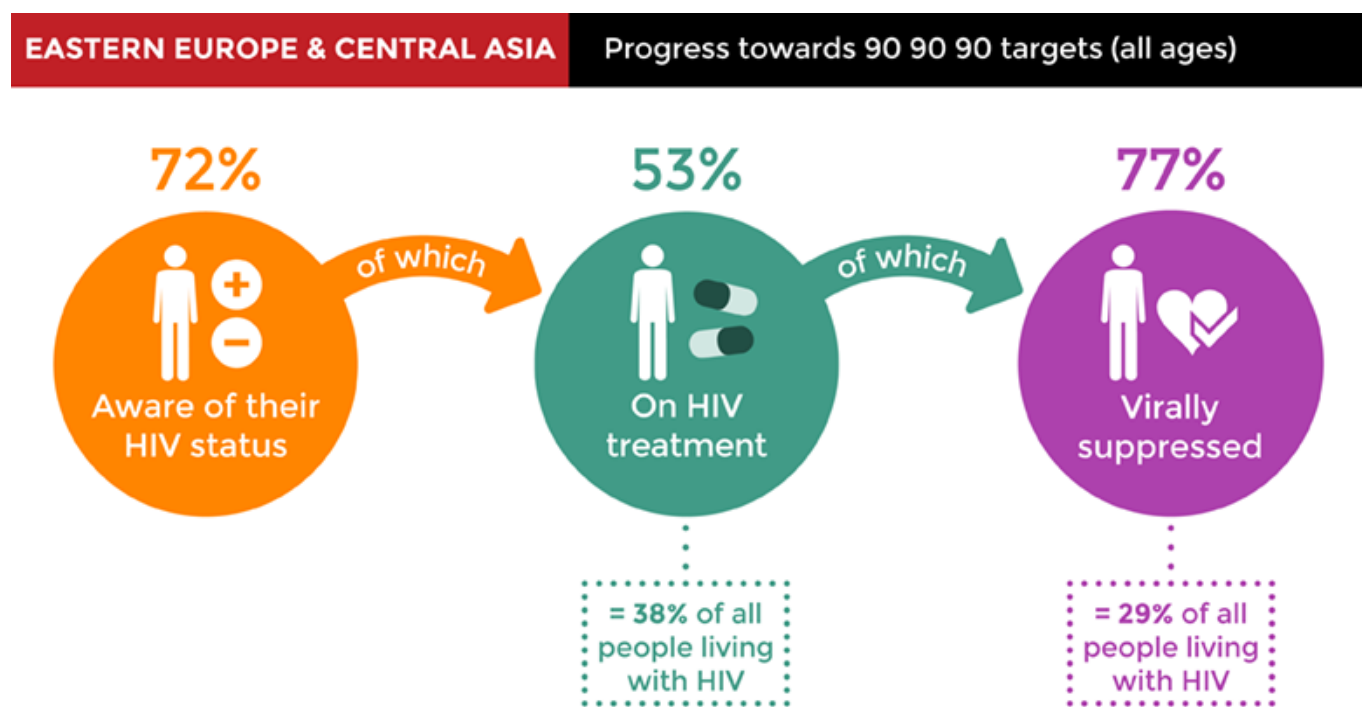
In 2018, there were roughly 150,000 new HIV infections. In the same year, there were 38,000 AIDS-related deaths.³ By the end of 2018, 72% of people living with HIV were aware of their HIV status.⁴

The vast majority of people living with HIV in Eastern Europe and Central Asia live in Russia (70%), where new infections are on the rise, followed by Ukraine. Outside of Russia, the rate of new HIV infections is stable.⁵

The region's epidemic is concentrated predominantly among key affected populations – in particular, people who inject drugs (sometimes referred to as PWID) – yet there is low coverage of harm reduction and other HIV prevention programmes in key countries within the region.⁶ Unprotected sex is causing an increasing number of HIV infections and is now the leading cause of transmission in some countries. The sexual partners of key affected populations, in particular sex workers and people who inject drugs, are at elevated risk of HIV infection and accounted for 33% of new infections across the region in 2014.⁷ Indeed, the number of new HIV infections acquired through heterosexual sex increased by 150% between 2002 and 2012.⁸

