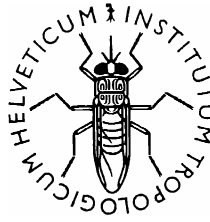

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HIV/AIDS/STI in Eastern Europe and Central Asia

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Disclaimer

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CAR	Central Asia Republics
CSW	Commercial Sex Workers
DOTS	Directly Observed Therapy, Short Course
ECA	Europe and Central Asia
SME	Small and Medium Sized Enterprises
FSU	Former Soviet Union
GDF	Global Drug Fund
HDF	Health For All
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
KfW	German Development Bank (Kreditanstalt für Wiederaufbau)
MDR TB	Multi drug resistant Tuberculosis
MSM	Men who have sex with men
MOH	Ministry of Health
NIS	Newly Independent States
PLWHA	People living with HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

Acknowledgements

The majority of the information including most of the figures used for the compilation of this paper are collected from UNAIDS, WHO and World Bank websites. General reference to this sites can be found in the Chapter “Resources and selected links”. Where specific articles are used the reference is generally quoted in a footnote on the same page. Of particular help were the Report of the **M**onitoring the **A**IDS **P**andemic Network, MAP “The Determinants of the HIV/AIDS/STD Epidemics in Eastern Europe”, the UNAIDS document “The Report on the Global HIV/AIDS Epidemic” and the 2001 report “ HIV/AIDS Surveillance in Europe HIV/AIDS from the European Centre for the Epidemiological Monitoring of AIDS. HIV/AIDS prevalence figures were collected from the UNAIDS Epidemiologic Fact Sheets. Best practices are mostly quoted from the UNAIDS best practice site.

Executive Summary

Eastern Europe and Central Asia were largely unaffected by HIV/AIDS up to the early 1990s. As recently as 1994, no country in this region was reporting more than a few HIV infections, with an estimated total of 30,000 infections. The epidemic started to take off in the following years with Belarus, Ukraine and the Russian Federation in the forefront. Since then the situation has dramatically changed. With a dramatic increase of the number of new HIV/AIDS infections per year, the region is now experiencing the fastest-growing epidemic in the world. In some countries, the transition from a concentrated epidemic - with the major burden of the disease being with the vulnerable groups engaging in high risk behaviour - to a generalised epidemic with heterosexual transmission of HIV/AIDs is imminent.

Several critical factors combine to fuel rising HIV rates. They include socioeconomic turmoil in the wake of the change from a soviet style economy to a free market system with increased poverty, the collapse of social safety nets, deteriorating health care systems, a dramatic surge in sexually transmitted infections (especially among those under 25 years of age), escalating drug production, trafficking, and abuse, and lack of public and political awareness. With the economic situation deteriorating particularly for women, the number of women engaging in sex work has increased considerably. HIV/AIDS vulnerability in Eastern Europe and Central Asia has been further increased by the lack of effective health and sex education. Increasingly high rates of sexually transmitted infections increase the odds of HIV being transmitted through unprotected sex.

There are remarkably similar developments in the countries of the region. Some of the similarities are the general lack of reliable data, low level of political and general awareness, severe discrimination of persons living with HIV/AIDS and vulnerable populations with high risk behaviour, a near total lack of infrastructure and capacity for prevention and care programs, weak civil society organisations and a rapid trend towards the spread of HIV AIDS infection in IDU and a parallel fast increase of STIs. The different HIV/AIDS prevalences seen in the area are likely to be just different levels of the same process leading if unchecked to a generalized epidemic.

Since the mid 1990 various approaches and small scale interventions have been implemented and some experience has been made in the area of public awareness raising, reduction of stigmatization, sex education, voluntary counselling and testing and harm reduction programs for vulnerable groups with high risk behaviour (IDUs, MSM, prisoners, CSW). There is as well some experience with support programs for people living with HIV/AIDS.

Introduction

Eastern Europe and Central Asia experience currently the fastest growing HIV/AIDS epidemic in the world

Eastern Europe and Central Asia were largely unaffected by HIV/AIDS[1] up to the early 1990s. As recently as 1994, no country in this region was reporting more than a few HIV infections, with an estimated total of 30,000 infections. A first outbreak with rapid increase in registered cases started a year later mainly in Ukraine, Belarus and the Russian Federation. Since then the situation has dramatically changed. In only two years time the number of infected people has increased more than five-fold with a rapid increase in the incidence[2] of the disease. With an HIV/AIDS prevalence[3] of up to 1% of the general population (Ukraine) the region is currently not experiencing a situation like the one prevailing in some African or South-East Asian countries. The alarming sign however is the dramatic increase of the incidence, the number of new cases per year. The region is now experiencing the fastest-growing epidemic in the world.

