EASTERN EUROPE AND CENTRAL ASIA

The annual number of new HIV infections in eastern Europe and central Asia continues to rise. It reached 140 000 [120 000–160 000] in 2023, a 20% increase since 2010 (Figure 12.1). The region is off track to reach the targets to end AIDS by 2030. Four countries (Kazakhstan (1), Russian Federation (2), Ukraine (1), Uzbekistan (3)) report 92% of all new registered HIV cases\(^1\) in the region according to published case reports from 15 of 16 countries.

In 2022, 94% of new HIV infections were among people from key populations and their sex partners, and 15% of new infections were among sex workers (4). HIV case reporting in the region suggests that an increasing proportion of new HIV infections are transmitted sexually. Available data suggest one explanation for this is transmission from people who inject drugs or formerly injected drugs to their partners in addition to a

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Numbers of new HIV infections in eastern Europe and central Asia are rising

**Figure 12.1** Numbers of new HIV infections and AIDS-related deaths, eastern Europe and central Asia, 2000–2023

\(^1\) New registered HIV cases are newly diagnosed individuals included in the HIV case reporting system of the country.

Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).
2023 DATA

- **20%** increase in new HIV infections since 2010
- **34%** increase in AIDS-related deaths since 2010
- People living with HIV: 2.1 million [1.9 million–2.3 million]
- New HIV infections: 140,000 [120,000–160,000]
- AIDS-related deaths: 44,000 [35,000–54,000]

**Testing and treatment cascade (all ages):**
- % of people living with HIV who know their HIV status: 59 [48–67]
- % of people living with HIV who are on treatment: 50 [41–57]
- % of people living with HIV who have a suppressed viral load: 42 [39–46]

**Financing the HIV response**

- Resource availability for HIV: US$ 1.68 billion [54% gap to meet the 2025 target]

Growing recognition of transmission among men who have sex with men. Unsafe drug injecting practices are a key factor in the region’s epidemic, representing 27% of new HIV infections. Although 75% of countries mention harm reduction services in their national AIDS policies and service packages, a number of barriers—including the criminalization of possession of small amounts of drugs for personal use in nearly half (44%) of countries—stands in the way of providing and accessing services. In 2022, the number of gay men and other men who have sex with men who acquired HIV was 144% higher than in 2010 (Figure 12.2). Among people who inject drugs, new infections decreased by 10% between 2010 and 2022. In 2022, numbers of new HIV infections among sex workers and their clients rose by 74% and 109%, respectively.

Coverage of HIV services remains inadequate in the region, especially for people from the populations most affected by the epidemic. A median of 58% of sex workers (eight reporting countries), 43% of gay men and other men who have sex with men (eight reporting countries), 52% of people who inject drugs (eight reporting countries) and 65% of transgender people (three reporting countries) reported receiving at least two HIV prevention services in the past three months. Restrictive legal environments, stigma, and lack of scale-up of HIV interventions for people from key populations are major hindrances. There has been some progress, however, towards institutionalizing community-led monitoring and expanding the use of social contracting for service delivery in some countries.

Numbers of AIDS-related deaths continue to increase, claiming the lives of 44,000 [35,000–54,000] people in 2023 (34% more than in 2010) (Figure 12.1). Testing and treatment programmes are missing large numbers of people who need antiretroviral therapy. Less than two thirds (59% [48–67%]) of people living with HIV in 2023 knew they were HIV-positive. Only about half of the 2.1 million [1.9 million–2.3 million] people living with HIV were receiving treatment in 2023. With 84% [68–96%] of people living with HIV on antiretroviral therapy having a suppressed viral load, the percentage of all people living with HIV who had a suppressed viral load was the lowest among all regions, at about 42% [39–46%].

2 The following countries reported that community-led organizations can access funding (although funding is limited) through social contracting: Albania, Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Montenegro, Republic of Moldova, Tajikistan, Ukraine, Uzbekistan.
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; 15 countries criminalize nondisclosure, exposure or transmission of HIV; and seven countries criminalize possession of small amounts of drugs for personal use (Figure 12.3). 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.

Nearly half (49%) of surveyed people who inject drugs in Kyrgyzstan (5) and 32% of people living with HIV in Tajikistan (5, 6) reported avoiding medical care due to stigma and discrimination. Around 30% of surveyed people who inject drugs in the Republic of Moldova said they avoided starting treatment due to stigma and discrimination (5, 6). Survey data indicate that sexual or physical violence is common among people from key populations in the region: a median of 20% of sex workers (six reporting countries), 19% of gay men and other men who have sex with men (six reporting countries), 20% of people who inject drugs (four reporting countries) and 22% of transgender people (three reporting countries) reported experiencing physical or sexual violence in the past 12 months.

