



PARTNERSHIP  
TO FIGHT HIV/AIDS  
IN EUROPE &  
CENTRAL ASIA



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**“We must make people everywhere understand that the AIDS crisis...is not about a few foreign countries, far away. This is a threat to an entire generation; this is a threat to an entire civilization...”**

United Nation Secretary-General, Kofi Annan, 2000

# HIV/AIDS IN EUROPE AND CENTRAL ASIA: THE KEY ISSUES

SCALE AND TRENDS OF THE EPIDEMIC

LEADERSHIP

PARTNERSHIPS AND CIVIL SOCIETY RESPONSE

PREVENTION AMONG YOUNG PEOPLE

PREVENTION AMONG ESPECIALLY VULNERABLE GROUPS

LIVING WITH HIV AND AIDS

PREVENTION OF MOTHER TO CHILD TRANSMISSION



## **About this document**

This brochure has been developed as a Conference paper with input from the UNAIDS Secretariat, UNICEF and WHO. It summarizes the issues covered in the four conference panels and answers a number of key questions on HIV/AIDS in Europe and Central Asia. It also reflects the views and messages expressed by young people who participated in a Youth Consultation in preparation for the Conference, which was jointly organised by Development Cooperation Ireland and UNICEF in collaboration with WHO, the UNAIDS Secretariat and the European Youth Forum.

## ⌘ Scale and trends of the epidemic in Europe and Central Asia

Eastern Europe and Central Asia have experienced the fastest growing HIV/AIDS epidemic in the world in recent years, and the epidemic shows no sign of abating. Some 230,000 people were infected in 2003, bringing the total number of people living with HIV/AIDS to 1.5 million. Driving the epidemic is widespread risky behaviour – injecting drug use and unsafe sex – among young people.

In Western Europe, there is mounting evidence of a revival of high-risk sexual behaviour among certain groups and indications that current prevention activities are registering poorly among the younger generation.

### Who is worst affected in Eastern Europe and Central Asia?

- Young people predominate in this region among the reported HIV cases. On the whole, more than 80% of people who are HIV-positive in this region have not yet turned 30, in contrast to the situation in Western Europe, where only 30% of the reported cases are among people under 29 years of age.
- Most of the reported infections in Eastern Europe and Central Asia are related to injecting drug use. Overall, up to 25% of those who inject drugs are estimated to be under 20 years of age. Currently the majority of people infected through heterosexual contact are the sexual partners of injecting drug users, but in the countries first hit there is now evidence of increasing sexual transmission that is not related to injecting drug users.
- In Russia, women account for an increasing share of newly diagnosed HIV infections (33% in 2002, compared to 24% a year earlier). One consequence is a sharp rise in the number of HIV infections in infants.

### What are the trends in Western Europe?

- In Western Europe, heterosexual intercourse may now be the most common mode of HIV transmission, with two-thirds of the reported cases related to higher prevalence regions. Sex between men and injecting drug use remain important causes of infection in most countries.

- The resurgence of other sexually transmitted infections points to a revival of unsafe sexual behaviour – especially among young people. Prevention programmes that had achieved notable success in the 1990s among men who have sex with men, appear to have received lower priority in many high-income countries.
- A recent increase in HIV cases in some Western European countries is attributed to the significant number of people believed to have been infected in countries with high HIV prevalence beyond Europe. Therefore, it is vital that prevention, treatment and care programmes be adapted to reach all those affected by HIV/AIDS, particularly those whose language, culture or immigrant status might limit their access to services.

### Why are Eastern Europe and Central Asia experiencing the fastest growing global epidemic?

Several factors are creating a fertile setting for the epidemic:

- It is estimated that up to 1% of the population in some countries of the region are injecting drugs. This wave of injecting drug use is closely correlated to the social and economic transition, marked by deteriorating health and social services, high unemployment and poverty levels, as well as with the consolidation of transnational drug-trafficking networks.