The present paper summarizes the current situation of the HIV/AIDS pandemic[4] in Eastern Europe and Central Asia. A first chapter gives background information on past and future trends. In subsequent chapters the vulnerable groups and the risk of a generalized epidemic are discussed. Possible responses based on country experiences are highlighted and an overview of lessons learnt and examples of best practices, in the region and elsewhere is given, which could be applicable to the region. The resources used and selected links to websites of interest for further studies are given at the end of this paper.

Background

Massive social changes, increased poverty and the deterioration of social safety nets have increased the vulnerability of the general population and the youth in particular

For most of the countries of Central Asia and Eastern Europe the transition period from Soviet style governance to a free market economy and democratic governance has brought deterioration in living standards, accompanied by shortcomings in the health and education sectors. The republics have witnessed a serious economic crisis, and framework conditions, such as legislation, the judicial and tax systems, and the fight against corruption, have not yet been sufficiently consolidated to allow the development of

[1] HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
[2] Incidence: Number of annual new cases in a previously disease free population
[3] Prevalence: total number of cases at a given point in time
[4] Pandemic: a widespread epidemic crossing regional boundaries; a worldwide epidemic

the private sector and SMEs[5] in particular. Access to quality health care is reduced due to relatively shrinking health budgets and an only slowly adjusting health care system.

Declining health and education services, joblessness and migration have led to an increase in individual high risk behaviour

Massive social changes after the collapse of the Soviet Union, mass unemployment, economic insecurity and the deterioration of social safety nets influence peoples' lives in the region. Frustration about joblessness and limited future perspectives increase the vulnerability particularly of youth and adolescents. Unprecedented numbers of young people do not complete their secondary schooling. Public health and other services have deteriorated badly in some countries. Several countries have experienced setbacks in the human development index[6] over the past two decades. Widespread poverty, migration, and declining health and education services, have led to a massive increase in individual high-risk behaviour like early and unprotected sex and drug abuse, particular with injection drugs together with drug production and trafficking.

Relaxation of sexual norms, an earlier onset of sexual activities and a general lack of sexual education have increased the number of sexually transmitted disease

While the rigid social control of the past has eroded, new common norms and values are still flimsy. The lack of common social norms and values has lead to a relaxation of sexual norms including a trend towards increasing casualness of sexual relationships with an ever decreasing age at first intercourse. The general lack in sex education together with the ever earlier onset of sexual activities lead to a rapid increase of sexually transmitted infections especially among those under 25 years of age.

The opening of borders in the early 1990s and the increasing mobility has increased the likelihood of the spread of different strains of HIV virus into the region. From 10 known HIV subtypes 8 are now found in an area spreading from Belarus to the Russian Pacific coast. The HIV pandemic must have entered the region several times and from different parts of the world. Initial cases were registered as early as 1987 probably acquired through unprotected sexual contacts. The current IDU related epidemic started only in 1996 most likely amongst drug users in Russian and Ukrainian seaports. IDU has so far outnumbered sexual transmission as a source for HIV infection. However, with an increasing number of drug related sex work, the epidemic might loose its focus on high risk groups and re-enter into the general population.

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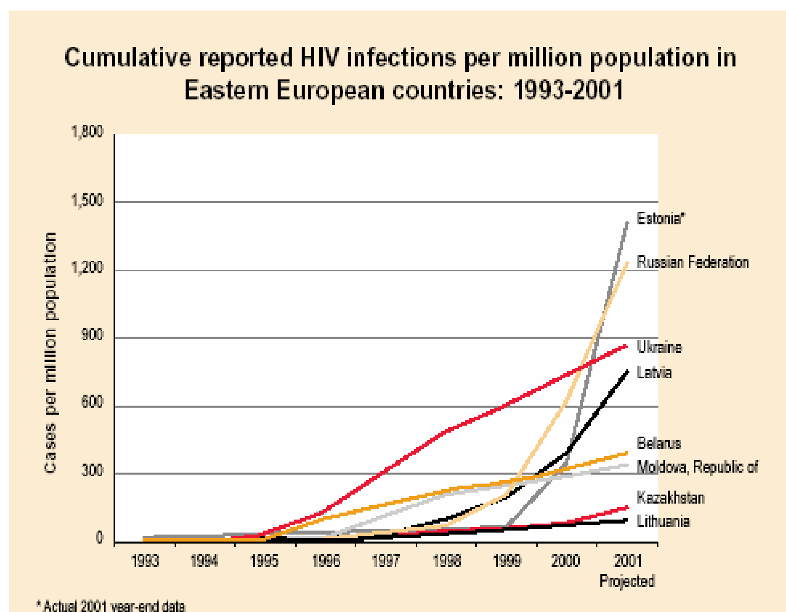
[5] SME: small and medium-sized enterprises

[6] HDI: an index used by UNDP for the Human Development Reports, see also http://hdr.undp.org/ or specifically for the definition of the indicator http://hdr.undp.org/reports/global/2002/en/indicator/indicator.cfm?File=index_indicators.html

Approximately 1,000,000 people are currently living with HIV/AIDS in Eastern Europe and Central Asia and their number is more than doubling every 2 years.



