

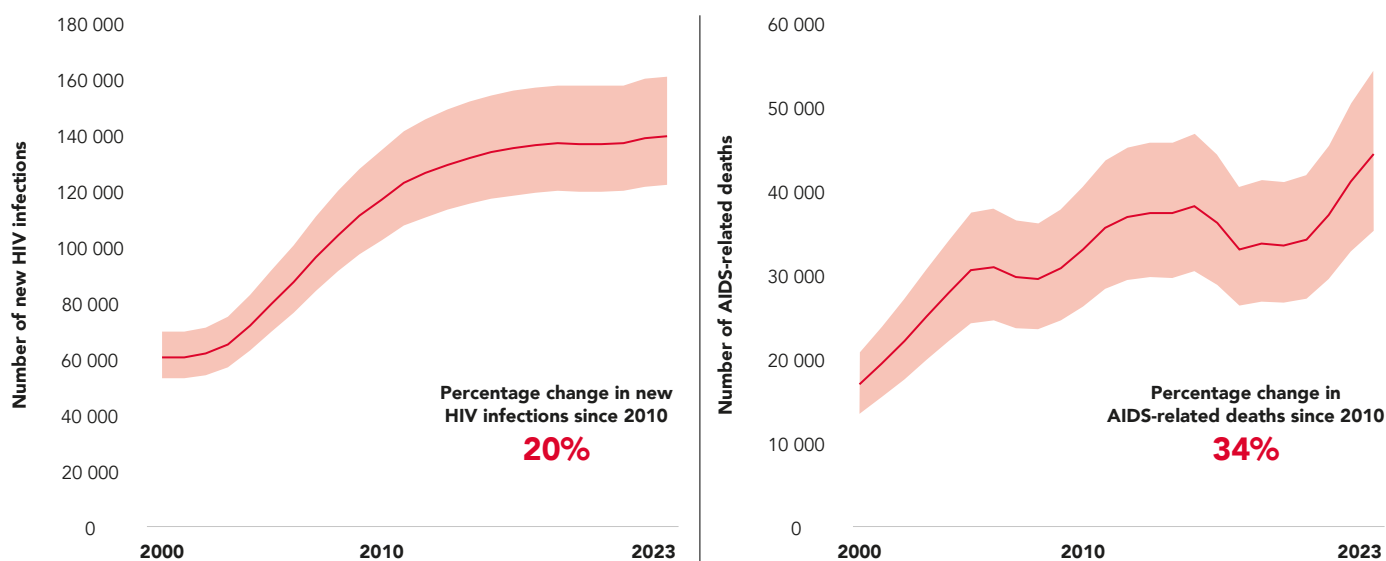
EASTERN EUROPE AND CENTRAL ASIA

The annual number of new HIV infections in eastern Europe and central Asia continues to rise. It reached 140 000 [120 000–160 000] in 2023, a 20% increase since 2010 (Figure 12.1). The region is off track to reach the targets to end AIDS by 2030. Four countries (Kazakhstan (1), Russian Federation (2), Ukraine (1), Uzbekistan (3)) report 92% of all new registered HIV cases¹ in the region according to published case reports from 15 of 16 countries.

In 2022, 94% of new HIV infections were among people from key populations and their sex partners, and 15% of new infections were among sex workers (4). HIV case reporting in the region suggests that an increasing proportion of new HIV infections are transmitted sexually. Available data suggest one explanation for this is transmission from people who inject drugs or formerly injected drugs to their partners in addition to a

Numbers of new HIV infections in eastern Europe and central Asia are rising

Figure 12.1 Numbers of new HIV infections and AIDS-related deaths, eastern Europe and central Asia, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

¹ New registered HIV cases are newly diagnosed individuals included in the HIV case reporting system of the country.



2023 DATA

- **20%** increase in new HIV infections since 2010
- **34%** increase in AIDS-related deaths since 2010
- People living with HIV: **2.1 million** [1.9 million–2.3 million]
- New HIV infections: **140 000** [120 000–160 000]
- AIDS-related deaths: **44 000** [35 000–54 000]

Testing and treatment cascade (all ages):

- % of people living with HIV who know their HIV status: **59 [48–67]**
- % of people living with HIV who are on treatment: **50 [41–57]**
- % of people living with HIV who have a suppressed viral load: **42 [39–46]**

Financing the HIV response

- Resource availability for HIV: **US\$ 1.68 billion** [54% gap to meet the 2025 target]

growing recognition of transmission among men who have sex with men. Unsafe drug injecting practices are a key factor in the region's epidemic, representing 27% of new HIV infections. Although 75% of countries mention harm reduction services in their national AIDS policies and service packages, a number of barriers—including the criminalization of possession of small amounts of drugs for personal use in nearly half (44%) of countries—stands in the way of providing and accessing services. In 2022, the number of gay men and other men who have sex with men who acquired HIV was 144% higher than in 2010 (Figure 12.2). Among people who inject drugs, new infections decreased by 10% between 2010 and 2022. In 2022, numbers of new HIV infections among sex workers and their clients rose by 74% and 109%, respectively.