- Similarly, there is evidence of earlier initiation of sexual activity and high rates of unprotected sex practices. These are accompanied by a lack of awareness and knowledge of HIV prevention measures. High rates of syphilis and other sexually transmitted infections may contribute to an increased risk of HIV transmission through sexual contact.
- There is a lack of access to affordable and appropriate services, that provide accurate information, condoms, voluntary counselling and testing, effective treatment of sexually transmitted infections, clean injecting equipment, or methadone and other drug treatment programmes. Access to such services is particularly difficult for young people and for especially vulnerable groups.

- Another worrying phenomenon in the region, also fuelled by poverty and lack of employment opportunities, is the trafficking of young women into prostitution. This practice not only constitutes a serious violation of human rights, but also puts these women at high risk of HIV infection.



## Leadership

It is clear that in many countries of this region the gravity of the epidemic has been underestimated and that precious time has been lost. Without urgent action, and without courageous leadership, there is little to stop the spread of the disease.

**Stigma and discrimination fuel the spread of HIV/AIDS. They undermine prevention, care and support. Leaders at all levels – heads of state, religious leaders, celebrities and other influential people – have a clear responsibility to help shape a society that is free from stigma, silence or denial about the epidemic.**

### Why is political leadership important?

- High-level political commitment is more than symbolic; it motivates action and generates hope. It is the key to mobilizing resources and fostering the social solidarity that leads to the positive involvement of all sections of the community.
- Experience from around the world shows that by discussing HIV/AIDS openly and honestly, leaders can strongly encourage supportive attitudes and responses to all those living with or affected by HIV/AIDS.
- By their personal commitment, presidents, prime ministers and vice-presidents recognize that HIV/AIDS is not just a health issue, but fundamental to development, progress and security. This will increase the pressure on non-health ministries to develop activities to fight AIDS within their programmes.

### What can leaders do?

- Real, high-level support and commitment means not only that governments express their concern over the epidemic, but that they actively support – politically and financially – multisectoral approaches for prevention, treatment and care. It means that the global commitments, upon which they have already agreed, must be translated into real action.
- Stigma towards people living with HIV/AIDS often leads to their exclusion from education, from employment and from health and social services. Political leaders can play a crucial role in creating and enabling a legal environment that protects people living with HIV/AIDS from all forms of stigma and discrimination and safeguards their fundamental human rights.
- Leadership also means having the courage to talk openly about adolescent sexuality, about violence against girls and women, and about drugs.
- Involvement of influential people, such as religious leaders or celebrities, in media campaigns has proven to be extremely successful in providing role models for safe behaviour.



## ⌘ Partnerships and civil society response

**No single institution or agency can defeat AIDS on its own. All sectors and levels of the government must be mobilized and strong partnerships formed with people living with HIV/AIDS, with the business sector, with faith-based organisations, with youth groups and other civil society organisations.**

**The mass media are a powerful weapon against HIV/AIDS, not only to spread information on the scale and the impact, but also to report on HIV/AIDS related stigma and discrimination and to push for effective policy reform.**

### **Why are partnerships needed?**

- Some countries in the region are at the beginning of an HIV epidemic, while others can look back on a decade of experience. National and regional partnerships, coalitions and networks are invaluable, learning from each other and sharing expertise. Partnerships are needed to coordinate efforts, to harness the strengths of various organisations, and to mobilize resources.
- Non-governmental organisations and community organisations have a crucial role to play in advocacy, participating in policy and programming design and implementation, and in the provision of services.

### **What is the role of the media in fighting the epidemic?**

- Beyond information dissemination, the media has a key role
  - in creating and enabling an environment for public debate and dialogue by giving a voice to all those affected by HIV/AIDS,
  - in challenging social norms and attitudes that often prevent behaviour change, and
  - in holding governments accountable for their commitments to the fight against HIV/AIDS.
- In order for the media to play a constructive role, it is crucial to build the capacity of journalists and network with media organisations and NGOs. Particular attention should be paid to the involvement of young people and people living with HIV/AIDS in mass media action against HIV/AIDS.



## ⌘ Prevention among young people



Young people are the future of any nation. It is the responsibility of every leader in society to give top priority to the education of young people about HIV and provide them with the support and the services they need to protect themselves.

