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HIV/AIDS Epidemic in the UNECE Region: Are We Heading for a Catastrophe?

(Note by the secretariat)

In view of a growing probability of the HIV/AIDS penetration into the general population and a disastrous economic and social potential of such an epidemic, the United Nations General Assembly held its special session on 25-27 June 2001, "to review and address the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects, as well as to secure a global commitment to enhancing coordination and the intensification of national, regional and international efforts to combat it in a comprehensive manner".[1] All entities of the United Nations, including regional commissions, were invited "to be involved actively in the preparatory activities and to participate at the highest level in the special session".[2]

[1] A/res/55/13, pp. 1-2.
[2] A/res/55/13, p. 2.

Current situation in the region

North America and Western Europe

Until recently, the ECE region has been considered relatively safe in terms of keeping HIV/AIDS under control. Swift actions, undertaken by the countries, where the HIV cases were first detected, to educate general public and high-risk groups about the disease and possible prevention measures, appeared working, bringing the rate of new infection down, while inducing a change in behaviour patterns, including towards safer sex practices among the general population and, especially among young people. In Switzerland, for example, the percentage of sexually active 17-year-old boys, who had begun having sex by age 17, fell from 65 per cent in 1985 to 54 per cent in 1997.[3] In most western European countries, more than 60 per cent of young people report using condoms during the first time they had sex. On the whole, in western European countries, 80 per cent of the population aged 17-30 consistently adhere to safe sex practices, therefore, alleviating the risk of infection.[4] This trend, however, seems to be reversing. As of the end of 2001, there were cumulatively: 560,000 of adults and children with HIV/AIDS in Western Europe, and 940,000 in North America (USA and Canada) with the estimated number of adults and children newly infected with HIV during the year 2001, respectively, 30,000 and 45,000 (see table).[5]

HIV/AIDS Estimates, end of 2001

Country* **	**Cumulative Number of People Living with HIV/AIDS**			
	Adults and Children	**Adult Rate (%)**	**Women (15-49) (%)**	**Children** (0-14)**
Eastern Europe and Central Asia	**1,000,000**	**0.50**	**20.00**	**15,000**
Armenia	<500	0.01	<100	<100
Azerbaijan	<500	<0.01	<100	<100
Belarus	14,000	0.28	3,500	<100
Bosnia and Herzegovina	…	0.04	…	…
Bulgaria	…	0.01	…	…
Croatia	350	0.02	<100	<100
Czech Republic	2,200	0.04	500	<100
Estonia	<500	0.04	<100	<100
Georgia	<500	<0.01	<100	<100
Hungary	2,500	0.05	270	<100

[3] United Nations Programme on HIV/AIDS. Report on the Global HIV/AIDS Epidemic: June 2000, ISBN: 92-9173-000-9, p. 56.
[4] United Nations Programme on HIV/AIDS. Report on the Global HIV/AIDS Epidemic: June 2000, ISBN: 92-9173-000-9, p. 60.
[5] UNAIDS data bank.

Kazakhstan	3,500	0.04	<100	<100
Kyrgyzstan	<100	<0.01	<100	<100
Latvia	1,250	0.11	250	<100
Lithuania	<500	0.02	<100	<100
Poland	13,000*	0.07	…	…
Republic of Moldova	4,500	0.20	1,000	100
Romania	7,000	0.02	750	5,000
Russian Federation	130,000	0.18	32,000	1,800
Slovakia	400	<0.01	<100	<100
Tajikistan	<100	<0.01	<100	<100
Turkmenistan	<100	0.01	<100	<100
Ukraine	240,000	0.96	70,000	7,500
Uzbekistan	<100	<0.01	<100	<100
Western Europe	**560,000**	**0.30**	**25.00**	**4,100**
Albania	<100*	<0.01	…	…
Austria	9,000	0.23	2,000	<100
Belgium	7,700	0.15	2,600	300
Denmark	4,300	0.17	900	<100
Finland	1,100	0.05	300	<100
France	130,000	0.44	35,000	1,000
Germany	37,000	0.10	7,400	500
Greece	8,000	0.16	1,600	<100
Iceland	200	0.14	<100	<100
Ireland	2,200	0.10	600	170
Italy	95,000	0.35	30,000	700
Luxembourg	330*	0.16	…	…
Malta	220*	0.12	…	…
Netherlands	15,000	0.19	3,000	100
Norway	1,600	0.07	360	<100
North America	**940,000**	**0.60**	**20.00**	**11,000**
Canada	49,000	0.30	5,600	500
USA	850,000	0.61	170,000	10,000

