

2024 DATA

7% increase in number of new HIV infections since 2010

48% increase in number of AIDS-related deaths since 2010

People living with HIV: 2.1 million [2.0 million–2.3 million]

New HIV infections: 130 000 [110 000–140 000]

AIDS-related deaths: 48 000 [38 000–57 000]

Testing and treatment cascade (all ages):

People living with HIV who know their HIV status: 72% [59–81%]

People living with HIV who are on treatment: 51% [41–57%]

People living with HIV who have a suppressed viral load: 43% (2023 data; data pending for 2024)

Financing of the HIV response:

Resource availability for HIV: US\$ 889 million (there is a need to mobilize domestic resources, sustain external support and optimize the use of resources to meet annual 2030 targets)

EASTERN EUROPE AND CENTRAL ASIA

The annual number of new HIV infections in eastern Europe and central Asia continues to rise, reaching 130 000 [110 000–140 000] in 2024—a 7% increase from the 120 000 [100 000–130 000] HIV infections in 2010 (Figure 12.1). The region is off track to reach the targets to end AIDS as a public health threat by 2030. The region accounts for 7% of annual new HIV infections globally.¹

Only half of people living with HIV (51% [41–57%]) are receiving the treatment they need (Figure 12.3). As a result, eastern Europe and central Asia is the only region in the world where the number of AIDS-related deaths is still rising, increasing by 48% since 2010, far from the target to reduce the number by 90% by 2030. In addition to limited treatment coverage, factors such as late diagnosis, poor retention in care, inadequate treatment adherence and structural barriers play significant roles. HIV prevalence is highest among people from key populations, who are often trapped in a cycle of discrimination, legal barriers and stigma that deny them access to basic health care and dignity.

Coverage of HIV services remains inadequate in the region, especially for people from the populations most affected by HIV. A median of 57% of sex workers (10 reporting countries), 54% of transgender people (five reporting countries), 52% of people who inject drugs (eight reporting countries) and 34% of gay men and other men who have sex with men (eight reporting countries) reported receiving at least two HIV prevention services in the past three months.

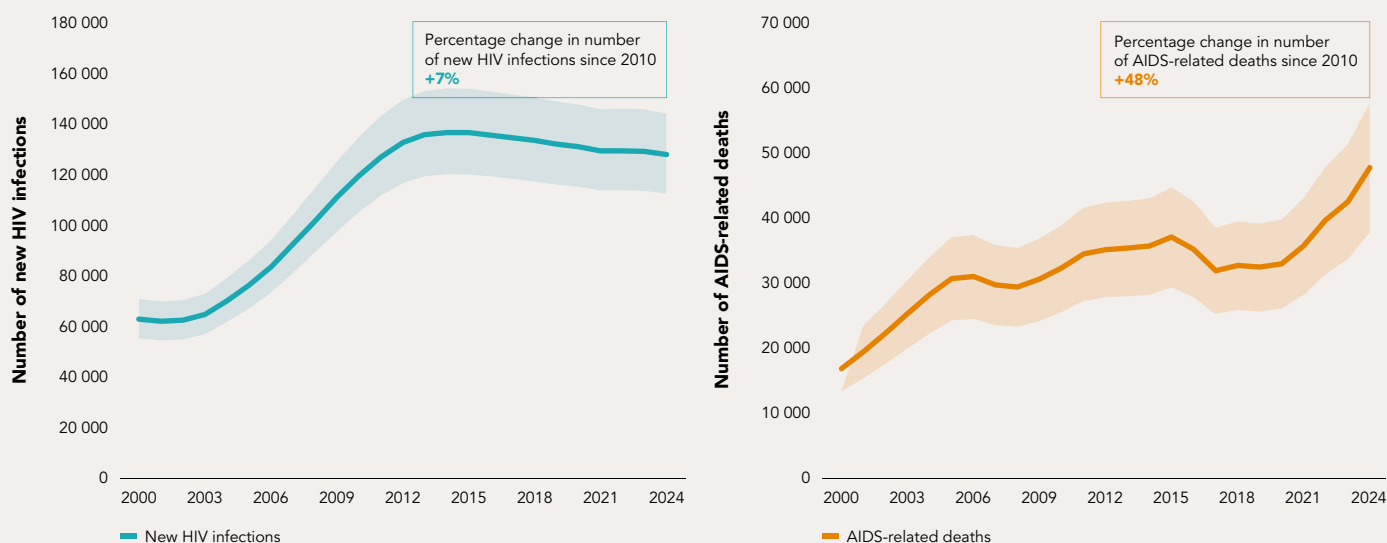
HIV case reporting in the region suggests that an increasing proportion of new HIV infections are as a result of sexual transmission from people who inject drugs or sex workers to their partners and transmission among men who have sex with men.

Numbers of AIDS-related deaths continue to increase, with 48 000 [38 000–57 000] deaths in 2024—48% more than in 2010 (Figure 12.1). An estimated 72% [59–81%] of people living with HIV in 2024 knew they were HIV-positive. Only about half (51% [41–57%]) of the 2.1 million [2.0 million–2.3 million] people living with HIV were receiving treatment in 2024.