In addition, growing HIV epidemics among transgender people, gay men and other men who have sex with men are understudied and unrecognised by several national HIV responses.⁹

Stigma and discrimination towards people living with HIV and key populations remain high. New conservative legislation is placing additional restrictions on same-sex relationships, sex work and drug use, which could further prevent key populations accessing HIV services. Prevention programmes are under threat as international support for HIV responses decreases and domestic funding for HIV prevention fails to keep pace.¹⁰



Source: UNAIDS Data 2019

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38% of all people living with HIV were accessing ART in Eastern Europe and Central Asia at the end of 2018, one of the lowest coverage rates in the world. The estimated percentage of people living with HIV who achieved viral suppression marginally increased from 26% in 2017 to 29% in 2018.¹¹

The region also faces epidemics of tuberculosis (TB) and hepatitis C virus (HCV) which require an integrated approach to prevention, diagnosis and treatment that is currently lacking.¹²

In addition, insufficient access to harm reduction services is hampering prevention efforts in many countries, particularly Russia. Armed conflict has also disrupted the provision of testing, prevention and treatment services in the non-government controlled areas of eastern Ukraine.

Despite this challenging landscape, the region is making progress in some areas. For example, in 2016 Armenia and Belarus eliminated mother-to-child transmission of HIV. The average cost of first-line ART has also dropped from almost \$2,000 USD per person, per year to less than \$200 USD per person, per year, making treatment expansion more achievable.¹³

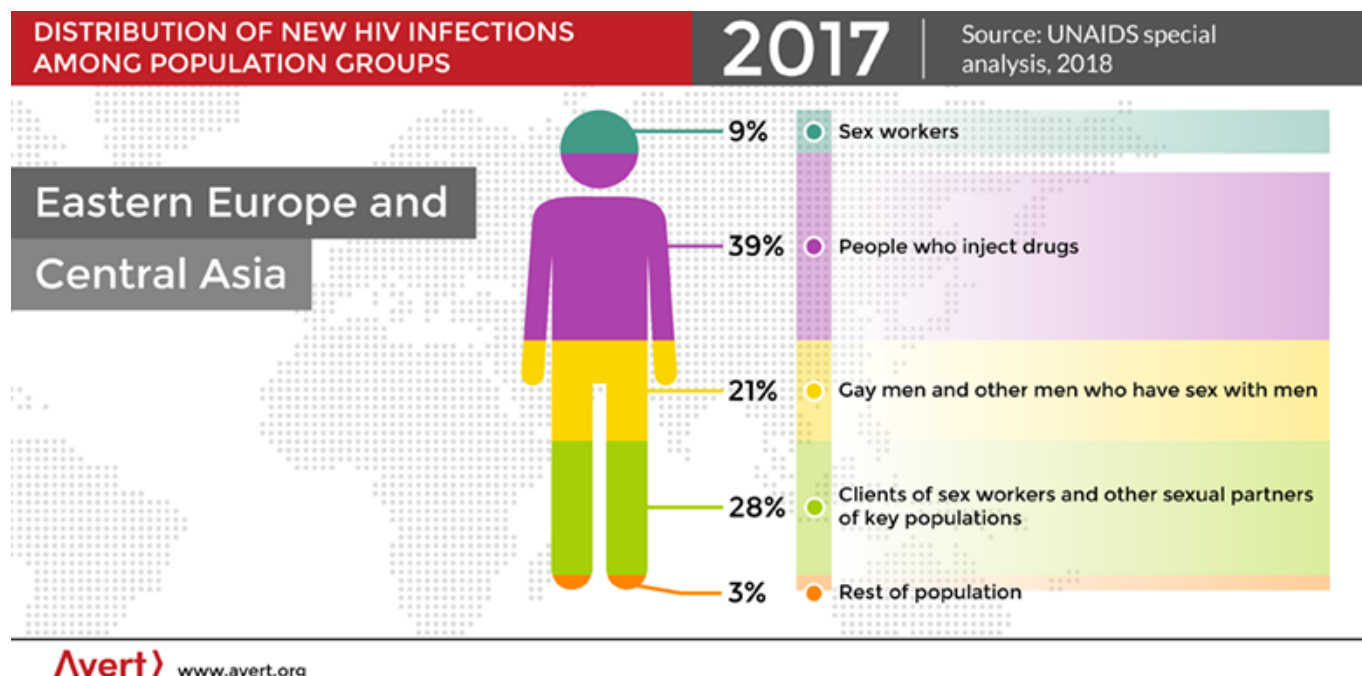
Key affected populations in Eastern Europe and Central Asia