Young people are not the problem; they represent the greatest opportunity to defeat HIV/AIDS. Their active participation in prevention and care efforts is crucial, and those who are especially vulnerable must be included.

### Why are young people, especially in Eastern Europe and Central Asia, so vulnerable to HIV infection?

- Overall, the social and economic transition that has taken place in the region has had a disproportionate affect on young people. The collapse of social controls and values has left a vacuum, leading to an earlier initiation of sexual activity and more experimentation with drugs and alcohol.
- There is, in general, a low level of awareness among young people about HIV/AIDS and other sexually transmitted infections, and poor knowledge of how to protect themselves from infection.
- Young people's vulnerability is strongly linked to poverty, with falling rates of enrolment and completion of secondary schooling, with the absence of after-school recreational programmes, with the lack of appropriate health services, and with unemployment levels that are three times higher among young people than among the adult population.
- Exclusion and discrimination based on ethnicity, disability, citizenship and sexual orientation are additional factors, that may significantly increase the vulnerability of young people.

### What kind of support do young people need?

- Young people have a right to know what HIV/AIDS is and how it spreads; to know how to protect themselves and others; to know whether they are HIV-positive or negative. They have a right to know everything about this subject, no matter how uncomfortable or difficult this may seem.
- Young people need skills – skills in communication, conflict resolution, critical thinking, decision-making – which enable them to protect their health. Life skills-based education, including education on HIV/AIDS prevention, should be integrated into school curricula and offered in community settings. Evidence (a review of programmes in 16 countries) shows that early life skills, sexual health and AIDS education do not encourage increased sexual activity, but actually delay first intercourse and protect sexually active youth from sexually transmitted infections (including HIV) and unwanted pregnancy.
- Young people need access to a wide range of youth-friendly services. Such services should include access to preventive methods such as condoms, as well as voluntary counselling and testing for HIV, treatment of sexually transmitted infections, and drug dependence treatment.

- Young people need access to life saving commodities, including condoms for those who are sexually active, clean needles and syringes for those who inject drugs, antiretroviral drugs and treatment of opportunistic infections for those who are already infected.
- Particular attention should be paid to those who are especially vulnerable to HIV infection: young people who inject drugs, young men who have sex with men, young people involved in commercial sex, those in institutions, those living on the street, young migrants and refugees. These groups are less likely to have access to services.

### Why is the participation of young people so important to the fight against HIV/AIDS?

- Young people have a pivotal role to play as peer educators. Experience in the region shows how effective they are as messengers to their own generation. We must make the most of all they have to offer. Their readiness and eagerness to learn and to take responsibility for their health makes them our best defence against the spread of the epidemic. They are not only the most affected; they are the most engaged. Wherever HIV has been pushed back, it was young people who have been at the forefront of this change.

### FROM THE HIV/AIDS UNGASS DECLARATION OF COMMITMENT:

“By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 – 24 have access to the information,

education, including peer education and youth specific HIV-education, and services necessary to develop the life skills required to reduce their

vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers”

## ⌘ Prevention among especially vulnerable groups

**In Europe and Central Asia the HIV/AIDS epidemic is particularly affecting especially vulnerable, marginalized or hard-to-reach sections of populations such as men who have sex with men, young drug injectors or people belonging to migrant communities. Reaching these groups and providing them with the services they need is vital for the success of any HIV/AIDS response.**

**Prevention efforts targeted at those who are currently most affected should be supported by prevention work among young people generally.**

### **Why are early interventions among highly vulnerable groups so important?**

- In low-prevalence settings, a concentrated epidemic initially tends to be associated with certain high-risk contexts – sex work, injecting drug use, sex between men. These activities are highly stigmatized. But the people in these contexts are not isolated groups; they mix across populations, as confirmed by behavioural surveillance. However, early large-scale interventions among these groups could stave off a potential epidemic.
- HIV/AIDS prevalence among injecting drug users is already high in many parts of Eastern Europe and Central Asia. However, there are many places where injecting drug users are not yet infected, but are in urgent need of information, commodities and services to reduce their high risk of infection. Overlap between injecting drug use and sex work requires coordination of prevention services.