***** Adults (15-49) ****** The end of 1999 ******* Country data, the end of 1999

Source: UNAIDS. United Nations Programme on HIV/AIDS. Report on the Global HIV/AIDS Epidemic: June 2000, ISBN: 92-9173-000-9; AIDS epidemic update. December 2001

According to some recent studies, in 2000, there was a 33 per cent increase in HIV cases in Germany after a five-year long period with a relatively low infection rate.[6] HIV diagnoses were 7 per cent up for 2000 in the United Kingdom as well.[7] Most disturbing is an increase of HIV/AIDS among women and young people.

[6] Agence France Press (www.afp.com), 13 March 2001.
[7] United Press International (www.upi.com), 25 January 2001.

A recent review of surveillance and prospective cohort studies, published in the USA between 1981 and 2000, found that over the past 15 years, women accounted for an increasing percentage of HIV-infected persons. In 1999, 32 per cent of new reported HIV diagnoses were in women, of which 38 per cent were a result of heterosexual transmission.[8] While in 1986, women represented 1 in 15 AIDS cases in the USA, in 1999, their proportion went up to 1 in 5, reaching 18 per cent of all AIDS cases. In a half of these cases, no risk factor was identified, therefore, implying that they were infected through a heterosexual contact.

As of 31 December 1999, 733,374 cases of AIDS and 430,441 AIDS-related deaths had been reported in the USA, **since the first outbreak of disease in the late 1970s**. AIDS has become the fifth leading cause of death among all adults aged 25 and 44 in the USA. Among African-Americans in the 25 to 44 age group, AIDS is the leading cause of death for men and the second leading cause for women.[9]

Recent findings indicate there has been a growing deviation from the established patterns of safe sex towards a more risky behaviour among some population sub-groups in the USA and western European countries in the recent years.[10] This was observed not only among younger members of such groups, but also among the older ones. To some extent, this may be explained by the response of these groups to the improved accessibility and availability of various options to treat opportunistic diseases associated with AIDS, particularly, to antiretroviral drugs, and, consequently, to the wrong notion, that AIDS has become manageable.

Distressingly, in the case of young people, there appeared an increasing lack of knowledge about the nature of the disease and prevention options. The latter may be partially attributed to insufficient efforts in preventing HIV among the new generations of young people, in particular those belonging to the most vulnerable and disadvantaged groups.

Surveillance data analysed from 25 USA states with integrated HIV and AIDS reporting systems for the period between January 1996 and June 1999 indicate that young people (aged 13 to 24) accounted for a much greater proportion of HIV (13 per cent) than AIDS cases (3 per cent). These data show that even though AIDS incidence (the number of new cases diagnosed during a given period of time) was declining, there has not been a comparable decline in the number of newly diagnosed HIV cases among youth. Scientists believe that cases of HIV infection diagnosed among 13 to 24-year-olds are indicative of overall trends in HIV incidence because this age group has more recently initiated high-risk behaviours**.** Females made up nearly half (49 per cent) of HIV cases in this age group, according to the reports from 32 states in 1999.[11]

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[8] S. Hader and others. HIV Infection in Women in the United States, Journal of the American Medical Association, 2001, No. 285, pp. 1186-1192.
[9] UNAIDS. AIDS epidemic update, December 2000; National Vital Statistics Report 2000.
[10] MMWR, 2001, No 50, pp. 177-120 (source: http://www.hivandhepatitia.com/hiv/)
[11] National Centre for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention, 13 April 2001 (source:http://www.cdc.gov/hiv/pubs/youth.htm)