People who inject drugs (PWID)

There are roughly 3.1 million people who inject drugs in Eastern Europe and Central Asia. The region is home to roughly one in four people who inject drugs worldwide.¹⁴ Russia has the highest number of injecting drug users in the region (1.8 million), about 2.3% of the adult population. Moldova (1%), Belarus (1.1%) and Ukraine (0.8-1.2%) also have significant numbers of this population.¹⁵

In Russia, roughly one in four (25.6%) people who inject drugs are living with HIV.¹⁶ However, there are significant geographical variations. For example, a 2015 survey of people who inject drugs conducted in five Russian cities (Abakan, Barnaul, Volgograd, Naberezhnye Chelny, Perm) found that one in three people who inject drugs were living with HIV.¹⁷

HIV prevalence among people who inject drugs is also high in other countries, estimated at 30.8% in Belarus and 22.6% in Ukraine.¹⁸



HIV prevalence among women who inject drugs is higher than their male counterparts in Kazakhstan, Uzbekistan, Kyrgyzstan, Belarus, and Ukraine.¹⁹

Sex work is closely associated with injecting drug use in the region. For example, in Central Asia, HIV prevalence is estimated to be 20 times higher among female sex workers who inject drugs than those who do not.²⁰

Women who inject drugs also tend to be younger, to engage in more risky sexual behaviours, and to share injecting equipment more often than men who inject drugs. In Eastern Europe, only 0.003% of women who inject drugs have access to opioid substitution therapy (OST) and have poor access to sterile injecting equipment and condoms, as well as limited access to sexual and reproductive health services.²¹

Sex workers

National HIV prevalence among sex workers varies throughout the region, from less than 1% to 7%,²² although it is higher in certain geographic locations, particularly cities. For example, in Ukraine, HIV prevalence among sex workers in 2015 was estimated to be as high as 18.6% in Cherkasy oblast and as low as 0.7% in Zhytomyr oblast.²³ In Moldova, HIV prevalence among female sex workers is estimated at 6.9 % in Chisinau, and 24.7 % in Balti.²⁴

Sex workers who inject drugs or who experience imprisonment are particularly likely to be living with HIV.²⁵

Despite limited data, it is thought that HIV prevalence is even higher among male sex workers than female sex workers.²⁶

Women

A 2013 review of people who inject drugs in the region found men who inject drugs are more likely to have women who do not inject drugs as their primary sexual partners.²⁷ This, coupled with the fact that male-to-female sexual transmission of HIV is more efficient than female-to-male transmission, is resulting in more women being affected by HIV in the region.²⁸

Women in Eastern Europe and Central Asia are especially at risk of HIV due to multiple factors such as economic vulnerability, violence and difficulties in negotiating for safe sex. In extreme cases, women combine all vulnerabilities associated with drug use, sex work, social marginalisation and stigma and discrimination which prevents them from accessing HIV services.

- Dr Jean-Elie Malkin, former UNAIDS Regional Director for Eastern Europe and Central Asia²⁹

Men who have sex with men (MSM)

In many countries, HIV data relating to men who have sex with men is grossly under-reported, inconclusive or not reported at all. For example, HIV prevalence among men who have sex with men in Kazakhstan has been reported as low as 0.2% and as high as 20%.^{30 31}

According to data reported to UNAIDS in 2018, national HIV prevalence among men who have sex with men ranges from between 0.8% in Armenia to 20.7% in Georgia. However, a number of countries

including Russia have not submitted data on this.[32](#)

In Eastern Europe and Central Asia, men who have sex with men accounted for 6% of new infections in 2014.[33](#) This is in direct contrast to Western Europe, where 49% of infections are among men who have sex with men (sometimes referred to as MSM).[34](#)

Prisoners

I was shocked to learn that drug injection in... prison was worse than on the streets of Gatchina, where I lived. The guards helped supply drugs and prison leaders made sure we remained addicted. Many of us paid with our lives. Some guys overdosed, others became HIV-infected like me and tuberculosis finished off the rest of us. Even though all of us were sick, seeing a doctor and getting care was nearly impossible.