¹ There have been several changes to estimate modelling approaches among countries in eastern Europe and central Asia. Some countries have found that reliance on strong HIV case reporting systems is more efficient, but others have found that lack of specific key population data in the models left tangible gaps in their actionable results. Differences in results between these approaches typically stem from barriers to testing for people from key populations. Historic trends in epidemiological burden should be assessed from within one set of estimates, where the current (2025) estimates represent the most accurate update. See <https://aidsinfo.unaids.org> for the full revised historic estimates from 1980 to 2024.

Numbers of new HIV infections and AIDS-related deaths continue to rise

Figure 12.1. Numbers of new HIV infections and AIDS-related deaths, eastern Europe and central Asia, 2000–2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

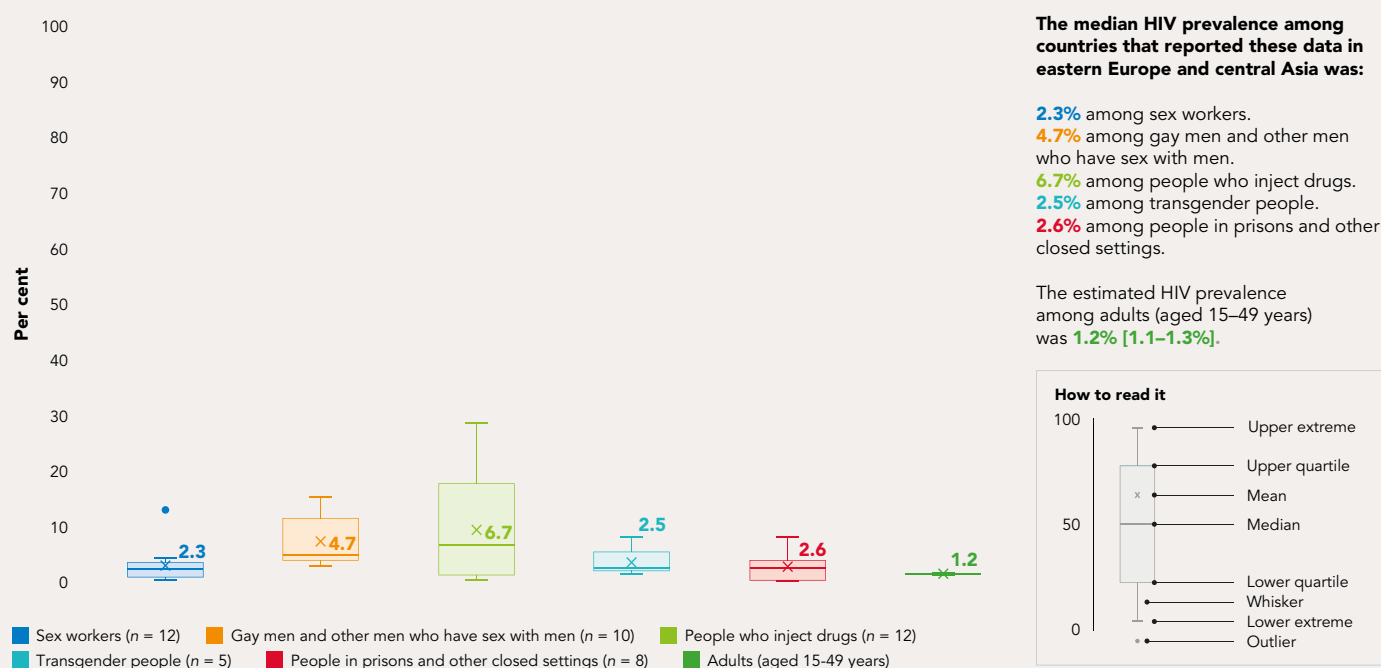
Progress towards reaching the 10–10–10 societal enablers targets in eastern Europe and central Asia remains slow. All 16 countries in the region criminalize sex work; 13 countries specifically criminalize nondisclosure, exposure or transmission of HIV; and seven countries criminalize possession of small amounts of drugs for personal use. 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.

Survey data indicate a high prevalence of sexual or physical violence against people from key populations in the region: a median of 22% of transgender people (five reporting countries), 21% of sex workers (nine reporting countries), 16% of gay men and other men who have sex with men (nine reporting countries) and 15% of people who inject drugs (six reporting countries) reported experiencing physical or sexual violence in the past 12 months. Across the region, restrictive laws—such as “foreign agent” and anti-LGBTQI+ legislation—have increasingly been introduced or reinforced, further shrinking civic space and hindering community-led HIV responses. The Rise and Decriminalize Movement has emerged to enhance high-level dialogues at international forums to advance health and human rights, emphasize the need to decriminalize key populations and ensure sustainable community-led HIV responses (1).

The HIV response is occurring within the context of war in Ukraine, armed conflicts and political unrest in other countries, and shifts towards repressive governance and shrinking civic space. The region is increasingly connected with neighbouring regions through migration, trade, labour flows and social ties. These dynamics have direct implications for health-care systems, HIV transmission patterns, and the burden on public health infrastructure across eastern Europe and western Europe (2).