Source: National AIDS Programmes (2001) *HIV/AIDS surveillance in Europe. Mid-year report.* Data compiled by the European Centre for the Epidemiological Monitoring of AIDS

Approximately one million people in Eastern Europe and Central Asia are currently living with HIV/AIDS, which is more than double the number found at the end of 1999 (420,000). UNAIDS documented a total of 14,000 HIV-related deaths for 2000. Currently, the overall adult prevalence is 0.35 percent, but rises as high as 0.96 percent in Ukraine. Close comparison of HIV prevalence levels reveals that Ukraine, Russia, Belarus, and Moldova rank highest in the region, even in comparison to regional prevalences for Central Asia, the Baltics, and Central and South-eastern Europe. An estimated 250,000 new HIV infections occurred in 2001. Russia and Ukraine experienced the most dramatic increases, with Belarus, Moldova, and Kazakhstan not far behind. In just three years, the cumulative number of HIV cases tripled in the countries bordering the eastern Baltic Sea region.

Currently the epidemic is concentrated in vulnerable groups with high risk behaviour such as IDUs[7], CSW[8], prisoners, MSMs[9]

New cases of HIV have been almost doubling annually for several years in the Russian Federation. The total number of HIV infections reported since the epidemic began now stands at more than 173,000 cases - up from the 10,993 reported at the end of 1998. HIV spread is now also evident in Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Uzbekistan. The change in testing procedures from mandatory testing to VCT[10] makes prevalence figures difficult to interpret as scepticism persists about the possibility of discrimination and legal consequences of a positive test result. The estimated number of people now

[7] IDU: injection drug users
[8] CSW: commercial sex worker
[9] MSM: men who have sex with men
[10] VCT: voluntary counseling and testing for HIV/AIDS

living with HIV/AIDS is thought to be around four times higher than the reported figures.

Although official statistics show that most of the countries in the region have still a relatively low prevalence of HIV/AIDS it is estimated that the true figure is up to four times higher.

The HIV/AIDS epidemic in Central Asia and South Eastern Europe (source 2001 national statistics)

	Year HIV first reported	No of people living with HIV/AIDS	Prevalence (adults)	Predominant mode of transmission
Central Asia				
Kazakhstan	1989	2256	0.07	IDU
Kyrgyzstan	1987	208	< 0.01	IDU
Tajikistan	1991	45	< 0.02	IDU
Turkmenistan	1997	4	< 0.01	Medical reasons
Uzbekistan	1992	779	< 0.01	IDU
South Eastern Europe				
Russian Federation	1985	700 000	0.9	Homo/Bi-sexual
Ukraine	1987	250 000	0.96	IDU
Moldavia	1989	5 500	0.2	IDU
Macedonia	1989	< 100	< 0.1	Heterosexual
Albania	1993	72	< 0.01	Heterosexual
Yugoslavia	1985	10 000	0.02	IDU
Romania	1985	6500	< 0.1	Medical reasons
Croatia	1986	200	< 0.1	Homo/Bi-sexual
Bulgaria	1987	400	< 0.1	Heterosexual
Belarus	1991	15 000	0.3	Heterosexual
Bosnia and Herzegovina	1986	900	< 0.1	Homo/Bi-sexual

The countries of the Eastern Europe and Central Asia region share remarkably common characteristics, which make similar developments in the future very likely. Some of these are:

Countries in Eastern Europe and Central Asia show remarkably common features, which make similar developments of the HIV/AIDS epidemic likely

- There is little reliable data about the magnitude, location, and progress of the epidemic. Due to a change from non-anonymous and mandatory mass testing to VCT, data is inconsistent.
- Homosexual transmission is unclear as homosexuality is forbidden in most of these countries so that voluntary outing is rare.
- Low level of awareness among decision makers and the general public about the disease and its potential impact upon economies and societies.
- Severe stigma and discrimination attached to persons living with HIV/AIDS, combined with a perception that HIV only hits "undesirable" populations.
- Massive, costly (and perhaps unreliable) public testing for HIV.
- A near total lack of infrastructure and capacity to provide any HIV/AIDS-related services, whether

through prevention programs, VCT or treatment, care and services for PLWHAs[11].

- The lack of computerization limits the possibility to get a complete picture to support programs.
- Heterosexual transmission is so far rare.
- There is a rapid trend towards the spread of HIV AIDS infection in IDU and a parallel fast increase of STIs which increases the risk of an imminent spread of HIV/AIDS into the heterosexual transmission group.
- Few and weak civil society organisations

The future of the HIV/ AIDS epidemic depends largely on whether the infection spreads from the high risk groups to the normal population. High prevalence countries show already a rapid increase in the HIV prevalence in pregnant women and blood donors, populations usually perceived as proxies for the normal population.