- *Sasha, an injecting drug user from Russia*[35](#)

Prisoners are at particular risk of HIV infection in Eastern Europe and Central Asia. However, data about this population group is currently scarce.

Harsh criminalisation of drug use has resulted in extraordinarily high levels of incarceration. In 2016 it was estimated that people who inject drugs represent more than a third of prisoners across the region, but the level could be as high as 50-80% in some countries.[36](#)

A 2016 study found high levels of incarceration in Eastern Europe and Central Asia facilitates HIV transmission among people who inject drugs. It estimates that between 28% and 55% of all new HIV infections over the next 15 years in the region will be attributable to heightened HIV transmission risk among currently or previously incarcerated people who inject drugs.[37](#)

When reported, HIV prevalence in prisons exceeds 10% in Latvia (20.4%), Ukraine (19.4%), Estonia (14.1%), and Kyrgyzstan (11.3%)[38](#)

A number of prison surveillance studies have found HIV prevalence to be 22 times, 19 times, and 34 times higher in prisons than in surrounding communities in Ukraine, Azerbaijan and Kyrgyzstan, respectively.[39](#)

In 2010, the most recent data available, 55,000 of Russia's 846,000 inmates were thought to be living with HIV.[40](#)

Young people

Between 2001 and 2011, HIV prevalence doubled among young people (aged 15–24) in Eastern Europe and Central Asia.[41](#) In 2017, it was estimated that 0.2% of 15-24 year olds in the region were living with HIV, with an equal prevalence level between young men and women.[42](#)

Exposure to alcohol and drugs, peer pressure, gender-based violence and inequality, intensive labour migration and displacement, human trafficking, marginalisation and involvement in sexual exploitation all conspire to increase the vulnerability of young people in the region, especially girls, to HIV.[43](#)

The average age people in the region begin injecting drugs is low and in some countries the age of first use is decreasing further. For example, in Moldova around 55% of people who inject drugs aged

15–24 first started using drugs when they were under 18 and 5% began to inject before they turned 15.[44](#)

Many young people across the region become sexually active at an early age. According to country progress reports in eight countries, from 2.0% (in Tajikistan) to 11% (in Kyrgyzstan) of surveyed young people (aged 15–24) had sex before the age of 15.[45](#)

HIV testing and counselling (HTC) in Eastern Europe and Central Asia

Among the 1.4 million people living with HIV in the region at the end of 2017, 73% were aware of their HIV status, an increase from 69% in 2016.[46](#)

However, while the overall number of annual HIV tests continues to increase, the proportion of tests among key populations is shrinking, declining from 4.5% of all HIV tests conducted annually in 2010 to 3.2% in 2016.[47](#)

Testing coverage is generally higher among sex workers and men who have sex with men, and lower among people who inject drugs, although it is still below advised levels across all key affected populations.

When reported, in 2017 HIV status awareness among HIV positive sex workers ranges from 31.7% in Moldova to 93.7% in Kazakhstan. Among HIV positive men who have sex with men it ranges from 36% in Armenia to 69.7% in Azerbaijan. Among HIV positive people who inject drugs it ranges from 12.2% in Azerbaijan to 62.2% in Kazakhstan.[48](#)

Even where HIV testing is accessible, people are often diagnosed at a late stage of infection. For example, in Russia in 2017, almost 69% of patients who started treatment in 2016 had CD4 cell counts below 350 cells per mm³.[49](#) with late presentation rates as high as 60–80% reported in Georgia, and Albania.[50](#)

A 2018 analysis found overall percentages of late presentation and advanced disease in the region to be 40.3% and 25.4%, respectively.[51](#)

The main barriers to effective provision of HIV testing services in the region relate to a lack of community-based testing services and health professionals' knowledge and attitudes. Availability of community-based testing services is reported to be a particular barrier for key populations.[52](#)

Stigma and discrimination also limit the number of people from key populations accessing testing services. In addition, a number of countries have certain laws such as the criminalisation of HIV exposure and HIV non-disclosure, and the criminalisation of same sex activities and sex work that discourage people from key populations from testing.[53](#)

