

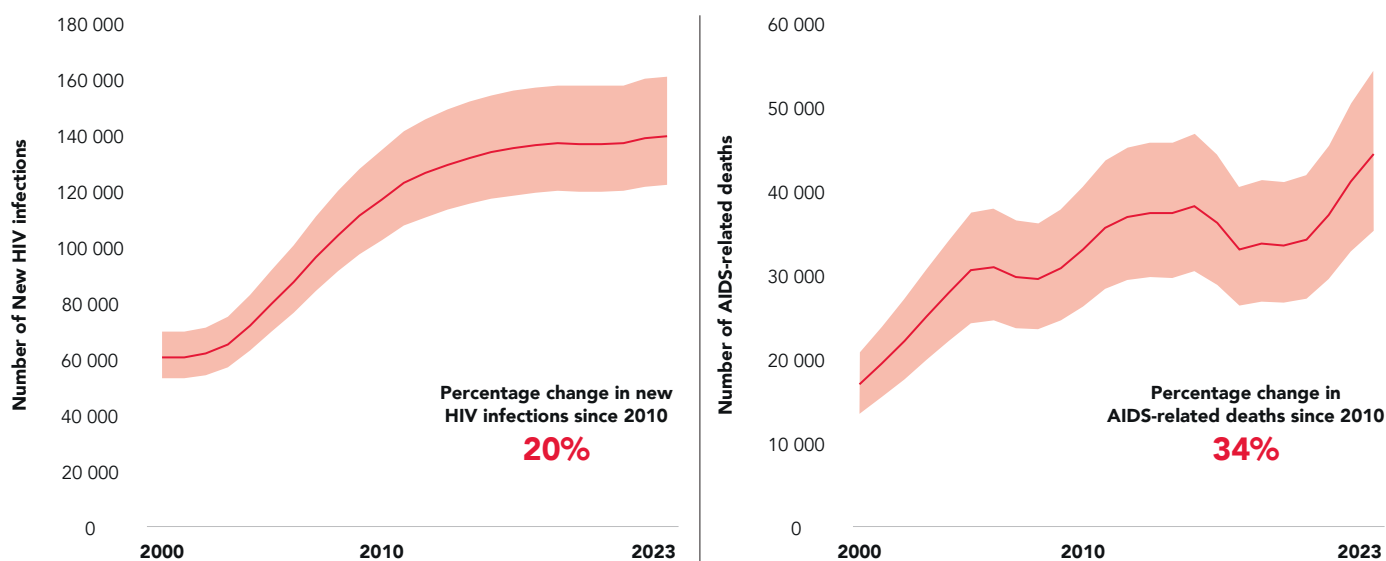
EASTERN EUROPE AND CENTRAL ASIA

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 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 are current or former injection drug users to their partners in addition to a

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

Figure 6.1 Number 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 are virally suppressed: **42 [39–46]**
- 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 6.2). 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.

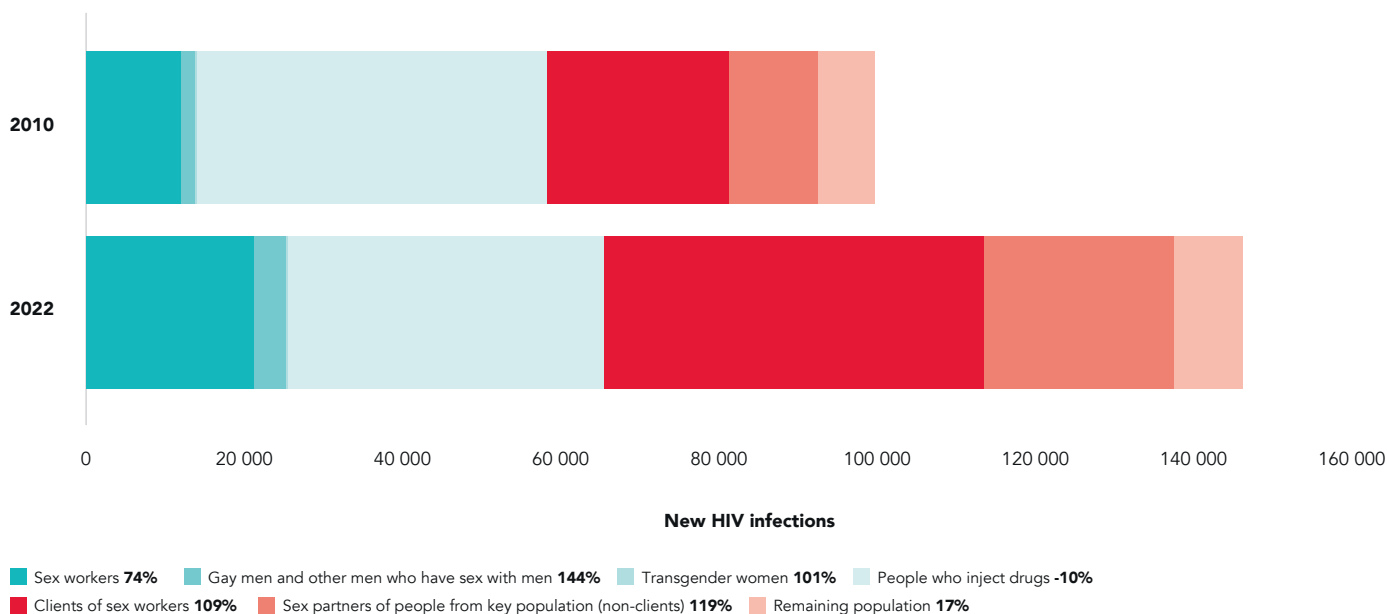
Coverage of HIV services remains inadequate in the region, especially for people from the populations most affected by the epidemic. A median of 58% of sex workers (eight reporting countries), 43% of gay men and other men who have sex with men (eight reporting countries), 52% of people who inject drugs (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 6.1). 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 6.2 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. doi:10.1097/QAI.0000000000003340.