Predictions on development trends of the HIV/AIDS epidemic in Central Asia and Eastern Europe depend largely on the spread of the infection from the current risk groups, mainly injecting drug users, to the general population. Although epidemiological data remains inconclusive, there is evidence from the high prevalence countries, which indicates that this process has already started. In Ukraine the prevalence of HIV infections in pregnant women, which are usually perceived as representing the general population, has increased from 20 per 100.000 in 1993 to 5000 per 100.000 in 1996. It remains unclear, however, whether these pregnant women had a history of IDU. Figures for routinely tested blood donors show a similar trend, but as blood donation is paid, some high risk groups like IDUs may use blood donation to fund their drug needs.

The window of opportunity to prevent a wide-scale epidemic is rapidly closing. A combination of critical factors fuel the rising HIV rates and provides a perfect breading ground for the spread of the HIV/AIDS pandemic in the region. Countries such as Ukraine and Russia are already beginning to exhibit changes in the dynamics of HIV infection. Without immediate intervention, the potential for a transition from a concentrated to a slower, more generalized[12] form of the epidemic is imminent.

[11] PLWHA, PLWH is equally used : people living with HIV/AIDS

[12] Concentrated versus generalized HIV/AIDS epidemic (World Bank terminology): Low prevalence (less than 5% prevalence in any high-risk group), concentrated epidemic (prevalence of over 5% in a high-risk group, but less than 5% in the general population), generalised epidemic (population based prevalence over 5%); World Bank terminology

Vulnerable groups with high risk behaviour

Injecting Drug Use

Unemployment, poverty and increased drug use in Central Asia contribute to the spread of HIV/AIDS. All five Central Asian countries serve as drug trafficking routes from Afghanistan to Russia and Western Europe. This has grave consequences for Central Asia and, Tajikistan in particular, which shares a 1,350 km border with Afghanistan.

Local drug consumption patterns are influenced by ready access to drugs. People are switching from alcohol to heroin, which is cheaper, and heroin users are starting to switch from smoking or snorting to injection, because it is a more efficient method of drug ingestion. With easy access to and strong demand for illegal drugs, consumption has increased dramatically, particularly in the Black Sea area, which remains a regional gateway for drugs. According to a recent USAID-funded HIV/AIDS assessment, the retail price of a single dose of heroin in Kyrgyzstan is as low as $0.50-$1.00. Prices have increased following the war in Afghanistan but are still at approximately 10$ per gram of Heroin in Tajikistan. Low prices have led to an estimated 135,000 injecting drug users in Tajikistan, and perhaps 200,000 in Kazakhstan. The vast majority of reported HIV infections are among young people -- chiefly those who inject drugs. 89% of all HIV/AIDS cases are found in IDU in Tajikistan. It is estimated that up to 1% of the population of countries in the Commonwealth of Independent States is injecting drugs, placing these people and their sexual partners at high risk of infection. Outbreaks of IDU-related HIV/AIDS infection are already being reported in several Central Asian republics, including Kyrgyzstan, Tajikistan and Uzbekistan.

IDUs have a high risk of contracting HIV/AIDS due to practices related to the preparation and injection of drugs. A large number of IDUs fund their addiction through CSW and selling their blood.

Injecting drug users are increasingly at risk of HIV infection due to local patterns of drug preparation, drug markets, distribution channels, and injecting practices such as shared needles. The use of home made opium and factors associated with the preparation of the drug (i.e. the use of human blood for preparation of the drug, joint use of the mixing containers) may further increase the risk.

HIV/AIDS in prison populations

Drug use and drug related crime makes for a concentration of HIV cases in prisons. New infections in prisons are likely as prevention policies are mostly not effective

It is estimated that approximately one million people are imprisoned in the region every year. Although only limited data is available on the proportion of injection drug users among prisoners, recent trends in prevalence figures show that it is a source of concern. During the years 1987 to 1995 46 inmates in Russian prisons were registered being HIV infected. This number increased dramatically to 1636 HIV infected inmates in 1997 with 93% being drug users. In Ukrainian prisons 11 HIV infected inmates were counted in 1994 followed by 2937 cases by 1997. The real number of HIV infected inmates was estimated in 1996 to reach 60 000 by 1998. A significant rise in new infections is expected among this group because HIV prevention policies in prisons have been ineffective in the past.

