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Getting ahead – progress and challenges in responding to AIDS in Eastern Europe and Central Asia

Abstract

Im letzten Jahrzehnt erlebten Osteuropa und Zentralasien die schnellste Ausbreitung der HIV-Epidemie weltweit. Ende 2005 lebten 1,5 Millionen Menschen mit HIV. Russland und die Ukraine sind die am stärksten betroffenen Länder, jedoch breitet sich die Epidemie mit 220.000 HIV-Neuinfektionen im vergangenen Jahr in allen Teilen der Gemeinschaft Unabhängiger Staaten mit rasender Geschwindigkeit aus. Im Vorjahr starben über 50.000 Menschen an AIDS. Angesichts der massiven Zunahme an Personen mit dringendem Behandlungsbedarf wird die Sterberate in den nächsten Jahren möglicherweise noch weiter steigen. Die Epidemie trifft vor allem die jungen Menschen, die in ungewöhnlich hoher Zahl Drogen injizieren und ungeschützten Geschlechtsverkehr haben, besonders hart. Die Epidemie wird den Bevölkerungsrückgang beschleunigen, die sozioökonomische Entwicklung bremsen und möglicherweise die Stabilität der Region untergraben. Seit einigen Jahren gibt es Anzeichen einer stärkeren politischen Führungsrolle und zunehmenden Engagements auf höchster Ebene, mit dem Ziel, die Reaktionen auf die AIDS-Epidemie auf nationaler Ebene zu forcieren. Durch den Globalen Fond zur Bekämpfung von AIDS, Tuberkulose und Malaria, die Weltbank und andere Geberinstitutionen erfolgte eine beträchtliche Aufstockung der Finanzmittel für AIDS. Die Stimme der Bewegung der Menschen mit HIV in der Region wird lauter und gewinnt an Kraft. Dennoch kann die drohende Krise bezüglich Bevölkerungswachstum und Gesundheitswesen nur durch eine verstärkte Verfolgung des universellen Zugangs zu HIV-Prävention, Behandlung, Versorgung und Unterstützung vermieden werden, wobei vom Krisenmanagement zu langfristigen strategischen Lösungen übergegangen werden muss. Es sind gemeinsame Anstrengungen nötig, wenn es darum geht, die Länder bei der Festlegung und Umsetzung ihrer landesinternen Prioritäten zu unterstützen, den Zugang zu nachhaltiger und planbarer Finanzierung zu gewährleisten, personelle und lokale technische Kapazitäten auszubauen, den Zugang zu leistbaren Rohstoffen für Prävention und Behandlung sicherzustellen sowie Stigmatisierung und Diskriminierung zu beseitigen.

In June 2006, world leaders convening at the 2006 High Level Meeting on AIDS at the United Nations in New York, referred to AIDS as “an unprecedented human catastrophe”, “(which) constitutes a global emergency and poses one of the most

formidable challenges to the development, progress and stability of our respective societies and the world at large".[1]

AIDS is not just a challenge to public health. The global epidemic is in the same league as the greatest development challenges to humanity in the 21st century, on a par with global climate change and nuclear arms weaponry.

Worldwide, nearly 40 million people are living with HIV and 25 million have already died from it. However, unlike other epidemics, AIDS shows little sign of burning itself out. AIDS is also exceptional in being the most globalised epidemic known, with virtually every country in the world affected, regardless of poverty levels.

The countries of Eastern Europe and Central Asia have in the last decade experienced the fastest growing epidemics in the world. They were late comers - from 1988 to 1992 more than 450 million people were tested for HIV in the Soviet Union, and less than one thousand cases of HIV infection detected.

Today, an estimated 1.5 million people are living with HIV in this region; more than double the number in Western and Central Europe. It was, however, only in the mid 90's that the first massive outbreaks occurred, first in the Black Sea port cities of Odessa and Mikolayiv in Ukraine, and soon after in the Kaliningrad enclave of Russia, Svetlogorsk in Belarus, Karaganda in Kazakstan, Tomsk and Irkutsk in Siberia. What did these otherwise distant and quite different locations have in common?

