

UKRAINE AND HIV/AIDS

TALKING POINTS

Ukraine's growing HIV/AIDS epidemic is fueled by escalating rates of injecting drug use, a surge in sexually transmitted infections (STIs), and socioeconomic turmoil following the breakup of the Soviet Union.

- From 1987-94, 20-40 new HIV infections were reported annually (totaling 183 cases).
- Over 70 percent of HIV infections were transmitted through sexual intercourse.
- By the end of 1995, the total number of reported HIV infections was 1,490.
- Since 1996, 75-80 percent of HIV transmission resulted from injecting drug use, which is estimated to be highest among youth 14–28 years of age.

Seromonitoring identified 46,609 cases of HIV infection in mid-1999. However, experts estimate that over 200,000 people may actually be infected. As of mid-1999, 385 adults and 25 children have died of AIDS-related illnesses.

WOMEN AND HIV/AIDS: The male/female rates of HIV infection are approximately 3:1. This differential likely will be reduced as the epidemic spreads to the general population. The number of female sex workers continues to grow.

CHILDREN AND HIV/AIDS: To date, few children have been born to HIV-infected mothers, but the impact on children is expected to grow as more HIV/AIDS cases develop.

YOUTH AND HIV/AIDS: Socioeconomic conditions in Ukraine have led to unemployment, poverty, and alienation between parents and youth. The result is a growing malaise and sense of hopelessness among young people, many of whom are engaging in risky behaviors associated with HIV/AIDS, as well as the proliferation of runaways and street children.

NATIONAL RESPONSE: Since 1999, state AIDS prevention programs are mandated by the National Coordinating Council on the Prevention of AIDS Disease in all 24 regions, the Crimean Autonomous Republic and the cities of Kiev and Sevastopol.

DONORS: Donor support for HIV/AIDS activities in Ukraine is increasing, but is not yet sufficient given the speed at which the epidemic is growing. USAID provides funding for technical direction to four nongovernmental organizations (NGOs) undertaking behavior change interventions and developing corresponding communications materials targeting high-risk populations. USAID funding in 1998 was \$176,365.

UKRAINE AND HIV/AIDS

COUNTRY PROFILE

Ukraine, located at the junction between Western and Eastern Europe and situated along the northern coastline of the Black Sea, serves as a nation of crossroads for people, trade and ideology. Approximately the size of Texas in landmass, census data as of January 1999 indicate a total population of 50.1 million, of which 67.9 percent (34.0 million) live in urban areas and 32.1 percent (16.1 million) live in rural regions. Within the population, age structure aggregates as follows: aged 0-14 years represent 19.2 percent, persons aged 15-59 constitute 61.3 percent, and individuals 60 years of age and older make up 19.5 percent. It is estimated that for 1997 the population aged 15-49 (representing the most sexually active and economically productive years) numbered 25.4 million.

During the past five years, the annual decline in population averaged close to 0.4 million. A lower birth rate and a decrease in life expectancy largely account for the reduction in overall population size. Between 1989 and 1996, life expectancy at birth declined from 66 to 62 years for males and from 75 to 73 years for females. At present, cardiovascular diseases and cancer represent the main contributors to adult mortality in Ukraine. However, in a statement to the United Nations Commission on Population and Development in March 1999, the representative of Ukraine emphasized, "The most serious threat to the health of the population comes from AIDS (HIV infection)."

Among the young adult population aged 15-29, HIV infection in Ukraine is undergoing an extremely rapid expansion. The HIV epidemic is fueled by escalating rates of injecting drug use. In addition, a dramatic surge in sexually transmitted infections (STIs), which create predisposing conditions for HIV infection, further transforms the threat of HIV/AIDS into reality. A rise in the prevalence of tuberculosis, already considered to be at a serious level, will likely increase over time as the number of AIDS cases grows.