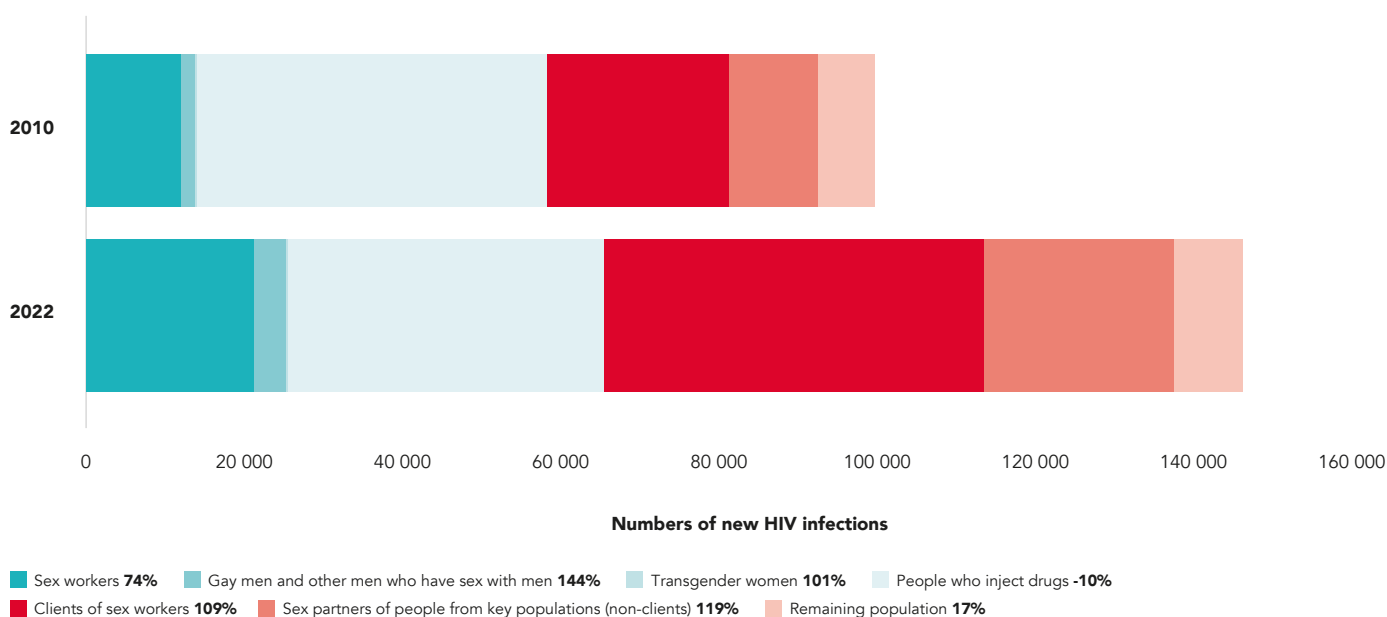
Coverage of HIV services remains inadequate in the region, especially for people from the populations most affected by the epidemic. A median of 58% of sex workers (eight reporting countries), 43% of gay men and other men who have sex with men (eight reporting countries), 52% of people who inject drugs (eight reporting countries) and 65% of transgender people (three reporting countries) reported receiving at least two HIV prevention services in the past three months. Restrictive legal environments, stigma, and lack of scale-up of HIV interventions for people from key populations are major hindrances. There has been some progress, however, towards institutionalizing community-led monitoring and expanding the use of social contracting for service delivery in some countries.²

Numbers of AIDS-related deaths continue to increase, claiming the lives of 44 000 [35 000–54 000] people in 2023 (34% more than in 2010) (Figure 12.1). Testing and treatment programmes are missing large numbers of people who need antiretroviral therapy. Less than two thirds (59% [48–67%]) of people living with HIV in 2023 knew they were HIV-positive. Only about half of the 2.1 million [1.9 million–2.3 million] people living with HIV were receiving treatment in 2023. With 84% [68–96%] of people living with HIV on antiretroviral therapy having a suppressed viral load, the percentage of all people living with HIV who had a suppressed viral load was the lowest among all regions, at about 42% [39–46%].

² The following countries reported that community-led organizations can access funding (although funding is limited) through social contracting: Albania, Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Montenegro, Republic of Moldova, Tajikistan, Ukraine, Uzbekistan.

The majority of new HIV infections are among people from key populations and their sex partners

Figure 12.2 Distribution of new HIV infections and percentage change among adults, eastern Europe and central Asia, 2010 and 2022



Source: Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation. *J Acquir Immune Defic Syndr.* 2024;95(15):e34–e45.

Progress towards reaching the 10–10–10 societal enablers targets in eastern Europe and central Asia remains slow. All 16 countries in the region criminalize sex work; 15 countries criminalize nondisclosure, exposure or transmission of HIV; and seven countries criminalize possession of small amounts of drugs for personal use (Figure 12.3). These laws, along with aggressive policing and stigma and discrimination, prevent all people—especially those from key populations—from seeking HIV and other health services.

Nearly half (49%) of surveyed people who inject drugs in Kyrgyzstan (5) and 32% of people living with HIV in Tajikistan (5, 6) reported avoiding medical care due to stigma and discrimination. Around 30% of surveyed people who inject drugs in the Republic of Moldova said they avoided starting treatment due to stigma and discrimination (5, 6). Survey data indicate that sexual or physical violence is common among people from key populations in the region: a median of 20% of sex workers (six reporting countries), 19% of gay men and other men who have sex with men (six reporting countries), 20% of people who inject drugs (four reporting countries) and 22% of transgender people (three reporting countries) reported experiencing physical or sexual violence in the past 12 months.