Despite the need, innovative testing approaches such as mobile HIV testing, self-testing kits and partner notification, whereby someone newly diagnosed with HIV is supported to disclose to sexual and injecting partners in order to encourage them to test for HIV, are yet to feature in many national HIV programmes.[54](#)

That said, some countries are making progress. For example, in Moldova non government

organisations (NGOs) are conducting saliva-based HIV testing for key populations and sero-discordant couples (when one person is HIV positive and the other is not) alongside harm reduction and other HIV prevention services. Since May 2016, HIV self-testing kits have been available in Moldovan pharmacies for US\$25.⁵⁵ Assisted partner notification is now widespread in Armenia, Georgia, Tajikistan and Uzbekistan and is being introduced in Kazakhstan. Self-testing kits are available with limited reach in Ukraine and Russia.⁵⁶

HIV prevention programmes in Eastern Europe and Central Asia

The HIV epidemic grew by 30% between 2010 and 2017. A number of political, legal and technical barriers are delaying effective HIV prevention approaches and innovative tools such as pre-exposure prophylaxis (PrEP) from being implemented in the region in many instances.⁵⁷

Condom availability and use

Condom availability differs from country-to-country. For example, in Russia condoms are widely available to buy but the practice of using condoms is controversial and there are no government-backed free distribution schemes.⁵⁸ In contrast, the Ukrainian government provided around 56 million condoms as part of its 2014-2017 HIV prevention strategy.⁵⁹

Data on condom use is limited and varies from country-to-country. For instance, 51.6% of women self-reported condom use at last high risk in Ukraine, compared to 82.9% of men in 2017. In comparison, condom use stood at 18.3% among women and 76.4% among men in Armenia and 24.9% among women and 51.4% among men in Albania.⁶⁰

Self-reported condom use among key populations varies widely. It ranges from 15.1% in Azerbaijan to 63.5% in Montenegro among people who inject drugs; from 51.7% in Uzbekistan to 99% in Armenia among sex workers, and from 51.3% in Macedonia to 81.1% in Kyrgyzstan among men who have sex with men.⁶¹

However, condom use among key populations is often inconsistent and levels of use vary between types of sexual encounter. For example, in 2015 UNAIDS reported that 77% of people who inject drugs in the region used condoms with occasional sexual partners but only 35% used them with regular partners.⁶² In Kazakhstan in 2016, 95.4% of sex workers used condoms with clients but only 35% used condoms with stable partners.^{63 64}

HIV education and approach to sexuality education

In most countries, basic information about sexual and reproductive health is provided in secondary school in subjects such as biology. In three countries (Russia, Belarus and Kazakhstan), HIV is briefly discussed together with other infectious diseases and health threats within a mandatory subject called the 'Basics of Life Safety'.⁶⁵

As a result, data on knowledge of HIV prevention among young people (aged 15-24) is limited. Where reported, it ranges from 13.8% in Tajikistan to 26.7% in Kazakhstan among young women and from 12.5% in Armenia to 25% in Ukraine among young men.⁶⁶

Age-appropriate HIV prevention services are needed for young people. Additional research is also

required to understand the extent of the epidemic among this group.[67](#)

Prevention of mother-to-child transmission (PMTCT)

Progress towards the elimination of mother-to-child transmission of HIV continues. Mother-to-child transmission accounted for just 1% of new cases of HIV infection in the region reported in 2017.[68](#)

In 2016, Armenia and Belarus were validated by the World Health Organization (WHO) as having eliminated mother-to-child transmission of HIV, and several other countries in the region are on track to apply for validation in 2018.[69](#)

Harm reduction

Most countries now provide access to harm reduction services. However, coverage remains low and where services exist, they are not comprehensive.[70](#)

This is particularly true in Russia, which is home to the region's largest HIV epidemic and largest population of people who inject drugs (1.8 million). For example, 30 projects serving some 27,000 people who inject drugs were left without financial support after a grant from the Global Fund to Fight AIDS, Malaria and Tuberculosis (Global Fund) ended in 2014. Although harm reduction programmes were still operating in 17 cities in Russia at the end of 2017, there are limited options to sustain them in the future.[71](#)