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 6.3). 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 (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 (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.

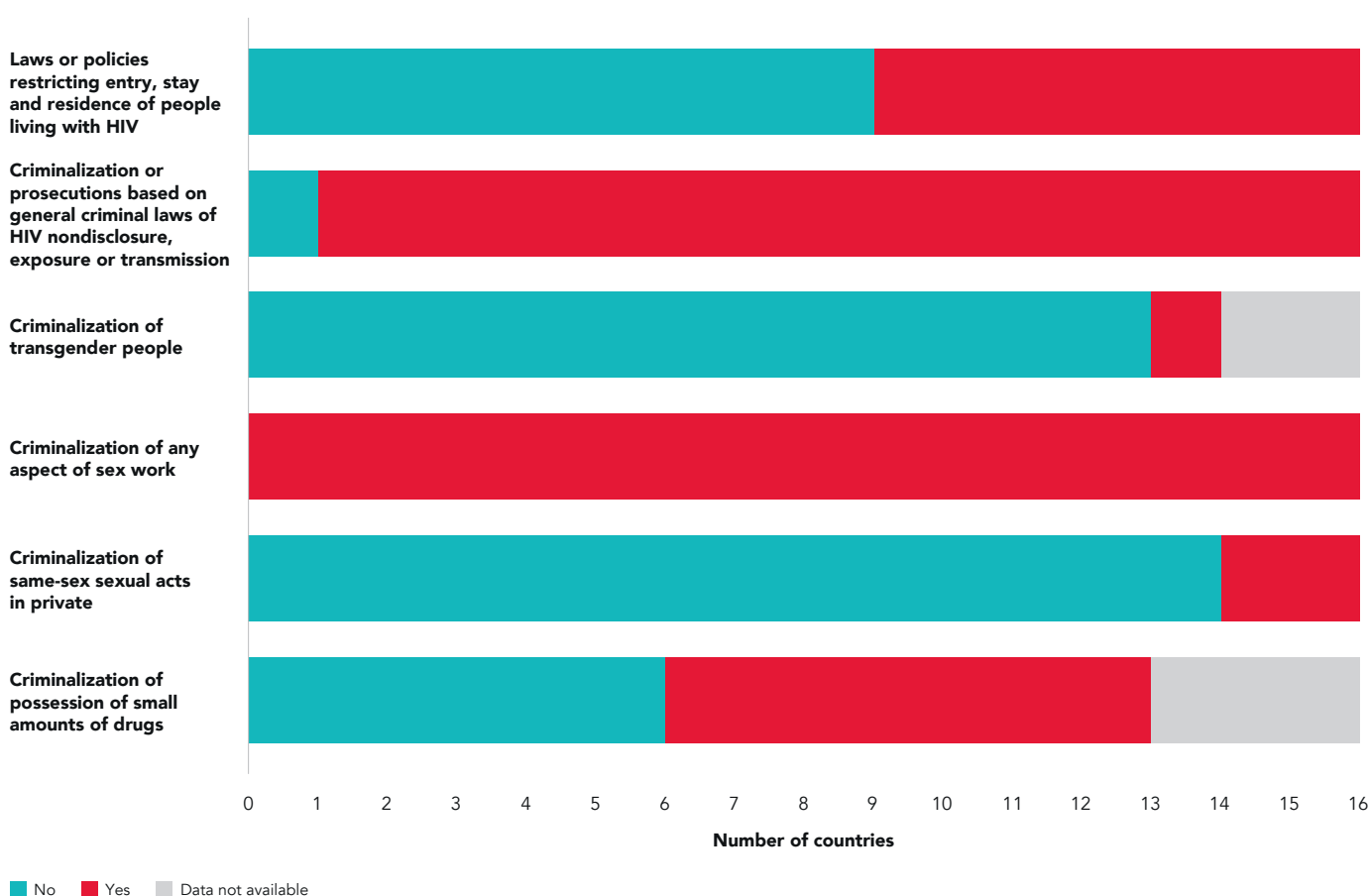
The HIV response in the region is occurring within the context of war in Ukraine, armed conflicts and political unrests in other countries, and shifts towards repressive governance and shrinking civic space. Despite the substantial strain of the war in Ukraine, with over 5.9 million refugees in European countries and 3.4 million internally displaced people (8), 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 (9), close to the number before the invasion. According to the Information System

for Monitoring of Socially Significant Diseases, as of 1 January 2024, 7943 Ukrainian refugees were receiving antiretroviral therapy and 1900 Ukrainians who had left the country have returned and re-initiated antiretroviral therapy in Ukraine (10).

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 6.3 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/>).

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