People at increased risk of HIV still lack access to HIV services

Figure 12.2. HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in eastern Europe and central Asia, 2020–2024



Note: n = number of countries. Total number of reporting countries = 16.

Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>); UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

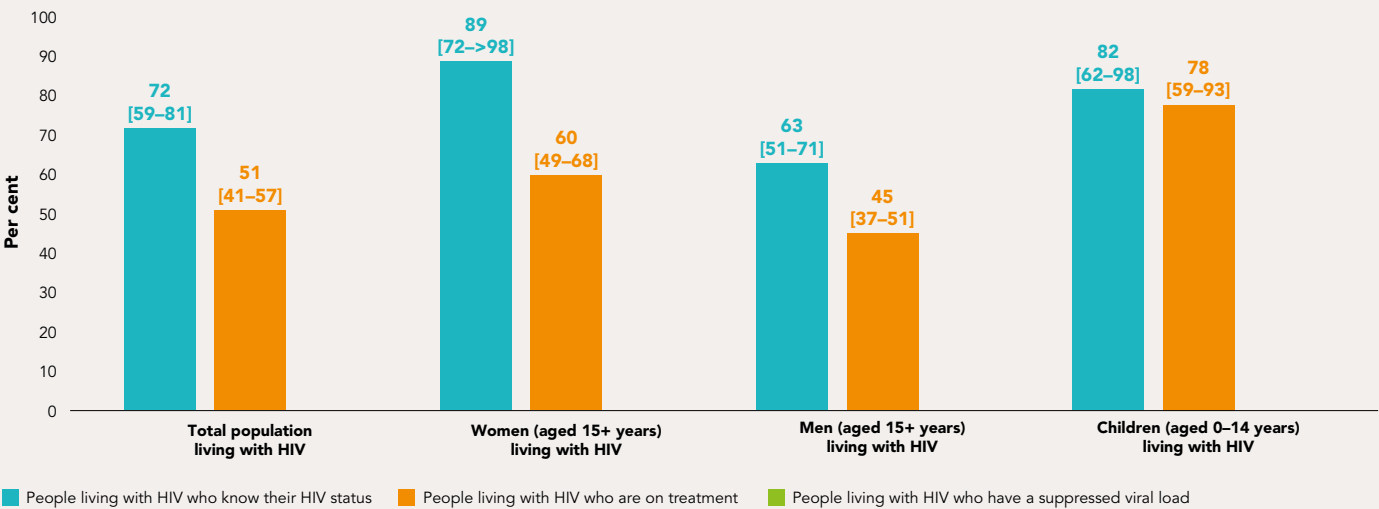
In the eastern Europe and central Asia region, domestic spending must be better aligned with actual needs. Despite significant investment in antiretroviral therapy, current spending is projected to cover treatment for only 60% of people diagnosed with HIV infection by 2030. The region faces wide disparities in antiretroviral therapy costs, from US\$ 120 (Armenia) to US\$ 6778 (Serbia) per person per year (3). Even with fully optimized spending, treatment coverage is expected to reach only 80%, highlighting the urgent need for more effective allocation of HIV resources in the region (4).

Most countries in the region fund antiretroviral medicines through domestic resources, but prevention services, community outreach and human rights–based approaches continue to rely heavily on external donors—particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States Government. This funding model is increasingly unsustainable, especially as donor priorities shift and civic space continues to shrink.

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.

HIV testing and treatment cascade, by age and sex, eastern Europe and central Asia, 2024

Figure 12.3. HIV testing and treatment cascade, by age and sex, eastern Europe and central Asia, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

Note: data on viral suppression available for <50% of people living with HIV in the region.

References

1 Rise and Decriminalize movement to protect communities’ rights in EECA region. Amsterdam: Robert Carr Fund for Civil Society Networks (<https://robertcarrfund.org/article/rise-decriminalize-movement-to-protect-communities-rights-in-eeca-region/#:~:text=Five%20community-led%20networks%20launched%20Rise%20%26%20Decriminalize%20Movement,the%20inadequately%20served%20populations%20in%20the%20EECA%20region>).

2 Parczewski M, Gökengin D, Sullivan A, et al. Control of HIV across the WHO European region: progress and remaining challenges. Lancet Reg Health Eur. 2025;52:101243 (<https://doi.org/10.1016/j.lanepe.2025.101243>).

3 Allocation of HIV resources towards maximizing the impact of funding in selected eastern European and central Asian countries. Melbourne: Burnet Institute; 2023 (https://optimamodel.com/pubs/Regional_HIV_EECA_2023.pdf).

4 Ten Brink DC, Bowring AL, Martin-Hughes R, et al. Optimising HIV spending in 12 eastern European and central Asian countries: a modelling study. Lancet HIV. 2024;11(10):e690–e699 ([https://doi.org/10.1016/S2352-3018\(24\)00188-7](https://doi.org/10.1016/S2352-3018(24)00188-7)).