Several countries—including Belarus, Kazakhstan, Moldova and Ukraine—have maintained and scaled up harm reduction programmes with government resources, leading to reductions in new HIV infections among people who inject drugs.[72](#)

Needle-syringe programmes (NSPs) are in place across the region, but they are often at limited scale. In 2016/2017, the annual number of needle and syringes distributed per person ranged from 7 in Albania to 273 in Tajikistan. However, the regional average is 98 needle and syringes per injecting drug user – around half the recommended target for effective harm reduction programmes.[73](#)

The coverage of opioid substitution therapy (OST) is extremely low throughout the region. There are fewer than 10 operational sites in many countries, and OST is not available in Russia, Turkmenistan and Uzbekistan.[74](#)

Where OST is implemented, coverage was highest in Georgia at 32% and lowest in Kazakhstan at 0.6%.[75](#) However, some effective harm reduction programmes are being implemented. For example, in Ukraine in 2013, community outreach workers increased the uptake of methadone maintenance therapy and ART among people who inject drugs by 36% in just 10 months.[76](#)

Harm reduction services are also limited. OST is only available in prisons in five countries (Kyrgyzstan, Moldova, Armenia, Latvia, and Estonia) while NSP in prisons are only available in three (Kyrgyzstan, Moldova, and Armenia).[77](#)

Pre-exposure prophylaxis (PrEP)

In 2018, [pre-exposure prophylaxis \(PrEP\)](#), a course of HIV drugs taken by HIV-negative people to reduce their risk of infection, was available in Georgia, Moldova and Ukraine, with Moldova providing it through the public health system. Elsewhere in the region, a number of political, technical and legal

barriers are delaying the implementation of PrEP.⁷⁸

Antiretroviral treatment (ART) availability in Eastern Europe and Central Asia

The majority of countries in the region have officially adopted a test-and-treat policy, and although access to ART has expanded significantly in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Moldova, Russia, Tajikistan, Ukraine and Uzbekistan, new infections continue to outpace treatment enrolment.⁷⁹

As a result, just 36% of all people living with HIV in the region were accessing ART in 2017, with key populations most likely to miss out.⁸⁰

Where reported, in 2017 ART coverage ranged from 29% in Ukraine to 65.4% in Tajikistan among HIV positive sex workers; from 46.3% in Ukraine to 78.1% in Tajikistan among HIV positive men who have sex men, and between 37.9% in Ukraine to 85.2% in Moldova among HIV positive people who inject drugs.⁸¹

Despite efforts to scale up testing, late diagnosis and late presentation of HIV cases are still major problems, with late presentation rates as high as 60–80% in Bosnia and Herzegovina, Georgia and Albania.⁸²

In 2017, at least 80% of adults in the region were adhering to HIV treatment after 12 months of initiating it, with this proportion rising to 90% or above in Albania, Azerbaijan, Montenegro, Tajikistan and Macedonia. Adherence after 12 months on treatment was 88% and above among children on ART in all countries reporting data. However, this does not include Russia as the country had not reported on this measure to UNAIDS as of 2017.⁸³

Despite these adherence levels, relatively low HIV testing and treatment coverage means that only a quarter (26%) of all people living with HIV in the region were virally suppressed in 2017.⁸⁴

Antiretroviral resistance testing is not common in the region due to the unavailability of the procedure or high costs. This is preventing early intervention in the case of virological failure, and may lead to increases in drug-resistant HIV. However data on this issue is limited.⁸⁵

Civil society's role in Eastern Europe and Central Asia

The space for civil society has been under increasing pressure for several years. While there have been some positive developments in the region – for example in Ukraine, grassroots organisations are becoming more active – it is likely that the unrest in Ukraine is central to this deterioration.⁸⁶

The potential for civil society to contribute fully to the HIV response in many countries remains systematically underused due to weak mechanisms for local governments to support NGOs to deliver HIV services, coupled with a number of legal constraints placed on them.⁸⁷