Central and Eastern Europe and Central Asia

The situation has even more dramatically worsened in economies in transition and, especially, in the Newly Independent States, from virtually zero number of HIV/AIDS cases in the 1980s to total 1,000,000 people infected with this fatal disease by the end of 2001. A shocking upsurge of the disease has occurred in the latter region during the year 2000-2001. Estimated number of adults and children newly infected with HIV has rocketed up to 250,000, the steepest increase worldwide.[12]

Furthermore, with total number of drug-injecting addicts on rise and the drug injection spreading among sex workers, the risk of HIV transmission through heterosexual contacts to the population at large has become alarming. In Russia, for example, total number of new HIV cases registered annually increased from just 23 people in 1987 to 67,774 in the year 2000 with up to 90 per cent of all cases attributed to drug-injection.[13]

In n Russia, Ukraine and Moldova, countrywide up to 1 per cent and in some cities up to 5 per cent of the total population are estimated to inject drugs. In some Russian cities, where the drug injection prevalence is the highest, such as Kalinigrad or St. Petersburg, the HIV infection rates are also exceptionally high, and continue to climb up. There is also strong evidence that HIV-infection has proliferated to other regions. Cases of HIV were registered in Ryasan, Kemerovo, Samara, Perm, Sverdlovsk, Orenbourg and Leningrad oblasts. The highest HIV prevalence (total number of HIV cases per 100,000) was registered in Irkutsk oblast (301), Kaliningrad oblast (286.5) and Moscow oblast (106.5).[14]

Similar pattern has been observed in Ukraine, Belarus and the Republic of Moldova, where most HIV cases are also drug related and where available evidences suggest a continuous proliferation of HIV.[15]

As in the USA, in the CIS countries, the proportion of young people in new HIV cases has been extremely high. In the Russian Federation, for example, it reached 75 per cent of all the new HIV cases diagnosed in 2000. The share of women is also on rise. The proportion of women to men in all new HIV cases in Russia increased from 1:4 in the 1980s to 1:2 in the recent years.

In Central Asia, the Kyrgyz Republic (Osh region) and Kazakhstan (Temirtau) have recently experienced a large-scale outbreak of HIV infection related to drug injection.[16] In the Kyrgyz Republic, according to official estimates, total number of drug-addicts increased from 741 to almost 4,000 over the year 2000, therefore, increasing the potential threat in spreading HIV.[17]

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[12] UNAIDS data bank.
[13] Ministry of Health of the Russian Federation.
[14] Ministry of Health of the Russian Federation.
[15] According to UNAIDS, in 2000, the HIV prevalence among drug-users in some Russian cities was 19.3 per cent in St. Petersburg, 65 per cent in Kaliningrad. In Belarus, the rate was estimated to be 76 per cent in Svetlogorsk and 22 per cent in Minsk, and, in Ukraine, it was 64 per cent in Odessa, 28 per cent in Kryvoi Rog, and about 18 in Kharkov.
[16] According to UNAIDS, the HIV prevalence among drug-users in Temirtau, Kazakhstan, was 26 per cent in 2000.
[17] Daily HIV/AIDS News, March 30, 2001.

In the Baltic States, the HIV prevalence among the drug-addicts was also found to be at the highest level, especially, in the seaport cities, such as Narva (Estonia). As a result, Estonia experienced a real explosion of HIV infection from 9 cases in 1999 to 390 in the year 2000.[18]

The above figures may still not reflect a true extent of the HIV diffusion among drug-addicts, as only a small fraction of this high-risk group has been screened. Furthermore, the screening sometimes involves non-injectors, who are at a lower risk, while those who are known to be HIV-positive are excluded, deflating the overall results.

In Central and Southeast Europe, high HIV prevalence of around 40-50 per cent was also identified among the drug users of some large cities: Szeczecin (Poland) and Belgrade (Yugoslavia). In the rest of the countries of these two sub-regions, the rates have so far been relatively low.

Preventive Measures: Why Do They Seem Failing?

According to official reports, most countries of the ECE region have introduced various preventive measures to curb the infection and keep the disease at bay. However, as the above trends indicate, they seem failing some population sub-groups, especially, the young ones, and have not been effective enough to prevent the proliferation of HIV.