The HIV response in the region is occurring within the context of war in Ukraine, armed conflicts and political unrests in other countries, and shifts towards repressive governance and shrinking civic space. Despite the substantial strain of the war in Ukraine, with over 5.9 million refugees in European countries and 3.4 million internally displaced people (7), Ukraine has succeeded in maintaining its HIV services, notably the provision of antiretroviral therapy in Government-controlled areas. A reported 143,591 people living with HIV were receiving treatment in 2023 (8), close to the number before the invasion. According to the Information System for

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**The majority of new HIV infections are among people from key populations and their sex partners**

**Figure 12.2** Distribution of new HIV infections and percentage change among adults, eastern Europe and central Asia, 2010 and 2022

![Figure 12.2](image-url)
Monitoring of Socially Significant Diseases, as of 1 January 2024, a total of 7943 Ukrainian refugees were receiving antiretroviral therapy and 1900 Ukrainians who had left the country have returned and re-initiated antiretroviral therapy in Ukraine (9).

The war in Ukraine and an array of economic and political challenges across the region pose long-term risks for the HIV response and the health system response in general. 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.

**Eastern Europe and central Asia is off track to ensure less than 10% of countries have punitive legal and policy environments**

**Figure 12.3 Countries with discriminatory and punitive laws, eastern Europe and central Asia, 2024**

Figure 12.4 HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in eastern Europe and central Asia, 2019–2023

The median HIV prevalence among countries that reported these data in eastern Europe and central Asia was: 2.1% among sex workers, 5.4% among gay men and other men who have sex with men, 6.9% among people who inject drugs, 1.7% among transgender people, and 1.0% among people in prisons and other closed settings.
The estimated HIV prevalence among adults (aged 15–49 years) is 1.2% [1.0–1.3%].

Note: n = number of countries. Total number of reporting countries = 16. The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that an estimate is precise, while wide bounds indicate greater uncertainty regarding the estimate.

Table 12.1 Reported estimated size of key populations, eastern Europe and central Asia, 2019–2023

<table>
<thead>
<tr>
<th>Country</th>
<th>National adult population (aged 15–49 years) for 2023 or relevant year</th>
<th>Sex workers</th>
<th>Sex workers as percentage of adult population (aged 15–49 years)</th>
<th>Gay men and other men who have sex with men</th>
<th>Gay men and other men who have sex with men as percentage of adult population (aged 15–49 years)</th>
<th>People who inject drugs</th>
<th>People in prisons and other closed settings</th>
<th>Transgender people</th>
<th>Transgender people as percentage of adult population (aged 15–49 years)</th>
<th>Adults (aged 15–49 years)</th>
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</thead>
<tbody>
<tr>
<td>Albania</td>
<td>1,325,000</td>
<td>810</td>
<td>0.61%</td>
<td>22,700</td>
<td>1.71%</td>
<td>14,100</td>
<td>0.8%</td>
<td>100</td>
<td>0.08%</td>
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</tr>
<tr>
<td>Armenia</td>
<td>1,330,000</td>
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<td>0.42%</td>
<td>32,000</td>
<td>0.73%</td>
<td>80,000</td>
<td>1.82%</td>
<td>370</td>
<td>0.09%</td>
<td>26,100</td>
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<tr>
<td>Azerbaijan</td>
<td>5,438,000</td>
<td>18,600</td>
<td>0.42%</td>
<td>32,000</td>
<td>0.73%</td>
<td>80,000</td>
<td>1.82%</td>
<td>370</td>
<td>0.09%</td>
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<td>Georgia</td>
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<tr>
<td>Republic of Moldova</td>
<td>1,223,000</td>
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<td>1.13%</td>
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<td>0.47%</td>
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<td>18,600</td>
<td>1.71%</td>
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</table>

Estimated regional median proportion as percentage of adult population (aged 15–49 years): 4.2% [1.0–1.4%]

Note: Estimates shown are government-provided estimates reported for 2019–2023. Additional and alternative estimates may be available from different sources, including the Key Populations Atlas (https://kpatlus.unaids.org/), academic publications and institutional documents.

Notes:
- National population size estimate refers to estimates that are empirically derived using one of the following methods: multiplier, capture-recapture, mapping/enumeration, network scale-up method (NSUM) or population-based survey, or respondent-driven sampling–successive sampling (RDS-SS). Estimates had to be national or a combination of multiple sites with a clear approach to extrapolating to a national estimate.
- Local population size estimate refers to estimates that are derived from expert opinions, Delphi, wisdom of the crowds, programmatic results or registry, regional benchmarks or unknown methods. Estimates may or may not be national.
**Figure 12.5** HIV testing and treatment cascade, by age and sex, eastern Europe and central Asia, 2023

Source: Further analysis of UNAIDS epidemiological estimates, 2024.