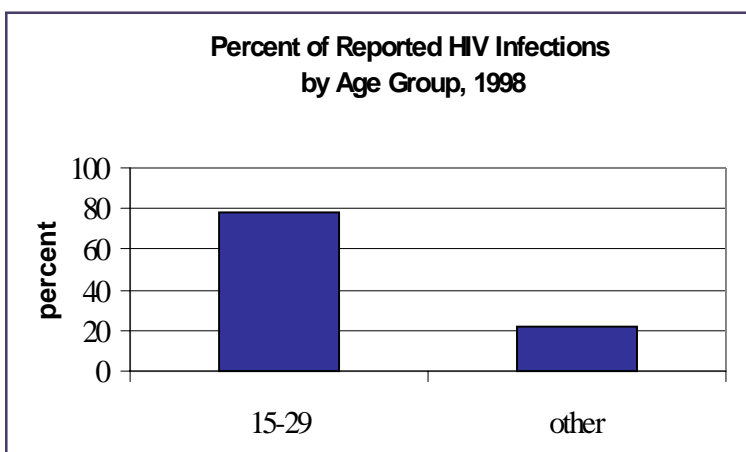
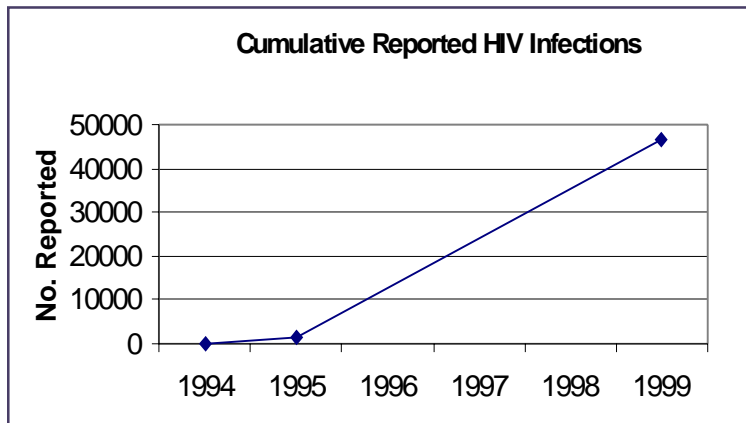
The breakup of the former Soviet Union and the formation of an independent Ukraine in 1991 paralleled to a significant degree the rise in HIV infection. These political events produced an aftermath that strongly affected the socioeconomic framework of the country and the daily lives of the people. Among these changes were deterioration of the health care system, rise in communicable and infectious diseases (especially HIV and other STIs), decline in nutrition, increased levels of unemployment and poverty, unprecedented income disparity, rise in crime, illegal drug trade and injecting drug use, proliferation of street children, disenchantment by youth, and increased movement of people into and out of Ukraine. These shifts represent many of the determinants that fueled the sudden rise in HIV infection in Ukraine and it continues today.

HIV/AIDS IN UKRAINE

HIV was first identified among Ukraine's population in 1987. In the years that followed, the number

of HIV-infected people remained very small and, until 1995, the World Health Organization (WHO) classified Ukraine as a low prevalence country for HIV. The situation changed dramatically in the mid-1990's when HIV infection rose to unexpected heights. Today, Ukraine is enmeshed in an extremely serious HIV/AIDS epidemic and its future prospects appear grave unless funding for prevention, research and other support become available and conditions and behaviors change.

A report prepared by the Joint United Nations Programme on HIV/AIDS (UNAIDS) representative in August 1999 presents an epidemiological overview of HIV/AIDS in Ukraine based on operational data (seromonitoring). The following statistics are reported:



- From 1987-94, 20-40 new HIV infections were reported annually (totaling 183 cases) and over 70 percent of HIV infection were transmitted through sexual intercourse.
- By the end of 1995, total reported HIV infections numbered 1,490.
- By June 1, 1999, seromonitoring data showed 46,609 cases of HIV infection, although international and Ukrainian experts estimate that over 200,000 people may actually be infected.
- Since 1996, 75-80 percent of HIV transmission resulted from injecting drug use.
- In 1998, 4 cases of infection through blood transmission were registered.
- Seventy-eight percent of the HIV-infected persons are 15-29 years of age.
- As of July 1999, Ministry of Health figures showed 1,032 adults and 40 children living with AIDS. In addition, 385 adults and 25 children have died of AIDS-related illnesses.
- As of June 1999, the largest numbers of registered HIV infections were identified in the following geographic areas: Donetsk region (6,072), Dnepropetrovsk region (5,611), Odessa region (4,444), Nikolaev region (1,932), Zaporozhye region (815), Crimean Republic region (1,684), and Kiev city (905).

