



in Eastern Europe and Central Asia

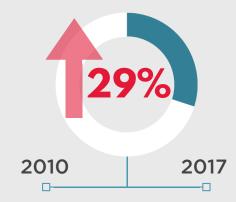
SITUATION ANALYSIS

Unlike the downward trend in new HIV infections globally, Eastern Europe and Central Asia is the only region reporting an increasing drift. Despite recent positive changes such as increased HIV testing coverage, improved access to prevention programmes, and extended protection of vulnerable groups, the HIV prevalence rate and HIV infections in the region remain alarmingly high. More precisely, the number of new HIV

infections increased by almost 30% between 2010 and 2017. As of 2017, the HIV incidence rate has been increasing and the region has the fourth highest number of people living with HIV, with the Russian Federation accounting for 70% of them.

Compared to 2014, the HIV prevalence rate of adults aged 15 to 49 rose by 0.2 percentage points, shifting from a 0.6 to a 0.8 HIV prevalence rate in 2017.

NEW HIV-INFECTIONS



Source: UNAIDS 2018 Estimates

2017



130 000

new HIV infections



1.4 million

people living with HIV



4th

highest HIV prevalence rate globally



34 000

number of AIDSrelated deaths



36%

people living with HIV receiving ART

130 000

new HIV infections

1.3 million

people living with HIV

37 000

number of AIDSrelated deaths 25%

people living with HIV receiving ART

2015

Source: UNAIDS 2018 Estimates

Such a persistingly high HIV prevalence rate causes several spill-over effects, worsening the living conditions and lowering the social status of the most vulnerable groups. Recent evidence and cases have brought to light worrying phenomena such as:



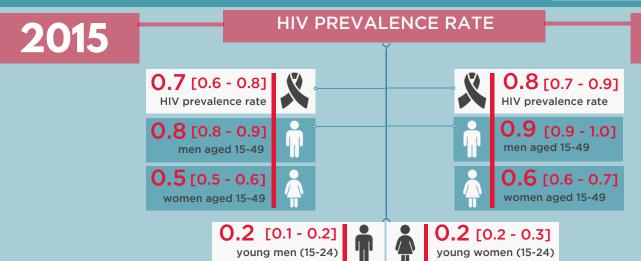
INCREASED VULNERABILITY AMONG YOUNG PEOPLE, especially adolescent girls and young women (15-24 years) who make up 56% of new HIV infections among all people 15-24 years.



THE FEMINIZATION OF THE EPIDEMIC in the region: the share of women living with HIV is estimated to be at 39%, and 30% of new cases are among women (15+) in 2017.

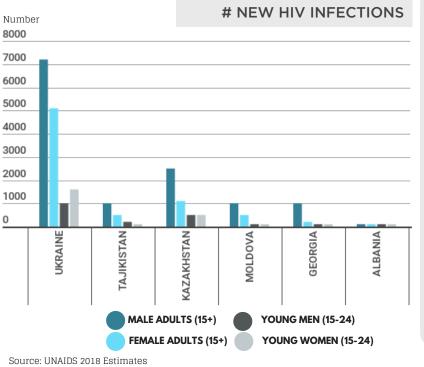
HIV Response

in Eastern Europe and Central Asia

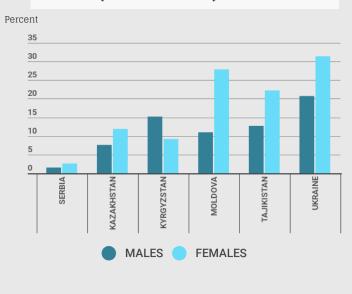


Source: UNAIDS 2018 Estimates

COUNTRY-SPECIFIC DATA (2017)



HIV PREVALENCE RATE (%) IN PEOPLE WHO INJECT DRUGS (ADULTS 15-49)



TAJIKISTAN

Case-study: patterns and new trends

Source: UNAIDS 2018 Estimates

people living with HIV

proportion of women (15+) among new cases in 2017

From 2010 to 2017, the percentage change in new HIV infections was estimated at

1300

New infections in 2017

The most affected population in 2017 and their HIV prevalence rate:



PEOPLE WHO INJECT DRUGS 13.5%



COMMERCIAL SEX WORKERS 3.5%



MEN WHO HAVE SEX WITH MEN

<100

MAIN DRIVERS

Sources: UNAIDS Estimates, Moscow Conference EECAAC, ILO, Gender analysis of the national policy on HIV and AIDS prevention in the Republic of Tajikistan (2015)



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GENDER-BASED VIOLENCE & STIGMA

Persisting patterns of discrimination, stigmatization, and gender inequality hinder an effective response to HIV. Gender-based violence is a widespread practice in the region, as one in three women experience violence from their sexual partner. This doubles the risk of contracting HIV. In addition, due to the intersectional dimensions of HIV, women tend to suffer

DRUG USE

HIV infection prevails among people who inject drugs, and among their sexual partners. Intravenous drug use accounts for 39% of new HIV infections in 2017, representing the main form of HIV transmission in the region, where drug trafficking is deep-rooted. In countries such as Kazakhstan, Uzbekistan, Tajikistan, Serbia, and Ukraine, female drug users' HIV prevalence rate is dramatically higher than men's.

COMMERCIAL SEX

The region displays an increase in the percentage of sexuallyrelated HIV transmission, as 66% of new HIV infections are estimated to be contracted through heterosexual contact. Female sex workers are the most at risk. As women who use drugs are more likely to become sex workers (62% in Kyrgyzstan and 84% in Azerbaijan) the phenomenon stands out as particularly pressing.

MIGRATION

Regional cases have shown the possibility of a new pattern of transmission related to the interconnection of migrants, sex workers, and women. Evidence suggests that labour migrants tend to be more exposed to the possibility of HIV infection and to spreading the infection in their countries of origin. In Tajikistan, 50.4% of women declare to have migrant workers as sexual partners.

MOTHER-TO-CHILD TRANSMISSION

Vertical HIV transmission can occur from a mother with HIV to the child during pregnancy, childbirth, or breastfeeding. The prevention of motherto-child transmission has proven effective in reducing neonatal infections. Armenia and Belarus have eliminated vertical transmission. while Kazakhstan, Kyrgyzstan, and Tajikistan have achieved major improvements in the matter.

Source: Moscow Conference EECAAC, UN Women (2012)

RECOMMENDATIONS



more from stigma.

GENDER RESPONSIVE POLICY

States should mainstream gender equality approaches in National HIV Prevention Programmes while fighting women's stigmatization and gender-based violence.



YOUTH-TARGETED ACTION

Adolescents and young people must be provided with sexual education and have access to sexual health services.



SMART BUDGETING

At least 25% of HIV budgets should be dedicated to HIV prevention programmes and to gender-sensitive action.



DELIVERY of HIV SERVICES

Increasing accessibility to HIV services for migrants (especially pregnant women), gay men, and men who have sex with men must be a priority.













