EASTERN EUROPE AND CENTRAL ASIA

An estimated 150 000 people [70 000—290 000] people were newly infected with HIV in 2007 bringing the number of people living with HIV in Eastern Europe and Central Asia to 1.6 million [1.2 million-2.1 million] compared to 630 000 [490 000-1.1 million] in 2001, a 150% increase over that time period.

Nearly 90% of newly reported HIV diagnoses in this region in 2006 were from two countries: the Russian Federation (66%) and Ukraine (21%). Elsewhere, the annual numbers of newly reported HIV diagnoses are also rising in Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan and Uzbekistan (which now has the largest epidemic in Central Asia). Of the new HIV cases reported in 2006 in Eastern Europe and Central Asia for which there was information on the mode of transmission, nearly two thirds (62%) were attributed to injecting drug use and more than one third (37%) were ascribed to unprotected heterosexual intercourse.

The HIV epidemic in the **Russian Federation** continues to grow, although not as rapidly as in the late 1990s. The annual number of newly registered HIV cases declined between 2001 and 2003 (from a peak of 87 000 to 34 000), but has subsequently started to increase again. In 2006, 39 000 new HIV diagnoses were officially recorded, bringing the total number of HIV cases registered in the Russian Federation to about 370 000 (AIDS Foundation East-West, 2007; EuroHIV, 2007). Those officially documented HIV cases represent only those persons who have been in direct contact with the Russian Federation's HIV reporting system.

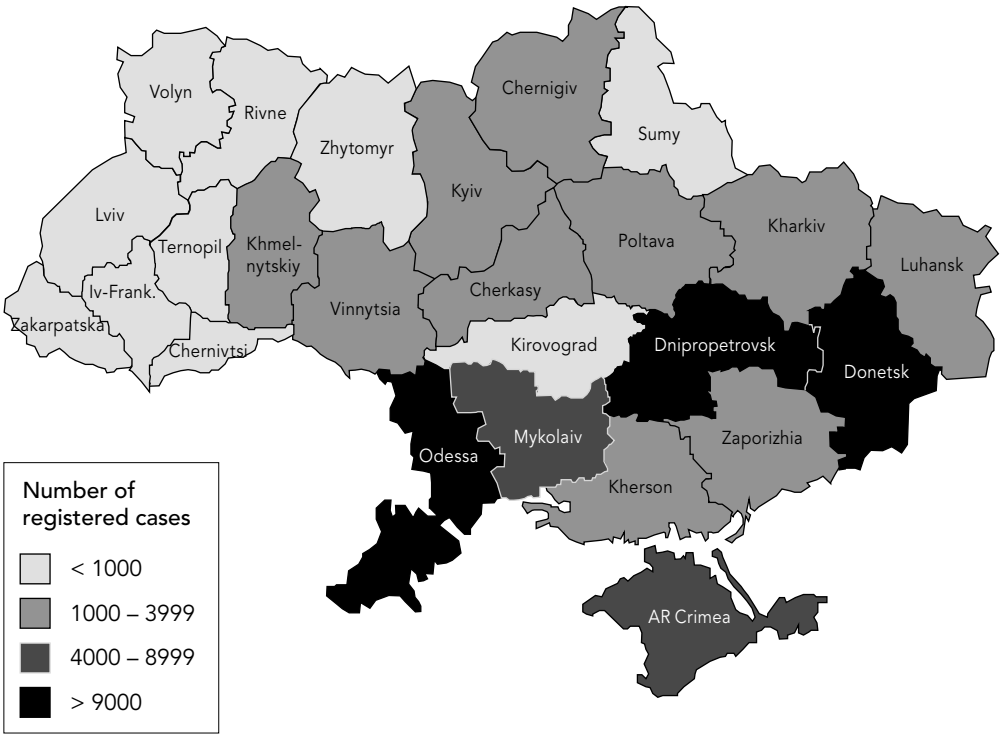
Injecting drug use remains the main mode of HIV transmission in the **Russian Federation**. Of the newly registered HIV cases in 2006 where the mode of transmission was known, two thirds (66%) were due to injecting drug use and about one third (32%) to unprotected heterosexual intercourse (Ladnaya, 2007). The latter proportion, though, has been increasing steadily since the late 1990s, especially in areas with comparatively mature epidemics. Less than 1% of newly registered HIV cases in 2006 were attributed to unsafe sex between men. (EuroHIV, 2007)

Overall, women comprised about 44% of newly registered HIV cases in 2006 (Russian Federal AIDS Centre, 2007). National HIV prevalence among pregnant women was 0.4% in 2005 and 2006 (Ladnaya, 2007), although prevalence of 1% or more has been recorded in some areas, including Saint Petersburg and Orenburg (Lazutkina, 2007; Volkova, 2007).

In **Ukraine**, annual HIV diagnoses have more than doubled since 2001, reaching 16 094 in 2006 and exceeding 8700 in the first six months of 2007 (Ministry of Health of Ukraine, 2007).