**Figure 12.6** Distribution of people living with HIV by recent infection, knowledge of status, treatment and viral load suppression, adults (aged 15+ years), eastern Europe and central Asia, 2019–2023

Source: Further analysis of UNAIDS epidemiological estimates, 2024.
<table>
<thead>
<tr>
<th>Country</th>
<th>Criminalization of transgender people</th>
<th>Criminalization of sex work in private</th>
<th>Criminalization of same-sex sexual acts in private</th>
<th>Criminalization of possession of small amounts of drugs</th>
<th>Laws criminalizing HIV nondisclosure, exposure or transmission</th>
<th>Laws or policies restricting the entry, stay and residence of people living with HIV</th>
<th>Parental or guardian consent for adolescents to access HIV testing</th>
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**Criminalization of transgender people**
- Yes
- No
- Data not available

**Criminalization of sex work in private**
- Any criminalization or punitive regulation of sex work
- Sex work is not subject to punitive regulations or is not criminalized
- Data not available

**Criminalization of same-sex sexual acts in private**
- Yes, HIV is explicitly criminalized
- Yes, HIV is criminalized within a broader disease law or prosecutions exist based on general criminal laws
- No
- Data not available

**Laws criminalizing HIV nondisclosure, exposure or transmission**
- Yes, HIV is explicitly criminalized
- Yes, HIV is criminalized within a broader disease law or prosecutions exist based on general criminal laws
- No
- Data not available

**Laws or policies restricting the entry, stay and residence of people living with HIV**
- Deport, prohibit short and/or long stay, and require HIV testing or disclosure for some permits
- Prohibit short and/or long stay and require HIV testing or disclosure for some permits
- Require HIV testing or disclosure for some permits
- No restrictions

**Parental or guardian consent for adolescents to access HIV testing**
- Yes, for adolescents aged 17–18 years
- Yes, for adolescents aged 16 years or younger
- Yes, for adolescents aged 15–16 years
- Yes, for adolescents aged 13–14 years
- Not addressed in laws or policy
- Data not available
<table>
<thead>
<tr>
<th>Country</th>
<th>Mandatory HIV testing for marriage, work or residence permits or for people from certain groups</th>
<th>Laws protecting against discrimination on the basis of HIV status</th>
<th>Constitutional or other nondiscrimination provisions for sex work</th>
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<tr>
<td>Uzbekistan</td>
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</table>

**Mandatory HIV testing for marriage, work or residence permits or for people from certain groups**
- **Yes**
- **No**
- **Data not available**

**Laws protecting against discrimination on the basis of HIV status**
- **No**
- **Yes**
- **Data not available**

**Constitutional or other nondiscrimination provisions for sex work**
- **No**
- **Yes**
- **Data not available**

**Constitutional or other nondiscrimination provisions for sexual orientation**
- **No**
- **Yes**
- **Data not available**

**Constitutional or other nondiscrimination provisions for gender identity**
- **No**
- **Yes**
- **Data not available**

**Constitutional or other nondiscrimination provisions for people who inject drugs**
- **No**
- **Yes**
- **Data not available**

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**Notes:**

- a Criminalization of transgender people refers to laws that criminalize people based on their gender identity or expression, such as laws against cross-dressing or impersonating the opposite sex.
- b Criminalization of sex work refers to criminalization of any aspect of sex work, including buying sexual services, selling sexual services, ancillary activities associated with buying or selling sexual services, and profiting from organizing or managing sex work.
- c Criminalization of possession of small amounts of drugs refers to the criminalization of possession of any quantity of drugs, including possession of a quantity of drugs sufficient only for personal use. A country is considered to criminalize possession of small amounts of drugs even if marijuana has been decriminalized.
- d HIV nondisclosure, exposure or transmission may be explicitly criminalized in an HIV-specific law or within a law that covers a broader range of communicable diseases and mentions HIV. They may also be criminalized under a law that covers a broader range of communicable diseases but does not specifically mention HIV. Laws may limit criminalization to cases of actual and intentional transmission. This refers to cases where a person knows their HIV-positive status, acts with the intention to transmit HIV and does in fact transmit it, in line with the UNDP 2021 Guidance for Prosecutors on HIV-related Criminal Cases. Some countries do not have a law specifically criminalizing HIV nondisclosure, exposure or transmission but the general law has been used to prosecute cases in the past 10 years.
- e Constitutional or legislative protections against discrimination refer to whether gender identity or sexual orientation is specified as a protected attribute or whether courts or government have legally recognized that gender identity/sexual orientation/involvement in sex work/involvement in drug use or possession are protected under another attribute.

This figure does not capture where key populations may be de facto criminalized through the misuse of other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations, e.g. transgender people may be targeted using laws criminalizing same-sex sexual activity, or gay men and other men who have sex with men may be targeted using HIV criminalization laws.
Figure 13.7 Resource availability for HIV, eastern Europe and central Asia, 2010–2023