Constraints include Russia's 'foreign agents' law, which requires NGOs that receive international funding and engage in vaguely defined political activities, to register as foreign agents.⁸⁸ Also in Russia, legislation prohibiting dissemination of "propaganda of non-traditional sexual relations among minors" has resulted in the arrest of those working on HIV prevention for men who have sex with men

and other lesbian, gay, bisexual, transgender and intersex (LGBTI) people.⁸⁹

These pieces of legislation have served as a model for other countries in the region to bring in restrictive laws. For instance, Azerbaijan has also changed its law to require NGOs and foreign donors to register with the state and gain state approval before any activities can be carried out.⁹⁰

HIV and tuberculosis (TB) coinfection in Eastern Europe and Central Asia

The region continues to face a significant TB epidemic. In terms of absolute numbers, Russia had the largest number of people with TB in 2016 at 94,000, followed by Ukraine (39,000), and Kazakhstan (12,000). In terms of numbers relative to population, Kyrgyzstan had the highest incident rate at 145 per 100,000 population, followed by Moldova (101 per 100,000) and Georgia (92 per 100,000).⁹¹

That said, rates of new TB infections are declining in many countries in the region, and at a far higher rate than the global decline of 1.9%. The highest annual rates of decline between 2007 and 2017 were in Kazakhstan (-9.4%) and Tajikistan (-7.4%).⁹²

Around 36% of new and relapse cases come from Russia, even though Russia only accounts for 16% of the Region's population.⁹³

In 2015, an estimated 16% of people newly diagnosed TB and 48% of people previously treated for TB had multi-drug resistant TB (MDR-TB), accounting for an estimated 74,000 cases. The alarmingly high rates of MDR-TB in most Eastern European and Central Asian countries represent one of the main challenges for TB prevention and care in the region.⁹⁴

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Barriers to HIV prevention in Eastern Europe and Central Asia

Legal, cultural and socio-economic barriers

Punitive laws against key populations continue to significantly prevent access to HIV testing and treatment across the region.

Although many countries in the region have repealed laws prohibiting same sex sexual activity, it is criminalised in Turkmenistan and Uzbekistan.⁹⁵ Even where same sex sexual acts are legal, prevailing social attitudes towards men who have sex with men and people who are LGBTI are often intolerant, leading to widespread discrimination, harassment and abuse.

Sex work is also criminalised in the majority of countries (Albania, Armenia, Bosnia and Herzegovina, Georgia, Montenegro, Russia, Tajikistan, Macedonia, Ukraine and Uzbekistan).⁹⁶

In many countries, the criminalisation of drug use results in police arresting people who access harm reduction services, where they will confiscate drugs and syringes or extract bribes for the possession of syringes or needles.^{97 98} For example, Belarus introduced fines for non-medical drug use in 2015. Those offending for a second time within a year face up to two years in prison.⁹⁹

Stigma and discrimination

The criminalisation of key populations is closely associated with high levels of stigma and discrimination experienced by these groups. In turn, this plays a large role in preventing people living with, and most affected by, HIV from accessing the services they need.

For example, while Ukraine's National Target Program calls for tolerance and less discrimination towards people living with HIV, it does not specifically mention stigma against men who have sex with men or transgender people. As a result, these groups have very limited access to specialised programmes, even in comparison with other key populations such as people who inject drugs and sex workers.¹⁰⁰ In addition, many programmes are typically focused on medical interventions and do not take into account human rights issues.¹⁰¹

Results from the Stigma Index show that at least 20% of people living with HIV in Kyrgyzstan and 18% in Kazakhstan reported being denied health services. Healthcare workers disclosing people's HIV status without consent is also common in many countries. Discriminatory attitudes and misconceptions about HIV are also common. For example, data suggests at least half of all adults in eight countries in the region would not buy vegetables from a shopkeeper who they knew to be living with HIV.¹⁰²

Despite this, some progress is being made. For example, stigma and discrimination experienced by people living with HIV in medical facilities in Ukraine has dropped from 22% in 2010 to 8% in 2016.¹⁰³ In 2016, 27% of countries reporting data to UNAIDS had training programmes for healthcare workers on human rights and non-discrimination legal frameworks as applicable to HIV.¹⁰⁴

Data issues

Poor surveillance of the HIV epidemic in these countries also hampers prevention efforts. As a result, the epidemic among men who have sex with men and LGBTI people remains largely hidden and the need for HIV services is not recognised.¹⁰⁵