South-eastern Ukraine continues to be the most affected area, especially the regions of Dnipropetrovsk, Donetsk, Mikolaiv and Odessa, as well as the Autonomous Republic of Crimea. These regions, together with the capital city Kiev, represent more than 70% of all registered cases of HIV currently in Ukraine (Ministry of Health of Ukraine, 2007). In recent HIV sentinel surveys in six cities in 2007, HIV prevalence among injecting drug users ranged from 10% in Lugansk to 13% in Kiev, and 89% in Krivoi Rog (Ukrainian Institute for Social Research et al., 2007). HIV prevalence among sex workers ranged from 4% in Kiev to

HIV infection in Ukrainian regions*, 2007



* Data on number of officially registered cases of HIV infection currently under medical care at the regional level in Ukraine as of 01 July 2007.

Source: Ukrainian AIDS Centre, 2007.

Figure 12

24% in Donetsk and 27% in Mikolayev (Booth, Kwiatkowski & Brewster, 2006; Ministry of Health of Ukraine, 2007).

Recent research has revealed the extent of the previously hidden epidemic among men who have sex with men in Ukraine. A study in four cities found HIV prevalence ranging from 4% in the capital Kiev to 23% in the city of Odessa. Among the HIV-positive men in this study, only 34% reported condom use the last time they had sex with a male partner (Ukrainian Institute for Social Research et al., 2007).

The HIV epidemic in **Belarus** may have stabilized, with the annual number of newly reported HIV diagnoses varying only slightly since 2003 (between 713 and 778) (EuroHIV, 2007). Most new HIV infections are being reported in and around the capital, Minsk, and in the provinces of Brest and Vitebsk (Ministry of Health Belarus, 2007). Here, too, the epidemic is largely concentrated among injecting drug users, with a high HIV prevalence found in this population: 34% in Zhlobine, 31% in Minsk, 23% in Soligorsk, 20% in Rechitza and 17% in Gomel (WHO, 2006a).

Newly reported HIV cases in the **Republic of Moldova** have more than doubled since 2003, to 621 in 2006 (EuroHIV, 2007). More than half (59%) of HIV infections reported in 2006 were attributed to unprotected sexual transmission (EuroHIV, 2007).

Increasing numbers of new HIV cases are being reported in each of the Caucasian republics. In **Georgia**, more than half (60%) of the 1156 registered HIV cases to date were reported in the past three years (2004–2006), and the annual number of newly registered HIV infections has risen each year (EuroHIV, 2007).

Similar patterns are evident in **Armenia**'s smaller epidemic (EuroHIV, 2007), where most reported HIV infections have been among injecting drug users (almost all of them men). HIV prevalence of about 9% was found among injecting drug users,

whereas prevalence of less than 2% was found among female sex workers (Armenian National AIDS Foundation, 2006).

Almost half (47%) of all HIV infections documented in **Azerbaijan**'s relatively recent epidemic were reported in 2005–2006 (EuroHIV, 2007). Almost half of the HIV cases registered by 2006 were in the capital, Baku, where 13% of injecting drug users tested HIV-positive in a 2003 survey (WHO, 2006b). In addition, high prevalence of HIV (9%) and other sexually transmitted infections (9% syphilis and 63% chlamydia) has been found among female sex workers, among whom condom use appears to be infrequent (WHO, 2006b).

In **Uzbekistan**, which now has the largest epidemic in Central Asia, the number of newly reported HIV diagnoses rose exponentially between 1999 and 2003, from 28 to 1836. Since then, the number of newly reported HIV infections has grown at a slower pace, and reached 2205 in 2006 (EuroHIV, 2007). Almost one in three (30%) injecting drug users tested HIV-positive in a study in Tashkent between 2003 and 2004 (Sanchez et al., 2006).

In **Kazakhstan**, newly registered HIV cases increased from 699 in 2004 to 1745 in 2006 (EuroHIV, 2007). The increase can be attributed in part to expanded HIV testing (including testing in correctional settings, among most-at-risk groups and among pregnant women), although a nosocomial HIV outbreak infecting more than 130 children in the south of the country was reported in 2006 (AIDS Center of the South-Kazakhstan Oblast, 2007). In a 2005 study in Temirtau 17% of injecting drug users were HIV-positive (Ministry of Health Kazakhstan et al., 2005). Sentinel surveillance in 23 towns and cities across the country in 2005 indicated that a little more than 3% of injecting drug users nationally were infected with HIV (Republic Centre for AIDS Prevention and Control, 2005).

In **Tajikistan**, HIV prevalence among injecting drug users increased from 16% in 2005 to 24% in 2006 in the cities of Dushanbe and Khujand. Also of concern is the sudden rise in prevalence among sex workers in those same cities (from 0.7% to 3.7% over the same period) (Ministry of Health Tajikistan, 2007).

In **Kyrgyzstan**, the HIV epidemic is also concentrated largely among injecting drug users. Sentinel surveys in Bishkek and Osh found HIV prevalence of 0.8% among injecting drug users, 3.5% among prisoners,1.3% among female sex workers and 1% among men who have sex with men in 2006 (Ministry of Health Kyrgyzstan, 2007).