Due to drug use being a crime in many countries and due to drug related crime like drug trafficking or other forms of acquiring the resources to fund the addiction, the number of persons at risk in the institutions is ever increasing. Additionally a relatively large number of IDUs is HIV/AIDS infected and many injecting drug users are prisoners. Although active measures are taken to prevent HIV/AIDS transmission through strict separation of infected from non-infected inmates in some prison systems transmission may not be completely avoided. Recently programmes for awareness creation have started in some countries (see best practises) in order to inform prison staff as well as inmates and measures have been taken in some institutions for harm reduction programs of IDUs.

Commercial Sex Workers

Economic pressure and drug addiction forces women into commercial sex work. Young street workers are particularly vulnerable. Official approaches to sex work have been either negligent or repressive.

Although commercial sex workers (CSW) are generally well informed about the protective effects of condom use, they are often not in a position to negotiate safer sex practices with their clients. Imported and Russian-made condoms are sold at some kiosks in Belarus, Kazakhstan, Russia, and Ukraine and are often of low quality or not affordable. Poverty and the deterioration of social networks the economic pressure forces many women into sex work as their only source of income.

A growing number of female injecting drug users are engaging in commercial sex work to fund their addiction. Young people are particularly vulnerable to HIV infection; the majority of drug users and sex workers in the region are under age 30. Street workers between 12 and 16 years of

age seem to experience the highest risk of all commercial sex workers.

Official approaches to sex work and HIV prevention among sex workers have so far been either negligent or repressive. Sexually transmitted infection clinics, dispensaries, and gynaecological centres do not provide these services.

Men who have sex with men

HIV/AIDS is very likely to be an important issue in MSM, however due to a lack of information the exact role of MSM for HIV/AIDS transmission remains unclear.

Information about HIV/AIDS patterns in MSM groups is generally weak as MSM, who are found to be HIV positive would be strongly inclined to hide their sexual preferences due to social stigmatisation and partner tracing policies in most of the countries in Eastern Europe and Central Asia.

Recent evidence from Russian surveys shows that most MSM are bi-sexual and more than one third had female partners in the last three months[13]. The knowledge about critical HIV risk-reduction steps are low and consistent condom use is reported by less than a third of the interviewees. Around 20% of MSM engaged in sex for economic gain with mail and female partners.

However, there are estimates that almost half of the reported sexually transmitted HIV infections in the Newly Independent States (NIS) are transmitted through MSM but due to the long incubation period of HIV this is not reflected in AIDS surveillance systems.

From a concentrated to a generalized epidemic

HIV/AIDS Transmission through Unprotected Sex

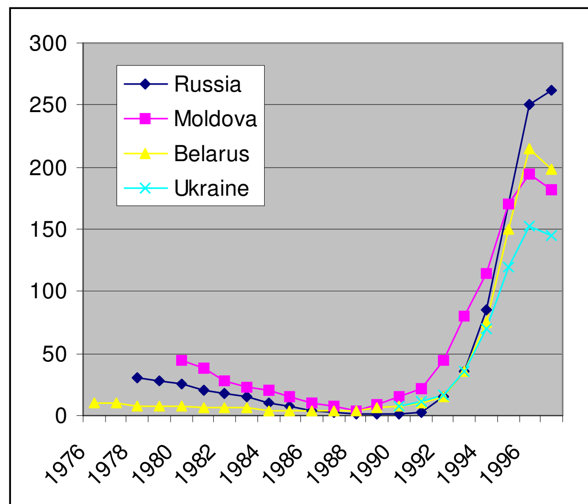
While injecting drug use is currently responsible for three-quarters of HIV infections in Ukraine, more and more people (mostly women) appear to be contracting HIV through unsafe sexual behaviour and more pregnant women are testing positive for HIV.

[13] Amirkhanian YA et al: Predictors of HIV risk behavior among Russian men who have sex with men: an emerging epidemic,

There is evidence that young people in several countries are becoming sexually active at an earlier age and that premarital sex is increasing. A steady rise in premarital sex is being observed among Romanian adolescent girls (aged 15-19). The percentage of reported premarital sexual relations in 1993 (9%) had more than doubled to 22% in 1999, while a 2000 report in Ukraine revealed that about 51% of women aged 15-24 had had a premarital sexual relationship.

An increase in unsafe sexual behaviour and an earlier onset of sexual activities is indicated by the rapid increase in STIs. Unsafe sexual behaviour increases the risk of HIV/AIDS.

Syphilis rate per 100,000 population Russia, Moldova, Belarus, Ukraine 1976 - 1997



Meanwhile, very high rates of sexually transmitted infections continue to be found in Eastern Europe and Central Asia, increasing the odds of HIV being transmitted through unprotected sex. In 2000, the number of newly reported cases of syphilis in the Russian Federation stood at 157 per 100,000 persons, dramatically higher than the 4.2 per 100,000 persons in 1987. Similar general trends are visible in the other countries of the Commonwealth of Independent States, in the Baltic States and in Romania.