Structural and resource issues

Administrative barriers relating to harm reduction also exist. In many countries in the region, people must be over 18 years to access harm reduction services.¹⁰⁶ In Russia, Uzbekistan, Ukraine, Belarus, Moldova, Lithuania, and Latvia, official name-based registration of people who inject drugs is required to receive treatment including OST. However, registration often results in restrictions in employment, loss of privileges (for example, driving licence) and targeting by police.¹⁰⁷

The relatively high prices of antiretroviral medicines (ARVs) in middle-income countries in the region are an additional barrier to treatment scale-up. However, Belarus, Kazakhstan, Moldova, Russia and Ukraine have successfully reduced the cost of first-line treatment regimens in recent years.¹⁰⁸

In addition, there is a need for regulatory reform to ensure that NGOs are able to provide services through national HIV funding mechanisms. This includes development of social contracting mechanisms, as well as licensing and accreditation of NGOs to make them eligible to apply for and receive government funding.¹⁰⁹

Funding for HIV in Eastern Europe and Central Asia

A lack of funding remains a significant barrier to the scale-up of HIV prevention programmes to tackle the epidemic effectively in the region.

The Global Fund has been the region's largest donor for HIV prevention among key populations since 2004. However, as of July 2013, the World Bank reclassified Russia as a high-income country and seven of the other 14 countries as lower-middle income, including Ukraine. As a result, the Global Fund and other international support for HIV programmes in the region is decreasing, yet domestic funding for HIV prevention is not meeting the funding gap.¹¹⁰

In particular, the Global Fund's phased withdrawal from some countries is resulting in a reduction in the number of NGOs delivering services to key populations. This has affected the range and quality of harm reduction services on offer as national governments direct funds towards ART or rehabilitation services.¹¹¹

To some extent, the funding gap left by a decrease in international support is being met. For example, HIV funding in Eastern Europe and Central Asia declined between 2012 and 2016, then rose sharply in 2017 due to increases in domestic investment to reach USD \$739 million. This equates to domestic funding covering 81% of all resources for the HIV response.¹¹²

Belarus was one of the first countries in the region to step up domestic spending on HIV in a substantial way, including for increased harm reduction services. Kazakhstan also has dramatically increased its domestic HIV funding: its domestic share of HIV treatment funding rose from 7% to 100% between 2007 and 2011.¹¹³

However, in 2017, only 3% of total HIV spending in the region went towards programmes focused on key populations.¹¹⁴ In addition, the total resources available in 2017 were only 46% of the USD \$1.6 billion per year required to reach the region's UNAIDS' 2020 Fast-Track Targets.¹¹⁵

The future of HIV in Eastern Europe and Central Asia

The number of new HIV infections continues to rise. As a result, the scaling up of ART and other HIV prevention programmes, particularly for key affected populations, is urgent. However, a number of barriers need to be overcome in order for people living with and affected by HIV to access the services they need.

Increasing the number of people living with HIV who are aware they have the virus require innovative strategies that focus on key populations who may feel uncomfortable or scared to access services at public health clinics. Key populations are testing less. Programmes such as the saliva-based HIV testing work being carried out in Moldova are examples of what can be achieved with the right programming and resources.¹¹⁶

Improved HIV surveillance in many countries would identify those at risk and to what extent HIV prevention services need to be scaled up in order to tackle the epidemic effectively.

The scale of prevention programmes for key populations is not keeping pace with the region's surging epidemics. Expanding comprehensive harm reduction interventions are needed but greater focus must also be given to the sexual transmission of HIV, particularly among the partners of key affected populations.

Drastically scaling up the number of people living with HIV on ART to suppress viral load, in combination with expanding condom use programmes that meet the diverse needs of key affected populations, will be key to reducing the growing number of sexually transmitted HIV infections in the region.

The funding gap created by a reduction in international donor funding remains a concern. Even if longer term funding is secured, many people face a number of legal and social barriers to accessing HIV services, which also need to be addressed.



Tools and resources:

www.about-hiv.info: This website features a series of factsheets about key HIV topics, currently available in Armenian, English, Georgian, Kazakh, Russian and Ukrainian. The site also provides details of local support organisations.

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Next full review:

05 August 2021