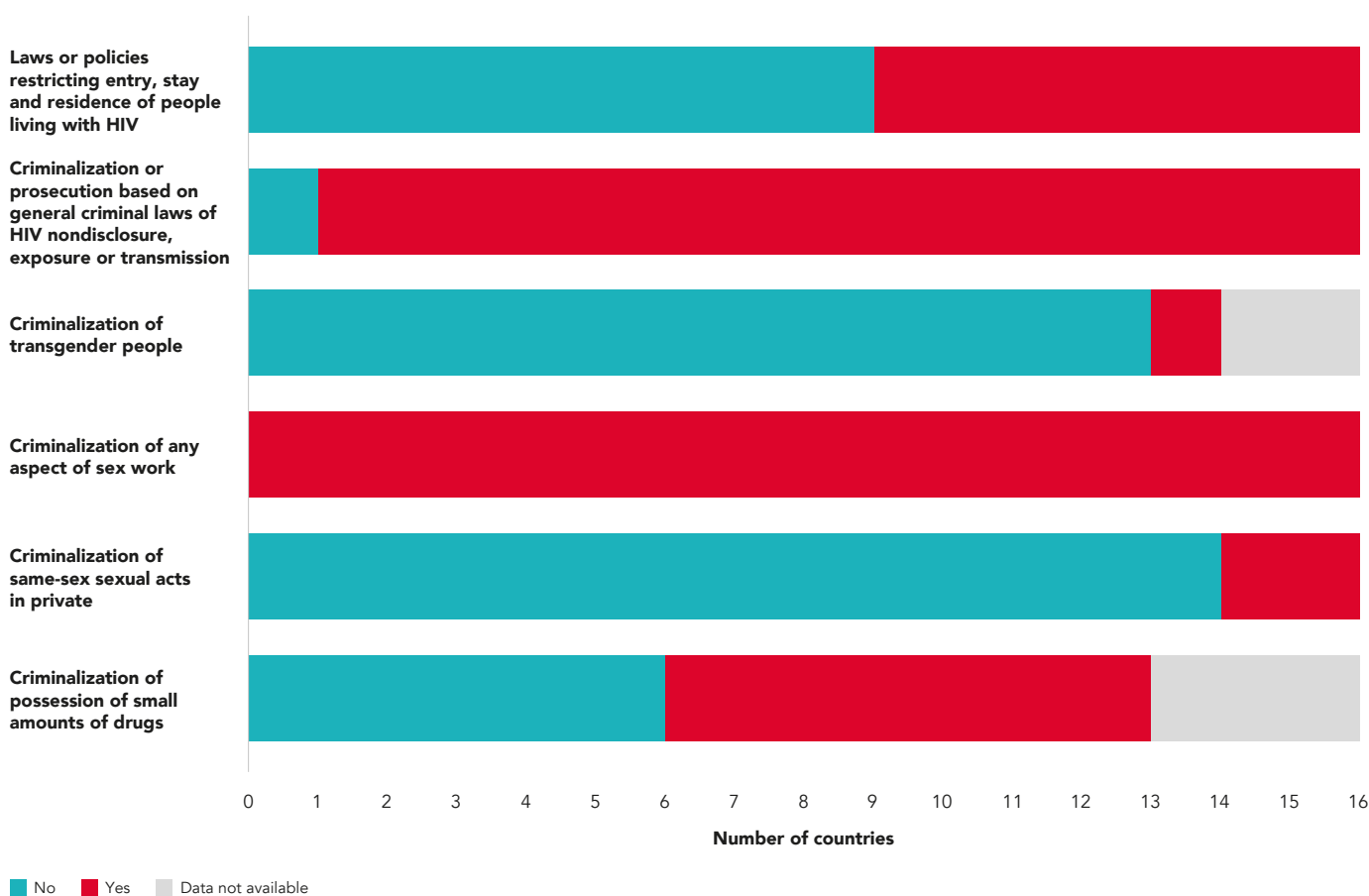
The HIV response in the region is occurring within the context of war in Ukraine, armed conflicts and political unrests in other countries, and shifts towards repressive governance and shrinking civic space. Despite the substantial strain of the war in Ukraine, with over 5.9 million refugees in European countries and 3.4 million internally displaced people (7), Ukraine has succeeded in maintaining its HIV services, notably the provision of antiretroviral therapy in Government-controlled areas. A reported 143 591 people living with HIV were receiving treatment in 2023 (8), close to the number before the invasion. According to the Information System for

Monitoring of Socially Significant Diseases, as of 1 January 2024, a total of 7943 Ukrainian refugees were receiving antiretroviral therapy and 1900 Ukrainians who had left the country have returned and re-initiated antiretroviral therapy in Ukraine (9).

The war in Ukraine and an array of economic and political challenges across the region pose long-term risks for the HIV response and the health system response in general. The region's growing HIV epidemic calls for HIV sustainability plans and actions that emphasize enabling legal environments; prioritize expanded prevention and treatment coverage, especially for people from key populations; facilitate and support community-led interventions; and boost domestic funding.

