# WHAT THE DATA TELL US: Projections for the HIV epidemic in eastern Europe and central Asia in 2030



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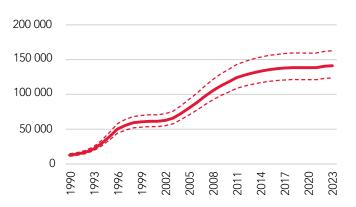
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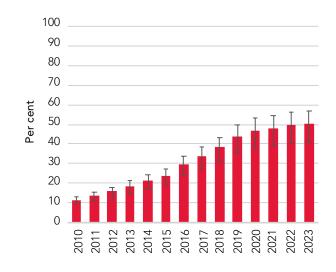
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#### Where are we now?

#### Estimated number of new HIV infections, 1990–2023



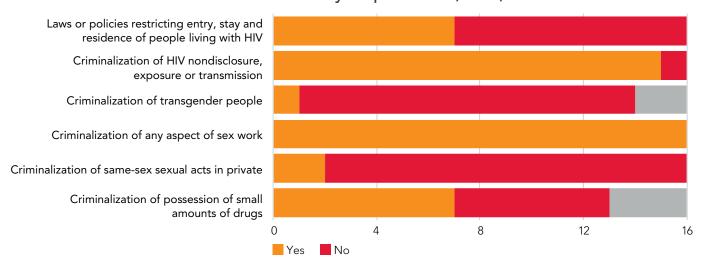
#### Treatment coverage, 2010–2023



New HIV infections are continuing to increase in eastern Europe and central Asia, reaching an estimated 140 000 (120 000–160 000) in 2023, a 20% increase since 2010. Antiretroviral treatment coverage among people living with HIV reached only 50% (41–57%) in 2023, far below the treatment targets set for 2025.1

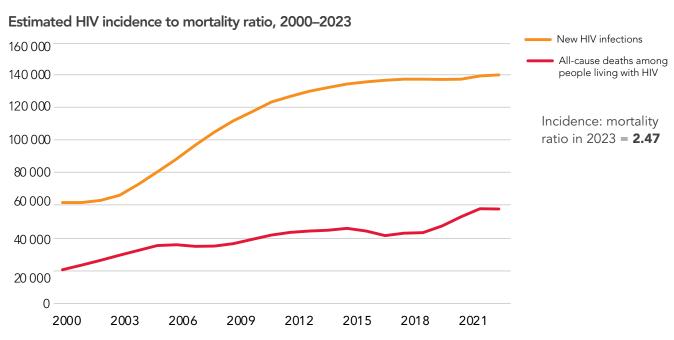
Out of 16 countries in the region, all 16 still criminalize sex work, 15 criminalize HIV non-disclosure, exposure or transmission based on either HIV-specific or general criminal laws, 7 criminalize possession of small amounts of drugs, 2 countries criminalize same-sex sexual acts, and 7 have laws or policies restricting the entry, stay and residence of people living with HIV. These persisting discriminatory and punitive laws expose key populations and vulnerable communities to stigma, discrimination and violence and lead to poor health outcomes. Such patterns of exclusion remain widespread, with 48% of sex workers in Azerbaijan and 35% in Kyrgyzstan; 28% of gay men and other men who have sex with men in Azerbaijan and 21% in Georgia; 40% of people who inject drugs in Armenia; and 91% of transgender people in Azerbaijan and 89% in Armenia reported experiencing stigma and discrimination in the past six months.

#### Number of countries with HIV-related discriminatory and punitive laws, EECA, 2024



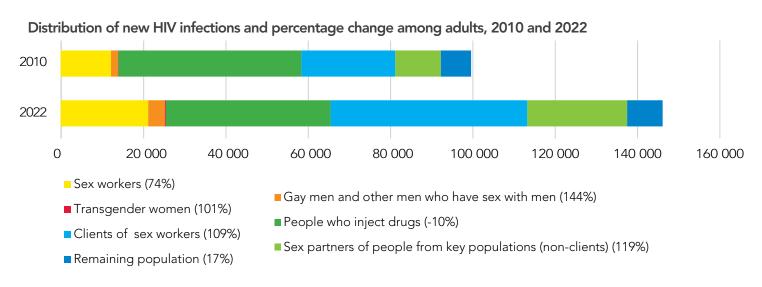
<sup>1</sup> Note: the 2025 targets are for 95% of people living with HIV to know their HIV status, 95% of these people to be receiving HIV treatment, and 95% of these people to have viral suppression. For further explanation see <a href="https://www.unaids.org/sites/default/files/media">https://www.unaids.org/sites/default/files/media</a> asset/progress-towards-95-95-95 en.pdf