One of the reasons is believed to be a stigma, which the larger societies in many countries attach to certain behaviours, such as men having sex with men or drug addiction. Until recently, in some countries, such behaviours were considered a criminal offence and were punishable under the Law. Therefore, individuals belonging to such groups have been reluctant to ask for a medical help, and public agencies and non-governmental organizations, involved in the HIV/AIDS prevention campaigns, have not reached them. In some other countries, larger societies openly resisted any idea of public help to be provided to such groups, thus, allowing both the rate of growth of drug addicts and HIV infection to go upwards.

The tragedy of Africa, where a cultural reluctance to acknowledge the existence of socially undesirable behaviours had persisted, shows that such an attitude is a luxury under the circumstances and puts the very survival of nations at risk. Furthermore, some recent studies indicate that, in a number of the countries in transition, drug addiction and poverty often closely intertwined, pushing some people of both genders to sell sex for cash, thus, providing a classic bridge for the infection diffusion among the general population.[19]

The phenomenon of drug addiction, which is among the leading causes of the HIV spread in many countries of the ECE region, and, especially in economies in transition, is, first and foremost, a manifestation of social escapism. Many societies, who view drug-addicts as social deviants, should ask themselves hard questions, why so many and, especially, young people seek to escape from reality. Could it be that the reality, these societies offer to their younger generations, is far from being perfect? Hypocrisy, violence, abuse, indifference, cruelty, hate, egoism, poverty, greed, to say more, are also heavily present among the

[18] Agence France Presse, 11 January 2001 (source: www.afp.com)
[19] Amirkhanian, Y.A., Kelly, J.A. & Others. Predictors of HIV risk behaviour among Russian men who have sex with men: an emerging epidemic, AIDS 2001, 16 February, No 15 (3), pp. 407-412.

essential attributes of this reality. Could they be among the reasons that avert young people from the values professed by larger societies?

Recent civil wars, ethnic conflicts, rapid impoverishment of families and whole communities, social polarization, mass displacement, collapse of basic social institutions and criminalization, witnessed in economies in transition during the last decade, are, in many respects, responsible for the rise of drug consumption, but also for the drug production and trafficking in impoverished regions.

The geographical patterns of drug consumption are closely intertwined with the regional patterns of economic decline throughout the economies in transition. Regions in decline suffer from high unemployment, poverty and crime. Anecdotal stories from some of such regions allege that massive attrition of workers often coincided with supply of drugs to the affected communities, presumably, organized by owners of enterprises. A recent change in the types of the consumed narcotics in many countries in transition, away from the home-made opiates towards more sophisticated drugs like amphetamine-type stimulants, which require specific skills and a technology for their production, implies the existence of organizations capable to organize production and transboundary distribution networks.

A profound increase of income poverty and social disparities that occurred in many countries in transition has had a dramatic impact on both older and younger generations. The ability of many families to provide support and care for their children, including education, has been undermined. Poverty incidence is the highest among young parents with children in all countries in transition. Educational establishments, in their turn, deprived of public funding, in order to survive, underwent a significant privatisation, formally or informally, and, therefore, have begun increasingly to discriminate in favour of children from high-income families. As a result, the proportion of children and young people, who have not enrolled, attended or dropped out of school, as well as the use of child labour and other forms of child exploitation, have been growing.

Since 1989, enrolments in general and vocational education have declined by almost 40 percentage points in South-eastern Europe and by 13-14 percentage points in the Newly Independent States, Russia, Ukraine and Belarus. The sharpest fall in the overall youth enrolment in secondary education was registered in Turkmenistan (boys by more than 27 per cent and girls by 8 per cent) and Georgia (boys by 14 per cent and girls by almost 20 per cent).[20] It was estimated, that, in 2000, more than 20 million young people aged 15-25 out of total 65 million in this age category in the economies in transition, were neither in school nor in employment, and additional 10 million had been actively looking for a job.[21]

In many countries, while total number of young people seeking jobs has been growing, their access to employment opportunities has been increasingly complicated by a shrinking pool of jobs and a slow pace of the creation of new jobs in the formal sector. Intensified age discrimination has further undermined their entry into the labour market. This is confirmed by a consistently higher unemployment rate among youth as compared to the national averages. A combination of growing social inequalities and persistent lack of income