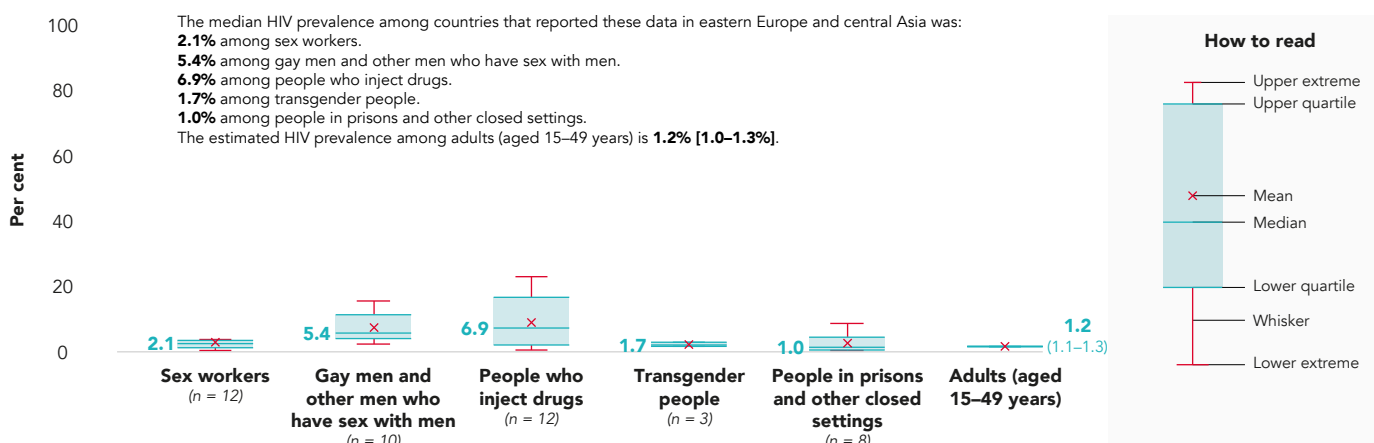
Eastern Europe and central Asia is off track to ensure less than 10% of countries have punitive legal and policy environments

Figure 12.3 Countries with discriminatory and punitive laws, eastern Europe and central Asia, 2024



Source: National Commitments and Policy Instrument, 2017–2024 (<http://lawsandpolicies.unaids.org/>), supplemented by additional sources (see references in regional factsheet and <http://lawsandpolicies.unaids.org/>).

Figure 12.4 HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in eastern Europe and central Asia, 2019–2023



Source: Global AIDS Monitoring, 2020–2024; UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).
 Note: n = number of countries. Total number of reporting countries = 16. The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Table 12.1 Reported estimated size of key populations, eastern Europe and central Asia, 2019–2023

Country	National adult population (aged 15–49 years) for 2023 or relevant year	Sex workers	Sex workers as percentage of adult population (aged 15–49 years)	Gay men and other men who have sex with men	Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)	People who inject drugs	People who inject drugs as percentage of adult population (aged 15–49 years)	Transgender people	Transgender people as percentage of adult population (aged 15–49 years)	People in prisons and other closed settings	People in prisons and other closed settings as percentage of adult population (aged 15–49 years)
Albania	1 325 000									2200	0.17%
Armenia	1 330 000	8100	0.61%	22 700	1.71%	14 100	1.06%	1000	0.08%		
Azerbaijan	5 438 000	26 400		21 900		56 500				26 100	
Belarus	4 284 000	18 600	0.42%	32 000	0.73%	80 000	1.82%	3700	0.09%		
Georgia	1 681 000			23 300	1.38%	49 700	2.94%	900		10 000	0.60%
Kazakhstan	9 347 000			71 000	0.76%	79 900	0.86%			36 400	0.39%
Kyrgyzstan	3 396 000	13 000	0.39%								
Montenegro	289 000										
Republic of Moldova	1 223 000	15 800	1.23%	14 600	1.13%	27 500	2.14%			5700	0.47%
Tajikistan	5 276 000	18 400	0.36%			18 200					
Ukraine	15 427 000							12 800	0.08%	43 500	0.28%
Estimated regional median proportion as percentage of adult population (aged 15–49 years):*			0.42%		1.06%		1.41%		0.07%		-

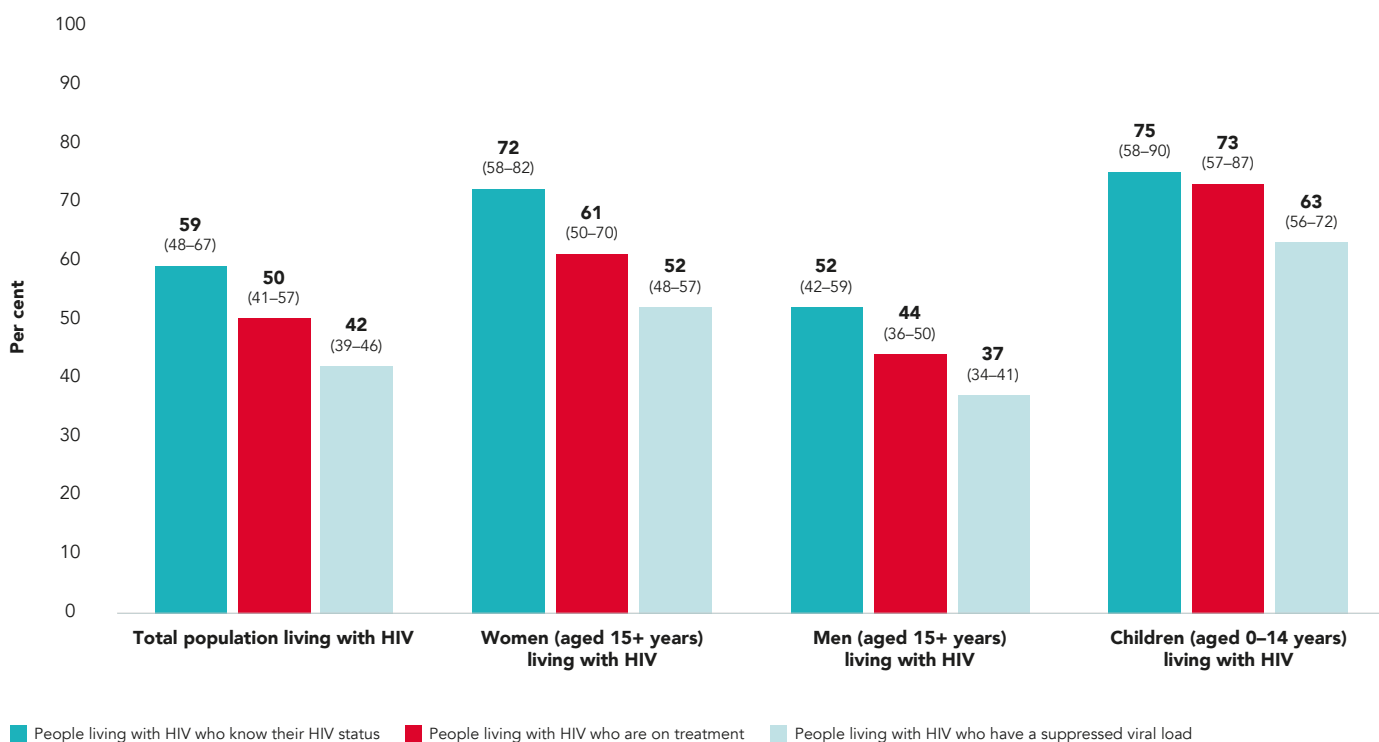
■ National population size estimate ■ Local population size estimate ■ Insufficient data ■ No data