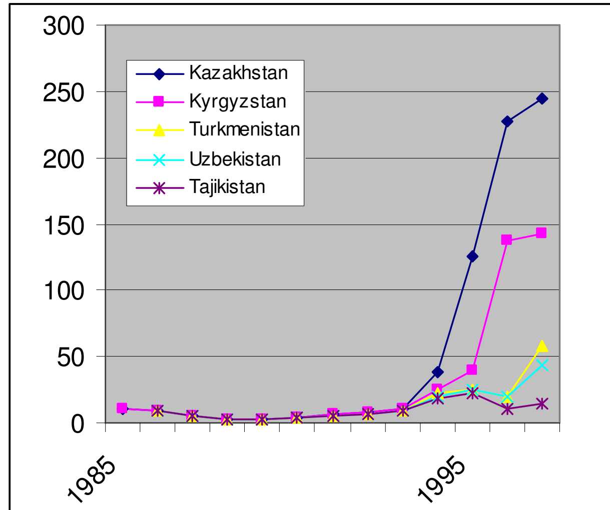
A recent WHO/UNICEF study in the Balkan region found a strong overlap between high-risk groups. In Serbia, for example, 20% of sex workers and 18% of men who have sex with men were found to inject drugs. The extremely high rates of sexually transmitted infections and the emergence of a bridging population of sex workers who inject drugs indicate the potential for a more widespread epidemic.

Poverty and lack of employment in some countries in the area have lead to a temporary out-migration particularly of the male population in the search of economic opportunities. Migrant populations are generally more vulnerable for high risk behaviour and sexual transmitted diseases. In Tajikistan out migration of Tajik citizens for work in Russia and other economically better off states in

the region is a common feature. Wives of men coming back from medium to long term stays in surrounding countries where they have been working are at higher risk of contracting STIs than wives with men staying in the country.

Commercial Sex Workers with drug addiction and bi-sexual men may an important bridging factor for the HIV/AIDS epidemic to cross the border from vulnerable groups with high risk behaviour to the general population

Syphilis rates per 100,000 population in Kazakhstan, Kyrgystan, Turkmenistan, Uzbekistan, Tajikistan 1985 - 1997



Given the high and rapidly increasing levels of STIs[14], and the high rates of injecting drug use among young people, the epidemic looks set to grow considerably

HIV/AIDS Awareness

The still low prevalence of HIV/AIDS in many countries of Eastern Europe and Central Asia and the limited governmental budgets for health and development create the environment for a low level of political awareness of the pandemic. Being low on the political agenda measures for increasing public awareness are rarely taken. However, in the mid 1990s Central Asian states have increasingly recognized the public health threat posed by HIV/AIDS/STI. Between 1996 and 2000, all five countries in Central Asia approved national programs on HIV/AIDS. Recently Government officials asserted that their countries are working to improve national policy frameworks, placing increasing emphasis on promoting coordinated responses to the HIV/AIDS threat. Other positive steps to modify existing legislation to include HIV/AIDS detection and

[14] STIs: Sexually Transmitted Infection; a frequently used term as well is STD for Sexually Transmitted Disease; from an epidemiologic standpoint and looking at long incubation periods particularly for HIV or inapparent infections, the term sexually transmitted infections is the more correct.

confidentiality provisions are taken or are in preparation.

Due to the relatively small number of cases in many countries, HIV/ AIDS is still low on the political agenda. Public awareness about the thread and prevention methods is generally low as is condom use particularly among the youth

HIV vulnerability in Eastern Europe and Central Asia has been further increased by the lack of effective health and sex education. In some Central Asian republics, public awareness of HIV/AIDS is very low among vulnerable groups, such as teenage girls -- a mere 10% of whom in Tajikistan had ever heard of HIV/AIDS. In 2001, in Azerbaijan and Uzbekistan, fewer than 60% were aware of the disease. The proportion of young girls harbouring at least one major misconception about HIV/AIDS ranged from 94% to 98% in those countries. In Ukraine, which has the highest HIV prevalence rate in Europe, only 9% of adolescent girls were aware of HIV prevention methods. Although improving in some places, levels of condom use remain low. With the relaxation of societal standards in general and sexual norms in particular the lack of sexual education increases vulnerability due to high risk behaviour.

Unfortunately, the implementation of effective HIV/AIDS awareness and prevention programs is hampered by a severe lack of governmental resources. International organizations ultimately provide a large share of funding for existing programs, but have not been coordinated enough to ensure the best use of scarce resources.

Response to the Pandemic

Historically, there is a cultural reluctance to confront AIDS. In many countries of the region groups engaging in high risk behaviour like IDUs, CSW or MSM are discriminated or even criminalised and the status of PLWHA may not be any better.