[20] UNICEF. Young People in Changing Societies, The MONEE Project CEE/CIS/Baltics, Florence, 2000, table 3.2 and figure 3.11, pp. 46, 51.
[21] UNICEF. Young People in Changing Societies, The MONEE Project CEE/CIS/Baltics, Florence, 2000, pp. 3, 64-65.

opportunities in the formal sector has generated a depressing environment and, therefore, a bleak future for many young people, causing social deviance of various types, including drug consumption.

In high-income countries, the demand for drugs among young people has been growing for quite some time. Western Europe has become the second after the USA global market for drugs. In many respects, young adults in this group of countries have faced similar barriers to their entry to the labour market as their contemporaries in countries in transition. However, young people in high-income countries are also under the constant pressure of persuasive advertising and mass-media images of winners. Unable to match these images and expectations of their families, some young adults descend into drug addiction.

A growing amount of evidence implies that there are links between increased violence against women, children and adolescents, especially forced prostitution, and HIV proliferation. In many countries in transition, prostitution among young people of both genders, particularly in metropolitan areas and economically declining regions, has been spreading. Historically, prostituting behaviour has shown a strong relationship with the economic situation and the availability of income opportunities, and tended to decline with affluence. Under the current conditions of economic hardship, ineffective safety nets, and impoverishment, the vulnerability of young people has been extremely aggravated, especially in most affected countries.

Furthermore, with the economic and social conditions deteriorating, total number of families in distress has also increased, undermining their capacity to socialize and protect their young members. As a result, the rate of both criminalization and victimization of young people has escalated in many countries in transition.

Moreover, this has been taking place simultaneously with the rise in predator behaviour among the adult population, including rape, forcing in prostitution and trafficking of women and children. Sexual exploitation of women, children and adolescents has become a profitable illicit business in many countries, but in some countries in transition, it has been blooming. Considering that women and young people most often are not in the position to negotiate the terms, under which their sexual services have to be provided, prevention of sexually transmitted diseases, including HIV, is usually not feasible, making the probability of being infected with HIV extremely high, as the experience of South-East Asia or Africa shows.[22] A couple of studies confirm that this is also the case in countries of the ECE region.[23] However, being on the margin of society, many of these people are bypassed by HIV prevention campaigns and public health institutions.

Cross-border trafficking of women and children for the purpose of prostitution has become an international concern, not only because it represents a contemporary form of slavery, but also because it constitutes a bridge for HIV proliferation throughout world regions. According to some estimates, more than 250,000 women and children from Russia, the Newly Independent States, and Eastern Europe have been trafficked into Western Europe,

[22] According to the UNAIDS, HIV prevalence rate among female sex workers in Cambodia was more than 61 per cent against 4 per cent among the general adult population, in Benin, the corresponding figures are 53 per cent and 2.45 per cent.

[23] In Latvia, for example, the HIV prevalence among female sex workers was ten time of that among the general population, according to the UNAIDS.

the Middle East, Japan, Canada, and the United States each year. Accounts of the police arrests made in the ECE Member States, including USA and Canada, testified, that women, especially young girls, had been sold for as much as $16,000 each to brothel owners.[24]

There has been a shift in the global demand for sex services towards children, which was fuelled, to some extent, by the HIV/AIDS epidemic. Older men in affluent countries, concerned with HIV/AIDS, began to seek younger prostitutes in the belief that the probability of infection among children is much smaller than among adult prostitutes.

Regretfully, no data exist on how many of the trafficked women and children from countries in transition were able to return to their countries of origin and how many of them acquired HIV infection and when to make any generalization. It is obvious, however, that to arrest HIV proliferation throughout the ECE region, both prostitution and trafficking in human beings should be attacked on the region-wide basis.

It should be also noted that the illicit sex business has been increasingly abusing the Internet by advertising sex services worldwide. It has also employed this new technology in search for new victims, especially, among children. Considering this phenomenon, it is paramount to accelerate the work on the regulation of cyber-activities and its enforcement.