Source: Global AIDS Monitoring, 2020–2024 (<https://aidsinfo.unaids.org/>). Spectrum DemProj module, 2024. United Nations Population Division, World Population Prospects: The 2022 revision (<https://population.un.org/dataportal/home?df=b97292bf-b220-4cce-9978-f1820bb65792>).
 * Guide for updating Spectrum HIV estimates, UNAIDS 2024 (<https://hivtools.unaids.org/hiv-estimates-training-material-en/>).
 Notes: Estimates shown are government-provided estimates reported for 2019–2023. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (<https://kpatlas.unaids.org/>), academic publications and institutional documents. The regions covered by the local population size estimates are as follows:
 Azerbaijan: 3 cities (sex workers and gay men and other men who have sex with men); 9 cities (people who inject drugs); Baku (people in prisons and other closed settings)
 Georgia: Batumi, Kutaisi
 Tajikistan: 6 sites

Note on methodology

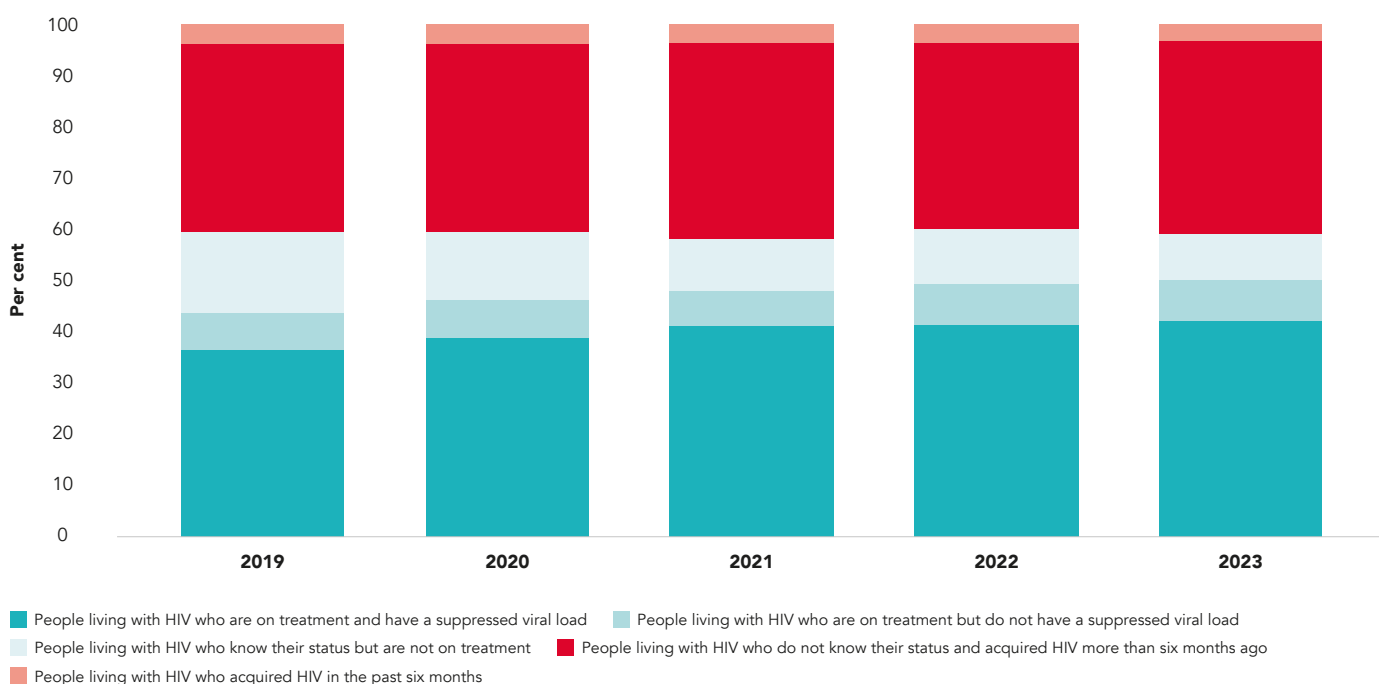
The estimated size of key populations refers to reported values through Global AIDS Monitoring since 2019 only. A comprehensive review of the data was conducted during these reporting rounds and therefore estimates should not be compared with data presented in previous UNAIDS reports. As a result of this process, the estimates reported can be categorized as follows: “National population size estimate” refers to estimates that are empirically derived using one of the following methods: multiplier, capture-recapture, mapping/enumeration, network scale-up method (NSUM) or population-based survey, or respondent-driven sampling–successive sampling (RDS-SS). Estimates had to be national or a combination of multiple sites with a clear approach to extrapolating to a national estimate. “Local population size estimate” refers to estimates that are empirically derived using one of the before mentioned methods but only for a subnational group of sites that are insufficient for national extrapolation. “Insufficient data” refers to estimates derived from expert opinions, Delphi, wisdom of the crowds, programmatic results or registry, regional benchmarks or unknown methods. Estimates may or may not be national.