### **Are prevention efforts among marginalized groups of society effective?**

- HIV prevention among highly vulnerable groups works! Evidence from the USA, Canada, Australia and Western Europe indicate that when targeted prevention programmes are implemented on a sufficiently large scale and with the full involvement of the affected communities, it is possible to avert epidemics of HIV among especially vulnerable and marginalized groups.

- Effective prevention, treatment and care programmes can be mounted despite the marginalization, social stigma and legally-penalizing environment that mark the lives of injecting drug users. But the programmes tend to be most successful when laws and police practices facilitate outreach work and service provision.

### **How can HIV transmission among vulnerable groups be most effectively interrupted?**

- Peer education and peer support channel information about risk reduction to those who need it. Peer to peer approaches are an effective way to promote services for prevention, testing and treatment. Perhaps most importantly, strengthened peer networks provide a foundation for addressing group norms, discrimination and other conditions that increase HIV vulnerability and keep people from using services.
- HIV transmission among drug injectors can be slowed by means of proven interventions that reduce risk without promoting drug use. Drug substitution therapy reduces the amount of injecting that takes place, while harm reduction programmes reduce the risk of transmission among injectors. Such programmes should be scaled up immediately to prevent transmission where it is spreading most rapidly.

- The risk of HIV transmission in commercial sex can be greatly reduced by interventions that include peer education, support for condom use and services for STI prevention and control for sex workers and, where possible, their clients and regular partners.
- Other groups that are highly vulnerable to HIV include migrant and incarcerated populations. Services combining peer outreach/education with specific risk reduction interventions can reduce transmission related to sex and needle-sharing in such settings. Structural interventions to reduce vulnerability and increase access to services for such populations are among the most effective HIV prevention interventions.

### **How can treatment services for vulnerable groups contribute to prevention of infection?**

- It is essential to recognise the importance of integrated prevention and treatment services for vulnerable populations. Not only do sex workers and injecting drug users face high risk of infection today but they have been living with HIV for longest, have the highest prevalence rates and greatest need for treatment. Treatment and prevention can be synergistic. Access to both ARV treatment and drug dependence therapy permits HIV-positive drug users to lead more stable lives, adhere to treatment and take steps to prevent transmission to their sexual partners.

## ⌘ Living with HIV/AIDS

The involvement of people living with HIV/AIDS is crucial in the response to the epidemic and their participation must be an integral part of planning and implementation of interventions.

Access to treatment and care is key in realizing the fundamental human right to health. It is a vital investment in health care that directly benefits people living with HIV/AIDS, reduces the social and economic impact of the epidemic, and is a powerful way to complement and accelerate prevention efforts.

HIV/AIDS will not be defeated until it becomes unacceptable to stigmatize and discriminate against those living with or affected by HIV/AIDS.

### How many people currently benefit from antiretroviral treatment in Europe and Central Asia?

- While ART is available to all, or most, of those who need it in Western Europe, the access is severely limited or unavailable in many parts of Eastern Europe and Central Asia. From the estimated 80,000 people in this region who need treatment, only 11,000 are receiving any ART and less than 6,500 are receiving highly active ART. Generally speaking those countries and regions in greatest need of antiretroviral treatment have the lowest coverage.

### What are the benefits of access to antiretroviral treatment?

- Antiretroviral therapy has dramatically reduced death rates, reduced hospital admissions and associated costs and improved the quality of life for those who receive it. HIV/AIDS has to a large extent been transformed from a fatal condition to a chronic, treatable disease. While there is still no cure for HIV/AIDS, effective treatment can add many years of productive quality life. In the USA for instance introduction of antiretroviral therapy led to a 70% decline in AIDS deaths. Similar results are reported in Western Europe.
- Delivering antiretroviral therapy has other returns. Millions of dollars spent now can save billions of dollars in the future. Data from Brazil indicate that the costs associated with providing universal access to antiretroviral therapy from 1996 to 2002 amounted to US\$1.8 billion, but the savings in hospital and ambulatory care services reached US\$2.2 billion.