Possibly the common denominator was the cry of despair from young people. When the Soviet Union broke down, the living conditions were deeply affected in the many cities, which until then had depended on one single factory, as part of the centralised Soviet economy. In the case of Kaliningrad, the city suddenly lost its prestigious status as harbour for the Soviet fleet. Young people were left behind, with little to look back on, and little to look forward to. The Soviet moral values and norms were eroded, and parents had become unfit as role models in a new course of life, where opportunities were greatly outweighed by hopelessness and despair. .

Extraordinarily large numbers of young people sought refuge in experimenting with drugs. They began to prepare their own homemade heroin from poppies and started shooting up in groups, sharing from the same pot of drugs and using the same needles. Later, the region became a prime destination for drug trafficking from Afghanistan. Today the population in the CIS has by far the highest prevalence of opiate abuse in the world involving 1.7% of the adult population aged 15-64 years[2].

The massive numbers of young people engaging in drug injecting and unprotected sex have laid the ground for the amazingly fast pace and scale of the HIV epidemics in the region. Russia and Ukraine are the most affected countries, but with 220,000 new HIV infections in the region last year, the epidemic is swiftly expanding in all parts of the CIS and beyond[3]. In South-Eastern Europe, the prevalence of HIV is low, but the potential risk of a rapidly emerging epidemic very high.

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[1] Political Declaration on HIV/AIDS of the UN General Assembly, 31 May – 2 June 2006.
[2] World Drug Report 2005, United Nations Office for Drugs and Crime, page 57
[3] 2006 Report of the Global AIDS Epidemic, UNAIDS, page 13

The HIV epidemics in Eastern Europe are unique in the sense that they hit extraordinarily hard on young people. More than 70% of reported cases are found among young people under the age of 30 years. According to the Russian Federal AIDS center, in several Russian cities already 7-8% of all young men aged 15-30 years are reported to be infected.

The young, primarily male drug injectors are, as other young men, sexually active and have high levels of unprotected sex with their regular or occasional partners. Sexual transmission is increasing, and there is a clear trend of feminisation of the epidemic, with a steadily increasing proportion of women among those infected. A sad development is the growing number of children abandoned by their mothers or orphaned – according to UNICEF more than 750 children are left to state care in Russia alone out of the 15,000 children born of HIV positive mothers.

As the epidemics are maturing, the death toll is rising sharply, with more than 50,000 adults and children killed during 2005, almost twice the toll in 2003[4]. By end of 2005 only 13% of the estimated 160,000 people in urgent need have access to treatment[5]. Ongoing efforts and new funding opportunities in Russia and Ukraine may bring the number of people on treatment significantly up. However, massive numbers of people will become in urgent need of treatment in the coming years. Tuberculosis is quickly becoming the leading killer of people living with HIV in the region, compounded by the high level of multi-resistant tuberculosis. .

According to a new report from the World Bank on Ukraine, the impact of the epidemic on demographics and health status could be devastating[6]. By 2014, AIDS related deaths will account for one third of all male deaths in the 15-49 age groups, and sixty percent of female deaths. In 2014, AIDS is projected to reduce male life expectancy, already far below the European average, by another 2-4 years, and for women by 3-5 years. The population of Ukraine is already shrinking by some 300,000 per year, and the AIDS epidemic will further decrease the labour force by 1-2%. According to the World Bank, the costs of inaction or ineffective action will be prohibitive. Due to AIDS alone, Ukraine may in the worst case experience a 6% reduction in GDP by 2014.

As elsewhere, the awareness and commitment to action of the political leadership has been slow in coming. However, the year 2005 saw a change in the leadership response to AIDS, particularly in the two largest and most affected countries in the region, Russia and Ukraine.