Figure 12.5 HIV testing and treatment cascade, by age and sex, eastern Europe and central Asia, 2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Figure 12.6 Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), eastern Europe and central Asia, 2019-2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Table 12.2 Laws and policies scorecard, eastern Europe and central Asia, 2024

Country	Criminalization of transgender people ^a	Criminalization of sex work ^b	Criminalization of same-sex sexual acts in private	Criminalization of possession of small amounts of drugs ^c	Laws criminalizing HIV nondisclosure, exposure or transmission ^d	Laws or policies restricting the entry, stay and residence of people living with HIV	Parental or guardian consent for adolescents to access HIV testing
Albania	2	1	1	1	18	6	1
Armenia	1	1	1	16	1	6	1
Azerbaijan	1	1	1	1	1	6	1
Belarus	1	1	1	1	19	6	1
Bosnia and Herzegovina		8	15		20	6	
Georgia	1	1	1	1	1	6	3
Kazakhstan	1	9	1	2	1	6	1,22
Kyrgyzstan	1	1	1	1	1	6	1
Montenegro	1	1	1	1	1	6	1
North Macedonia		10	15		20	6	
Republic of Moldova	1	11	1	1	1	6	1
Russian Federation	4	12	15	17	20	6	4
Tajikistan	1	1	1	1	1	6	1
Turkmenistan	7	13	15		20	6	5
Ukraine	1	1	1	1	21	6	1
Uzbekistan	2	14	2	3	2	6	3

Criminalization of transgender people

- Yes
- No
- Data not available

Criminalization of sex work

- Any criminalization or punitive regulation of sex work
- Sex work is not subject to punitive regulations or is not criminalized
- Data not available

Criminalization of same-sex sexual acts in private

- Death penalty
- Imprisonment (14 years–life, up to 14 years) or no penalty specified
- No

Criminalization of possession of small amounts of drugs

- Yes
- No
- Data not available

Laws criminalizing HIV nondisclosure, exposure or transmission

- Yes, HIV is explicitly criminalized
- Yes, HIV is criminalized within a broader disease law or prosecutions exist based on general criminal laws
- No
- Data not available

Laws or policies restricting the entry, stay and residence of people living with HIV

- Deport, prohibit short and/or long stay, and require HIV testing or disclosure for some permits
- Prohibit short and/or long stay and require HIV testing or disclosure for some permits
- Require HIV testing or disclosure for some permits
- No restrictions

Parental or guardian consent for adolescents to access HIV testing

- Yes, for adolescents aged 17–18 years
- Yes, for adolescents aged 12 years or younger
- Yes, for adolescents aged 15–16 years
- Yes, for adolescents aged 13–14 years
- Not addressed in laws or policy
- Data not available

Country	Mandatory HIV testing for marriage, work or residence permits or for people from certain groups	Laws protecting against discrimination on the basis of HIV status	Constitutional or other nondiscrimination provisions for sex work ^a	Constitutional or other nondiscrimination provisions for sexual orientation ^b	Constitutional or other nondiscrimination provisions for gender identity ^c	Constitutional or other nondiscrimination provisions for people who inject drugs ^d
Albania	2	1	1	1		
Armenia	1	1	1	1	1	1
Azerbaijan	1	1	1	1	1	1
Belarus	1	1	3	1	1	1
Bosnia and Herzegovina						
Georgia	1	1	1	2	1	1
Kazakhstan	1	1	1	1	1	1
Kyrgyzstan	1	1			1	1
Montenegro	4	1	1	1	1	1
North Macedonia						
Republic of Moldova	1	1	2	1	2	3
Russian Federation	4					
Tajikistan	1	1	1	1	1	1
Turkmenistan						
Ukraine	1	1	1	1	1	1
Uzbekistan	2					

Mandatory HIV testing for marriage, work or residence permits or for people from certain groups

- Yes
- No
- Data not available

Laws protecting against discrimination on the basis of HIV status

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for sex work

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for sexual orientation

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for gender identity

- No
- Yes
- Data not available

Constitutional or other nondiscrimination provisions for people who inject drugs

- No
- Yes
- Data not available

a Criminalization of transgender people refers to laws that criminalize people based on their gender identity or expression, such as laws against cross-dressing or impersonating the opposite sex.

b Criminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling sexual services, and profiting from organizing or managing sex work.

c Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient only for personal use. A country is considered to criminalize possession of small amounts of drugs even if marijuana has been decriminalized.

d HIV nondisclosure, exposure or transmission may be explicitly criminalized in an HIV-specific law or within a law that covers a broader range of communicable diseases and mentions HIV. They may also be criminalized under a law that covers a broader range of communicable diseases but does not specifically mention HIV. Laws may limit criminalization to cases of actual and intentional transmission. This refers to cases where a person knows their HIV-positive status, acts with the intention to transmit HIV and does in fact transmit it, in line with the UNDP 2021 Guidance for Prosecutors on HIV-related Criminal Cases. Some countries do not have a law specifically criminalizing HIV nondisclosure, exposure or transmission but the general law has been used to prosecute cases in the past 10 years.