This figure does not include the savings related to the ability of those on treatment to continue their economic activities or, very importantly, the benefits of accelerated prevention through universal access to antiretroviral therapy.

- More open discussion and disclosure of HIV status by those on treatment helps to change societal attitudes and responses. Combined with the transformation of HIV/AIDS into a treatable disease like many others, this reduces the stigma and shame around infection. In communities without access to treatment, prevention is inhibited and discrimination and stigma are, unfortunately, still common.



### What is the “3 by 5 Strategy”, recently initiated by WHO and UNAIDS?

- The 3 by 5 strategy is an approach that outlines the steps needed to deliver treatment to three million people living with AIDS in developing and transitional countries by the end of 2005. It recognises the urgency of the situation in many countries where thousands continue to die each day from what is now both a treatable and preventable disease. To respond urgently, 3 by 5 will offer all technical support including the deployment of additional expert staff to help support, build and coordinate national efforts. 3 by 5 however, emphasizes that the country is in the driving seat. It aims to support national efforts in a sustainable way rather than acting as an implementer.

### How can a treatment strategy such as “3 by 5” contribute to prevention?

- The availability of antiretroviral therapy makes it more likely that people will come forward for HIV testing, learn their status, receive counselling and support and become knowledgeable about preventing the spread of the virus. This applies equally to those infected with HIV and those who are uninfected. It is accepted that one of the most important motivations for change in at-risk behaviour is knowing your HIV status. Once on therapy the quantity of virus present in the blood declines rapidly and onward transmission may be less likely.

### Promoting an ‘enabling environment’ for people living with HIV/AIDS: What does that mean?

- It means ensuring an environment, free from stigma and discrimination, that enables and facilitates treatment and psychosocial care for all those in need. In practice it can mean a range of interventions: from information and advocacy campaigns to mobilizing financial and other practical support to people living with HIV/AIDS and their families. It can mean repealing oppressive legislation that hinders adherence to treatment or jeopardizes prevention efforts (e.g. laws that penalize the possession of needles and syringes, that undermine the efforts of needle exchanges or that inhibit condom availability and distribution).

#### FROM THE HIV/AIDS UNGASS DECLARATION OF COMMITMENT:

“By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, including that provided by the informal sector, and health-care systems to provide and monitor treatment to people

living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; and improve the capacity and working conditions of health-care personnel, and the effectiveness of supply systems,

financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psychosocial care”

## ⌘ Prevention of mother-to-child transmission

Effective interventions to reduce mother-to-child transmission are available and feasible. We cannot risk the life of a single newborn by failing to take these simple and affordable measures.

Overall priority must be given to primary prevention of HIV/AIDS: this is the only way to stay ahead of the otherwise large numbers of infants who will become infected, who will need care and support and who are in danger of becoming orphans.

Every woman must have access to education and information on how to protect herself and prevent the transmission of HIV to her children.

Every pregnant woman has the right to confidential testing and counselling, to effective and affordable methods for preventing vertical transmission, and to appropriate care for herself and her baby, including support measures to prevent the abandonment of her child.

### What interventions are required to prevent mother-to-child transmission?

- Effective interventions to prevent mother-to-child-transmission include access to: voluntary confidential counselling and testing for women and their partners; antenatal care; treatment with anti-retroviral drugs; safe delivery practices; replacement feeding where applicable, and counselling and advice for appropriate feeding options.
- Prevention of mother-to-child-transmission needs to be an integral part of national strategies against HIV/AIDS. It should be integrated into maternal and child health services and reproductive health services, and should be linked to other HIV prevention and care services, such as drug dependence treatment and harm reduction services.
- Special efforts should be made to reach the most marginalised and vulnerable women, in particular injecting drug users, but also women from minorities, refugees or migrant women, who may not have any contact with health services until they are about to give birth.
- Prevention of mother-to-child transmission strategies can be linked to other public health initiatives, such as the Baby Friendly Hospital Initiative or the promotion of youth friendly services.



### FROM THE HIV/AIDS UNGASS DECLARATION OF COMMITMENT:

“By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to

them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and

confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care”