How to Deal with This Challenge?

The above observations suggest that two different situations in the two parts of the ECE region also mean that the required responses are different. In North America and Western Europe, there is an urgent need to rejuvenate and reinforce the previous successful efforts made. In Central and Eastern Europe and Central Asia, there is a rapidly closing window of opportunity to prevent epidemics which threaten to become of much larger scale and having a much more severe socio-economic impact than anything yet experienced in North America and Western Europe. Apart from the three strategic priorities agreed among all United Nations and bilateral agencies, international NGOs and other key stakeholders, namely: i) to increase coverage of HIV prevention among injecting drug users to a minimum level of 60 per cent; ii) to strengthen sexually-transmitted infection prevention and care; iii) to develop comprehensive programmes for young people's health, development and protection, focusing on the most vulnerable groups, - there is also a need for a long-term prevention strategy, which could address the primary causes (some of which are highlighted above) that make people, especially, youth, vulnerable to the HIV infection.

To reduce the vulnerability of youth and children may require a serious revision of the existing family protection programmes in some countries. A comprehensive approach is also needed to trim down social disparities through various programmes of public support for small-and medium-sized enterprises and self-employment, including those for youth. Moreover, in many economies in transition, the potential of entrepreneurship is far from being fully realized. Numerous administrative obstacles to market entry need to be removed as quickly as possible to widen the access of masses.

[24] Statement of Dr Laura J. Lederer, Director, The Protection Project, Kennedy School of Government, Harvard University, before the Subcommittee on International Operations on Human Rights, Committee on International Relations, US House of Representatives, September 14, 1999.

It is dangerous for the aging nations to continue to ignore the fact that so many of their young people are deprived of security, justice and future and so many of their children are neglected and abused. Apart from a moral argument, there are pure economic ones. The failure to comprehend the seriousness of the situation and to undertake timely measures may result in the proliferation of HIV beyond the capacity of some ECE countries to arrest it. As the experience of some African countries show, this could lead to the loss of a half of the able population, leaving the elderly and orphans on their own.

In the economic terms, AIDS treatment costs may consume up to 60-70 per cent of the health sector budget, as the available projections for Kenya and Zimbabwe show.[25] The support for children and elderly orphaned by the epidemic is another economic challenge to be met. Finally, the loss of skilful labour may significantly undermine the countries' capacity for growth, therefore, causing an economic decline.

The business community also needs to be more actively involved in HIV prevention. Its reluctance may turn, at one point, to greater losses both in terms of best workers and profits, as workers' absenteeism and medical expenditure due to AIDS will soar**.** As an example of one sugar estate in Kenya shows, over 8 years the company's expenditure related to HIV rocketed by as much as 10 times on health and five times on funerals. It lost to the disease 8,000 days of labour and 50 per cent of labour productivity.[26]

Finally, the time has come to translate good intentions, stated in many declarations, into a real global action against organized crime, especially, drug trafficking and trafficking of human beings. There is a need for a concerted and systematic effort by all countries across the world to crush the drug production sites, as well as the distribution networks. This, however, has to be done in a manner, which would not undermine the HIV prevention efforts, by pushing drug addicts and prostitutes underground. Maybe the legalization of some drugs is not so bad a solution after all, taking into consideration the lessons of the age of prohibition.

According to recent information, communities throughout the UNECE region have begun to respond to the HIV threat more energetically. More than 150 HIV/AIDS prevention projects among injecting drug-users have been set up, focusing on groups at the highest risk, such as prison inmates, for example

Political commitment of the Governments seems also growing. Practically all the UNECE sub-regional groupings have declared their intention to combat HIV/AIDS in coordinated manner. The members of the CIS have been developing a special declaration and a plan of action. Still, more and urgently needs to be done. The disease is not waiting until we are ready, and is taking a larger and larger toll.

[25] Sehgal, Jag M., The Labour Implications of HIV/AIDS, Discussion paper, International Labour Office, Geneva, November 1999, p. 6.
[26] UNAIDS. Report on the global HIV/AIDS epidemic, June 2000, p.33.