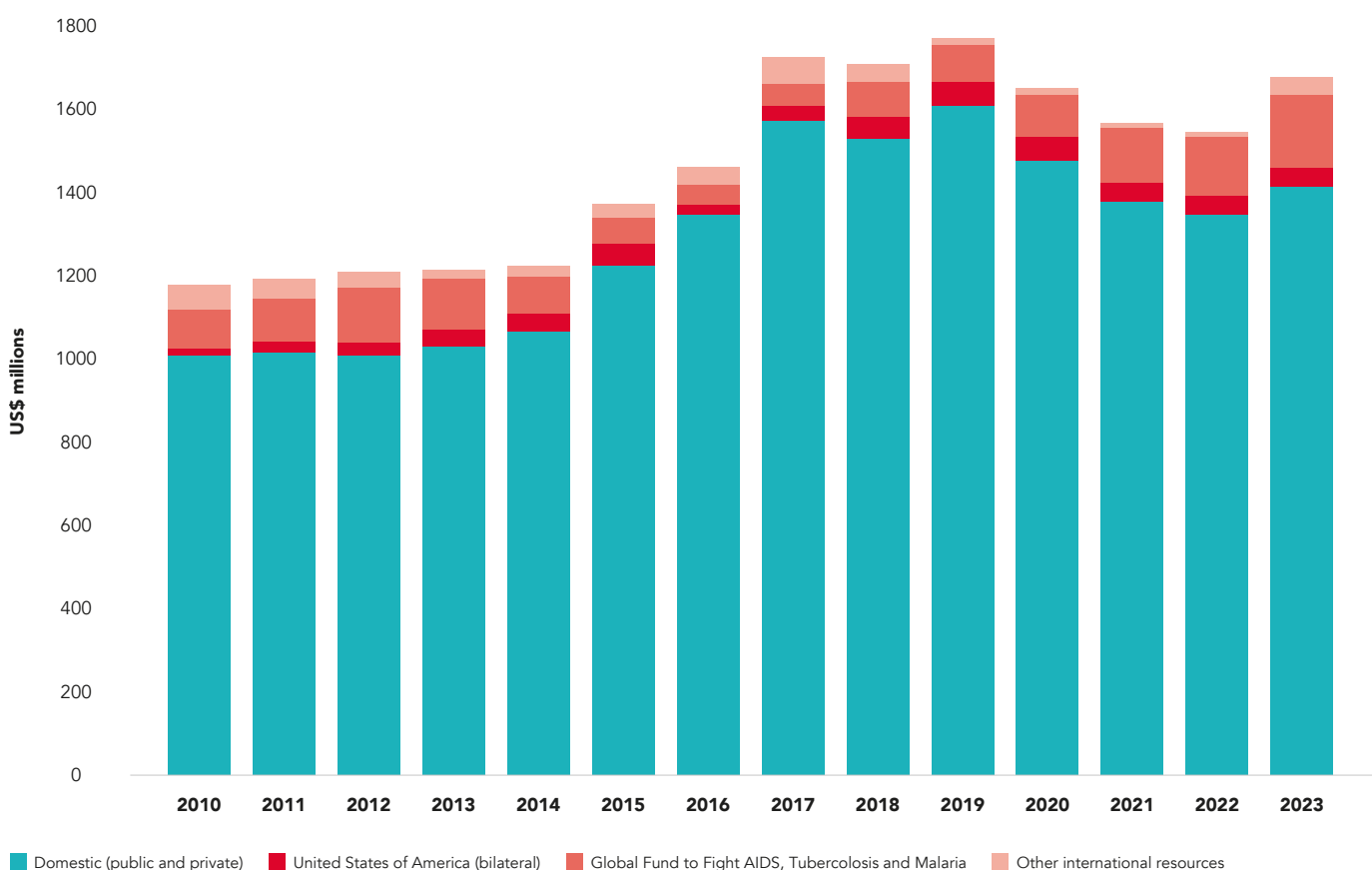
e Constitutional or legislative protections against discrimination refer to whether gender identity or sexual orientation is specified as a protected attribute or whether courts or government have legally recognized that gender identity/sexual orientation/involvement in sex work/involvement in drug use or possession are protected under another attribute.

This figure does not capture where key populations may be de facto criminalized through the misuse of other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations, e.g. transgender people may be targeted using laws criminalizing same-sex sexual activity, or gay men and other men who have sex with men may be targeted using HIV criminalization laws.

