

# AIDS in Eastern Europe and Central Asia

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## Regional Overview

The latest estimates from the Joint United Nations Programme on AIDS (UNAIDS) and the World Health Organization for HIV in Eastern Europe and Central Asia are presented in the table below.

Parameter	Estimate	Range
Prevalent HIV Infections	1.4 million	920,000 - 2.1 million
Number of women living with HIV	490,000	310,000 - 710,000
New infections in 2004	210,000	110,000 - 480,000
AIDS deaths in 2004	60,000	39,000 - 87,000

The region of Eastern Europe and Central Asia (which encompasses the countries of the former Warsaw Pact, including the countries of the former Soviet Union) has the fastest rising HIV incidence in the world. The main driving force behind epidemics across the region is injecting drug use, but in some areas, sexual transmission is playing an increasingly important role. A striking feature is the low age of those infected: more than 80% of HIV infections in the region are occurring in people under 30 years of age. By contrast, in North America and Western Europe, only 30% of infected people are under 30.

Estonia, Latvia, the Russian Federation and Ukraine are the worst-affected countries in this region, but HIV continues to spread in Belarus, Kazakhstan and Moldova, while more recent epidemics are evident in Kyrgyzstan and Uzbekistan.

## Profile of the Epidemic

**The Russian Federation has the worst epidemic in the region**, with an estimated 860 000 people living with HIV (range: 420 000-1.4 million). The picture is uneven; well over half of all reported cases of HIV infection come from just 10 of the 89 administrative territories. More than 80% of all officially reported HIV cases since the beginning of the epidemic have been among drug injectors. The majority of

drug injectors are sexually active and studies show that the majority do not use condoms consistently. As a result the epidemic's pattern is shifting and the proportion of new infections acquired during heterosexual intercourse has grown dramatically - from 5.3% in 2001 to just over 20% in 2003. The prevention of mother-to-child transmission has also become a new and urgent priority.

**Central Asia has recently reported growing numbers of infection**, particularly in Kazakhstan, Kyrgyzstan, and Uzbekistan. These States straddle major drug trafficking routes into the Russian Federation and Europe. Not surprisingly, the majority of infections are related to injecting drug use. These epidemics are very recent and can be curbed if targeted prevention efforts are put into place.

**Estimates throughout the region are likely overlooking epidemics among men who have sex with men (MSM).** Statistics are based almost exclusively on reporting by the health services and the police, since a lack of money and infrastructure precludes systematic surveillance. Very little is known about how the epidemic affects MSM, since they are widely stigmatized and rarely come into contact with HIV-testing programmes. However, in Central Europe, sex between men is clearly the predominant mode of HIV transmission in the Czech Republic, Hungary, Slovenia and the Slovak Republic.

**Further west, new reported HIV infections have remained stable.** This pattern is observed in Poland, the Czech Republic, Hungary, and Slovenia. However, 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 rise - raising the prospect of possible HIV outbreaks unless preventive steps are swiftly introduced.

*This information has been compiled from the following UNAIDS publications: UNAIDS at Country Level: Progress Report (September 2004), 2004 Report on the Global AIDS Epidemic: 4th Global Report (June 2004), AIDS Epidemic Update 2003 (December 2003). For more information, please visit the UNAIDS website ([www.unaids.org](http://www.unaids.org)).*