At present the region is faced with a unique opportunity: to intervene early and decisively to prevent an HIV epidemic from spreading into the general population. Prevention programs have started from the mid 1990s to operate and gather experience in the region

National AIDS Centres in the former Soviet Union focused on mandatory mass screening, based on traditional “identify and control the carrier” approaches. STI case finding relied on an extensive system of routine screening, tracing of sexual partners, registration of STI patients as well as the use of criminal and civil sanctions to enforce treatment. People living with HIV/AIDS were afraid to seek treatment, fearing government retribution. The region has a large number of STD clinics and gynaecological centres, which focus on treatment rather then prevention, with information and education of men and women.

Due to the high costs and budgetary constraints within the publicly funded health systems effective anti-retroviral therapy for PLWHA is rare in the region. It is estimated that

less than a 1000 people receive HAART[15].

Given the current evidence, a much larger and more generalized epidemic is a real and immediate threat. However, the epidemic is still at an early stage in the region and massive prevention efforts could curtail its scale and extent. Such efforts would require a comprehensive response to reduce risky sexual and drug-injecting behaviour among young people, and tackle the socioeconomic and other factors that promote the spread of the virus. An increasing number and variety of projects started from the mid 90s to work on sexual education, risk reduction in high risk groups, condom promotion and the like.

Some key intervention areas were:

- increase political and public awareness about HIV/AIDS through public media and individual counselling,
- reduce political and societal stigmatization of vulnerable groups and PLWHA,
- promote sex education for youth and young girls in particular,
- reduce HIV transmission in vulnerable populations with high risk behaviour (IDUs, MSM, prisoners, CSW),
- increase opportunities for VCT
- provide access to condoms
- provide support to PLWHA

[15] HAART: highly active anti retroviral therapy

Best practices and lessons learnt

TADA: Prevention of HIV and STDs among Sex Workers in Poland

Implementing Agency	TADA with UNAIDS and USAID support
Objectives	Prevention of HIV infection and other STIs through promotion of safer sex practices among communities with increased risk behaviour
Key activities	• the distribution of information leaflets along with counselling and referral to specialist services and distribution of condoms to sex workers • Meetings with prostitutes in the so-called agencies where they work (positive contacts with pimps) • Arranging HIV/AIDS and STI information stands in gay clubs and discos, complete with distribution of condoms and leaflets • Creation of support groups for people involved in high-risk behaviours • Cooperation with international NGOs and regional programmes on cross-border HIV and STI prevention (Poland/Germany).
Lessons learnt	• Cooperation with the local community and local authorities is very helpful in delivering health services to large populations of people engaging in high-risk behaviours. • Certain types of highly sensitive services can be better delivered through NGO rather than more formal institutions. Considering a more conservative governmental approach, NGO support is often the only organized assistance for CSW • Constructive contacts with sex workers and their "bosses" (pimps and agency owners) require a great deal of careful and systematic work to build trust and familiarity
Further information	http://www.unaids.org/bestpractice/collection/country/poland/tada.html

Safe Sex, My choice in the Russian Federation

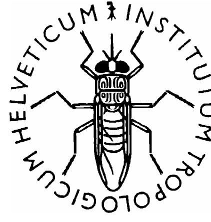
Implementing Agency	Médecins sans Frontières (Holland)
Objectives	To increase the awareness and promote safe sex practices among youth
Key activities	• outdoor advertisements, • adds placed in magazines and newspapers, • TV commercial and radio broadcasts, • 800,000 leaflets were distributed,
Results	• more than 80% of the target group has seen the messages and found them appropriate and informative.
Lessons learnt	• high potential value of partnerships with the private sector • Russian mass media can be an efficient tool for reaching young people with a well-designed and specifically targeted public health message • There is a large gap between what young persons need and want regarding HIV/AIDS/STIs information and what the rest of society and government are prepared to allow • Many social groups are uncomfortable with the open discussion of sex and sexual health • Rather than being promoted on its own, HIV/AIDS prevention for all young people should be embedded in an overall message for sexual health, since pregnancy and STIs are more immediate concerns for the target group. • As in most places, in Russia a positive message with regard to safer sex and condom use works better than a threatening or intimidating message.
Further information	http://www.msf.org http://www.afew.org/index.php?page_id=12&lang_id=1