Source:

- 1 National Commitments and Policy Instrument, 2024 (<https://lawsandpolicies.unaids.org/>).
- 2 National Commitments and Policy Instrument, 2022 (<http://lawsandpolicies.unaids.org/>).
- 3 National Commitments and Policy Instrument, 2021 (<http://lawsandpolicies.unaids.org/>).
- 4 National Commitments and Policy Instrument, 2019 (<http://lawsandpolicies.unaids.org/>).
- 5 National Commitments and Policy Instrument, 2017 (<http://lawsandpolicies.unaids.org/>).
- 6 Still not welcome: HIV-related travel restrictions. Geneva: UNAIDS and United Nations Development Programme; 2019 (https://www.unaids.org/sites/default/files/media_asset/hiv-related-travel-restrictions-explainer_en.pdf).
- 7 Chiam Z, Duffy S, González Gil M, Goodwin L, Mpemba Patel NT. Trans legal mapping report 2019: recognition before the law. Geneva: ILGA World; 2020 (<https://ilga.org/trans-legal-mapping-report/>).
- 8 Bosnia and Herzegovina. Criminal Code (<https://rm.coe.int/bih-criminal-code-consolidated-text/16806415c8>).
- 9 Kazakhstan. Penal Code, Article 309 (<https://adilet.zan.kz/eng/docs/K1400000226>).
- 10 North Macedonia. Criminal Code, Article 191 ([https://www.ilo.org/dyn/natlex/docs/MONOGRAPH/66834/135908/F-1025739791/MKD-66834%20\(EN\).pdf](https://www.ilo.org/dyn/natlex/docs/MONOGRAPH/66834/135908/F-1025739791/MKD-66834%20(EN).pdf)).
- 11 Republic of Moldova. Criminal code, Article 220 (https://sherloc.unodc.org/cld/uploads/res/document/criminal-code-of-the-republic-of-moldova_html/Republic_of_Moldova_Criminal_Code.pdf).
- 12 Russian Federation. Criminal Code (No. 63–Fz of 13 June 1996), Article 241 (<https://wipolex-res.wipo.int/edocs/lexdocs/laws/en/ru/ru080en.html>).
- 13 Turkmenistan. Criminal Code, Articles 138-142 (<https://www.wipo.int/wipolex/en/text/330150>).
- 14 Uzbekistan. Criminal Code, Article 131 (https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_127504.pdf).
- 15 Mendos LR, Botha K, Carrano Lelis R, Lopez de la Peña E, Savelev I, Tan D. State-sponsored homophobia 2020: global legislation overview update. Geneva: ILGA; 2020. https://ilga.org/downloads/ILGA_World_State_Sponsored_Homophobia_report_global_legislation_overview_update_December_2020.pdf
- 16 Armenia. Criminal Code, Article 268 ([https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-REF\(2021\)022-e](https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-REF(2021)022-e)).
- 17 Russian Federation. Criminal Code (No. 63–Fz of June 13, 1996), Article 228, amended in 2012 (<http://www.wipo.int/edocs/lexdocs/laws/en/ru/ru080en.pdf>).
- 18 Albania. The Law for the Prevention and Control of HIV/AIDS, Article 9, 2008 (https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/albania_prevention_and_control_of_hiv_aids_legislation_in_2008.pdf).
- 19 Belarus. Criminal Code, Article 157 (<https://pravo.by/document/?guid=3871&p0=hk9900275>).
- 20 HIV Justice Network. [Online]. Amsterdam: HIV Justice Foundation, c2022 (<https://www.hivjustice.net>).
- 21 Ukraine. Criminal Code , Article 130 (<https://meget.kiev.ua/kodeks/ugolovniy-kodeks/razdel-1-2/>).
- 22 Kazakhstan. Order of the Minister of Health (No. 285/2020 of 20 December 2020), Chapter 2, Articles 9.1 and 9.2 (<https://adilet.zan.kz/eng/docs/V2000021846>).

Figure 13.7 Resource availability for HIV, eastern Europe and central Asia, 2010–2023



Source: UNAIDS financial estimates, July, 2024 (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

REFERENCES

- 1 HIV/AIDS surveillance in Europe 2023–2022 data. Stockholm: European Centre for Disease Prevention and Control/WHO Regional Office for Europe; 2023.
- 2 Sokolova EV, Lадnaya NN, Pokrovsky VV. Population survey results Russian Federation for antibodies to HIV in 2023. Presented at All-Russian Congress on Infectious Diseases, 25–27 March 2023. Academician V. I. Pokrovsky, Russian Federation.
- 3 Uzbekistan case reports. Spectrum 2024. Geneva: Joint United Nations Programme on HIV/AIDS; 2024.
- 4 Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. New HIV infections among key populations and their partners in 2010 and 2022, by world region: a multisources estimation. J Acquir Immune Defic Syndr. 2024;95(15):e34–e45.
- 5 Global AIDS Monitoring, 2024. Geneva: Joint United Nations Programme on HIV/AIDS (<https://aidsinfo.unaids.org/>).
- 6 Integrated Behavioral Surveillance, 2024.
- 7 Ukraine: situation report. Geneva: United Nations Office for the Coordination of Humanitarian Affairs (<https://reports.unocha.org/en/country/ukraine/>).
- 8 Spectrum DemProj module, 2024.
- 9 Annual report of the Public Health Center of the Ministry of Health of Ukraine: national response of HIV, TB, viral hepatitis and SMT programmes in the context of full-scale Russian invasion. Kyiv: Public Health Center of the Ministry of Health of Ukraine; 2023 (https://phc.org.ua/sites/default/files/users/user90/National_response_HIV_TB_VH_SMT_war_2023_ENG.pdf).