In Russia, the President gave a strong public statement about AIDS in Russia for the first time , and announced an increase of the federal budget. From only US$5 million in 2005 the total budget now amounts to US$350 million in 2006-2007. In April this year, the President convened a State Council meeting on AIDS with all the governors from the region, calling for urgent measures to stem the HIV epidemic in Russia through a better coordinated and comprehensive strategic response.

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[4] ibid

[5] Progress on Global Access to Antiretroviral Therapy, A Report on "3 by 5" and Beyond, WHO and UNAIDS, page 19.

[6] Socioeconomic Impact of HIV/AIDS in Ukraine, World Bank and International HIV/AIDS Alliance in Ukraine, ix-x.

In Ukraine the President has engaged himself personally in the response to AIDS. In December 2005, he issued an executive order on steps to strengthen and scale up the countries response to AIDS. The ongoing political crisis in Ukraine since July 2005, however, brought the progress to a standstill.

Equally important, the movement of people living with HIV is gaining force and voice in most countries of the region, and in September 2005, the CIS network of people living with HIV was launched with support from UNAIDS.

In recent years there has been a significant increase in international funding for AIDS, particularly from the Global Fund to Fight AIDS, TB and Malaria and from the World Bank. Support from other donors is very limited, compared to other regions, which leaves the Global Fund to Fight AIDS, TB and Malaria in a dominant position, often as the sole provider of funds for national AIDS programmes.

There are reasons for optimism and progress is happening at all levels. However, much more will be needed to avoid the impending demographic and socioeconomic disaster looming at the threshold of the European Union.

Key challenges in scaling up towards universal access for HIV prevention, treatment, care and support were defined in a series of national consultations involving government sectors, people living with HIV and civil society and international organisations.

Firstly, successful responses are country owned and country led. Countries should be supported in setting and meeting their national priorities: Too often support for AIDS responses in Eastern Europe have been in the form of small scale, ad hoc and donor-driven pilot projects. Now it is time to change gears and put countries in the driving seat for scaling up their own national response.

Secondly, access to reliable and sustainable financing should be ensured through greater domestic and international spending. While Russia and some other countries can finance their own programmes, if the political will is there, many others, especially the low-income countries will require international support in years to come.

Thirdly, there is an urgent need to create a local and sustainable technical capacity to make the money work. At country level, the UN teams on AIDS play a critical role in this effort.

Access to affordable commodities should be ensured. New EU member and accession countries are challenged by donor withdrawal, exorbitantly high EU level prices of antiretroviral drugs, and, in the case of the Baltic States, a massive increase in the number of people in urgent need for treatment. The resulting financial treatment burden threatens to exhaust AIDS financing, in particular for prevention and making the goal of universal access in Europe move further out of reach

Fifthly, stigma and discrimination, issues of gender and human rights must be addressed. The “luxury” of discrimination can no longer be afforded. Organisations of people living with HIV and other civil society groups should be supported in their efforts to address stigma and discrimination. Barriers of stigma and discrimination

should be brought on to the political agenda, and addressed through legal reforms, mass media and other approaches.

Finally, accountability should be ensured at country and regional level. At the Dublin and Vilnius ministerial conferences on AIDS, the European Union and its members made a series of commitments to provide financial and technical resources to the most affected countries and those with a high risk of a major epidemic. So far, unfortunately, most of the follow ups have been in the form of Pan-European conferences, meetings and think-tanks. Fewer efforts have been made to address the specific and concrete needs of the new EU member and accession countries, or the situation in the most affected countries.

We have to and can get ahead of AIDS in Europe and Central Asia, one of the most affluent and resourceful regions in the world. It does not necessarily require vast financial resources spent on short term crisis management. It requires leadership, determination and skillfulness for a focused and longer term strategic response. The vicious cycle of new HIV infections can be broken and access to treatment ensured for all in need, in Europe, Central Asia and beyond. Together we can begin to end the epidemics.