### What factors might contribute to epidemic control?



An estimated incidence:mortality ratio (IMR) of 2.47, which is substantially above the benchmark of 1, indicates that the population of people living with HIV in the region is increasing as new infections are significantly outpacing deaths. This ratio underscores the need to upscale prevention interventions including ensuring people living with HIV receive treatment. By comparison, when the IMR value is less than 1, the size of the population living with HIV decreases, contracting the epidemic and lowering costs of antiretroviral therapy and services. An incidence:mortality ratio can reach the goal of being lower than one if mortality is very high. For this reason the incidence:mortality ratio should be interpreted with caution when treatment coverage (which determines mortality) is low as is the case in this region.<sup>2</sup>

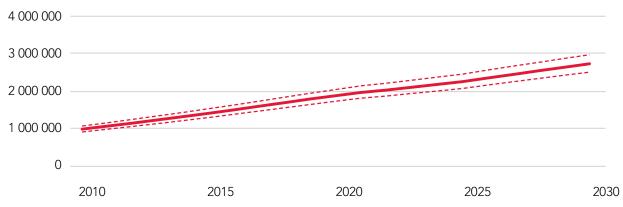
Prevention interventions are particularly important among people from key populations and their sex partners who accounted for 94% of new HIV infections in 2022. This is reflected in the numbers of new HIV infections which increased by 144% among gay men and other men who have sex with men, by 101% among transgender women, and by 74% and 109% among sex workers and their clients, respectively.



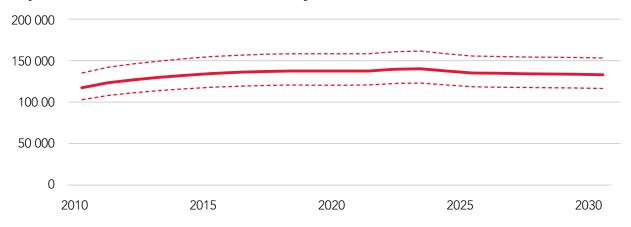
<sup>2</sup> See: Ghys PD, Williams BG, Over M, Hallett TB, Godfrey-Faussett P (2018) Epidemiological metrics and benchmarks for a transition in the HIV epidemic. PLoS Med 15(10): e1002678. <a href="https://doi.org/10.1371/journal.pmed.1002678">https://doi.org/10.1371/journal.pmed.1002678</a>

## What is projected to happen in the future if coverage remains at 2023 level for treatment and prevention?

#### Projections of numbers of people living with HIV by 2030

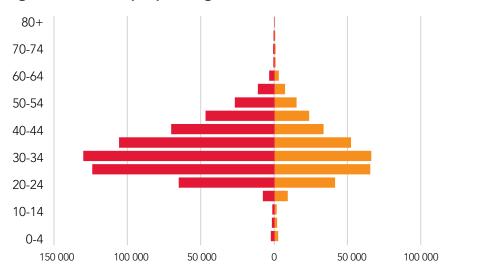


#### Projections of numbers of new HIV infections by 2030



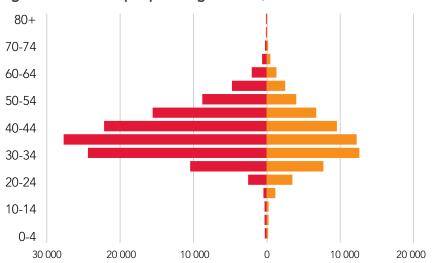
By 2030, without accelerated scale-up of prevention and treatment coverage, there may be an estimated 130 000 new HIV infections and 2.7 million people living with HIV in eastern Europe and central Asia. The majority of people living with HIV is projected to remain in the 30–59 age group. This group accounted for 64% of all people living with HIV in 2010, 82% in 2020, and is projected to account for 84% in 2030. Gender disparity among people living with HIV is projected to persist, with boys and men making up 67% of all people living with HIV in 2030.

#### Age distribution of people living with HIV, 2010



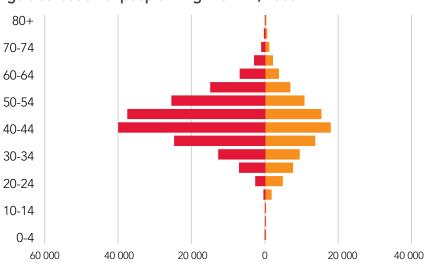
#### ■ Male ■ Female

#### Age distribution of people living with HIV, 2020





#### Age distribution of people living with HIV, 2030



■Male ■Female

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