Sustainable HIV/AIDS Prevention Activities in Prisons in the Ukraine

Implementing Agency	Ukraine Ministry of Interior with technical support of UNAIDS
Objectives	To reduce the risk of for HIV/AIDS/STI transmission through awareness raising among prison staff and inmates, harm reduction and safer sexual behaviour, STI treatment and counselling in Ukrainian prisons
Key activities	Its main activities were the • dissemination of information and education material, • the provision of means of protection for HIV/AIDS transmission (condoms, protective glasses for dentists, disinfectants, gloves), • STI treatment, • training for counsellors, • promotion of non-discriminative behaviour towards PLWHA.
Lessons learnt	• Unbiased information on HIV/AIDS levels in prisons and the general population must be available for project planning and implementation • A group of dedicated authoritative persons within the government and among prison officials and public opinion leaders, who are aware of the problem and intent on improving the situation • Senior decision makers in prisons must be sensitized with information on HIV/AIDS prevention and should support jointly developed and clearly defined action plans
Further information	The Determinants of the HIV/AIDS Epidemics in Eastern Europe, MAP report 1998 www.hsph.harvard.edu/fxbcenter/MAPreports.htm

HIV/AIDS prevention among IDUs in the Ukraine

Implementing Agency	NGO Public Movement "Vera, Nadeshda, Ljubov" with funds of UNAIDS, UNICEF, and the Lindesmith Centre coordinated through the National AIDS Committee
Objectives	• Prevention of HIV infection among IDUs in Odessa through the promotion of self help organizations and peer support among IDUs and PLWHAs and • Increase of HIV/AIDS awareness among policy-makers and in public opinion
Key activities	• To raise awareness on HIV/AIDS transmission for IDUs • to promote safe behaviour skills • to provide needles and syringes, disinfecting agents, condoms • to provide psycho-social and medical support
Results	• Awareness among IDUs and the use of single-use injection material has increased, • the purchase of potentially contaminated ready made drugs declined
Lessons learnt	• The participation of NGOs and the active involvement of drug users in information and education activities aimed at both users and dealers are crucial in project success. • Staffs of responsible law enforcement institutions need to be sensitized. • Harm-reduction strategies should be incorporated into the majority of regional and city HIV/AIDS prevention plans. • Advocacy and ongoing networking is essential to secure support and funding in an environment of limited resources.
Further information	MAP. The determinants of the HIV/AIDS epidemics in Eastern Europe, Geneva, 1998. http://www.fhi.org/en/aids/impact/mapgva.html http://www.unaids.org/bestpractice/collection/country/ukraine/previdu.html



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Swiss Centre for International Health

Resources used and Selected Links

- USAID HIV/AIDS site for Eastern Europe and Central Asia www.usaid.gov/pop_health/aids/Countries/eande/index.html

- UNAIDS fact sheet: Epidemiologic facts for Eastern Europe and Central Asia www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm

- The world bank page on HIV/AIDS in Eastern Europe and Central Asia http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK%3A20054565~menuPK%3A34480~pagePK%3A36694~piPK%3A116742~theSitePK%3A4607,00.html

- WHO page for the Department of HIV/AIDS www.who.int/HIV_AIDS/first.html

- Swiss Public Health Promotion Campaign against HIV/AIDS: Stop AIDS http://www.stopaids.ch/e/index.html

- The world bank HIV/AIDS site http://www.worldbank.org/aids

- The Determinants of the HIV/AIDS Epidemics in Eastern Europe, MAP report 1998 www.hsph.harvard.edu/fxbcenter/MAPreports.htm

- BBC article on HIV in Eastern Europe from Thursday, 4 July, 2002, "**Eastern Europe hit by HIV rise**" http://news.bbc.co.uk/1/hi/health/2095501.stm

- UNAIDS HIV/AIDS update for Eastern Europe and Central Asia http://www.thebody.com/unaids/update1201/eastern_europe.html

- UNAIDS: **"The Report on the Global HIV/AIDS Epidemic"** http://www.unaids.org/barcelona/presskit/report.html

- **HIV/AIDS and education: a strategic approach - Interagency draft by the World Bank, UNICEF, UNFPA, UNDP, WHO, UNESCO and UNAIDS** http://www.unaids.org/index.html

- Positive experiences from HIV/AIDS projects: Best practices http://www.unaids.org/bestpractice /digest/introduction.htm

- Csepe P, Amirkhanian YA, Kelly JA, McAuliffe TL, Mocsonoki L. **HIV risk behaviour among gay and bisexual men in Budapest**, Hungary.Int J STD AIDS 2002 Mar;13(3):192-200

- Kelly JA, Amirkhanian YA, McAuliffe TL, Granskaya JV, Borodkina OI, Dyatlov RV, Kukharsky A, Kozlov AP**: HIV risk characteristics and prevention needs in a community sample of bisexual men in St. Petersburg, Russia,** AIDS Care 2002 Feb;14(1):63-76

- Amirkhanian YA, Kelly JA, Kukharsky AA, Borodkina OI, Granskaya JV, Dyatlov RV, McAuliffe TL, Kozlov AP: **Predictors of HIV risk behavior among Russian men who have sex with men: an emerging epidemic,** AIDS 2001 Feb 16;15(3):407-12

- The 2001 report “ HIV/AIDS Surveillance in Europe” http://www.eurohiv.org/