The most recent epidemiological data also indicate a reduction in overall HIV-infection rate for the first time in five years. Yet, this trend may be artificial due to fewer people being tested for

HIV. Additional evidence—increased infection among blood donors, pregnant women and individuals infected with other STIs—counters this finding and suggests that the rate is increasing.

Furthermore, concern is mounting that the epidemic may be spreading to the general public, as suggested from rising levels in sexual transmission of HIV and the fact that among the pregnant women testing positive for HIV, only one quarter are injecting drug users (IDUs). Minimal information is available on the rate of infection among other typically high-risk groups, such as sex workers and men who have sex with men. Until 1991, homosexuality was illegal and punishable. Attitudes towards homosexuals are negative and as a result, the culture is kept largely underground.

HIV/AIDS is not the only serious outbreak raging in Ukraine. Concurrently, two other epidemics propel the spread of HIV. One epidemic that continues to grow out of control is injecting drug use. Government statistics at the beginning of 1999 showed over 65,000 registered drug users. However, the Ministry of Internal Affairs estimates that the real figure is 10-12 times higher. (IDUs are registered with the government when they seek medical services or if they are arrested.)

The second epidemic that creates predisposing conditions favorable to increased HIV transmission is the growing incidence of STIs. For example, Ministry of Health information indicates that syphilis rates among women increased from under 5 per 100,000 in 1989 to 119 per 100,000 in 1996; thereafter, the number of syphilis infections continued to double on a yearly basis.

Generally, condoms are available in Ukraine. Although no specific cultural barrier to their use exists, condoms have not been readily adopted as prophylactic devices to prevent pregnancy and/or to prevent sexually transmitted diseases. Concerns about poor condom quality and cost have been cited as some of the barriers to condom use.

In Ukraine, as in many other parts of Eastern Europe, HIV testing has been viewed by the government as a primary approach to prevention and epidemiological control of HIV infection. In 1991, legislation was enacted that required mandatory HIV testing of drug users, sex workers, prisoners, blood donors, pregnant women, STI patients, foreign citizens resident in Ukraine (except for those with diplomatic immunity), and several other categories. More than 39 million HIV tests were carried out between 1987 and 1994—a number which some believe to be excessive and to reflect misappropriation of limited government resources.

The law regarding mandatory HIV testing changed in December 1998 and currently, testing is voluntary except among donors of blood and other biological tissues. In addition, testing is required for expatriate persons who live in the country for more than three months and indirectly conducted among military recruits who are required to donate blood during the first month or two of training. Pre- and post-test counseling services and anonymous testing sites are not generally available.

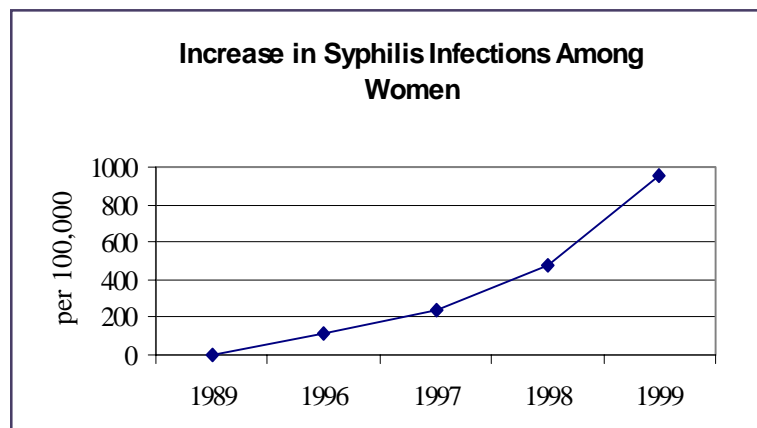
Since the law changed, fewer tests are being performed. In addition, not all people who test HIV positive follow through after receiving their results to seek out a health institution for history taking, advice and official registration. Therefore, the official count on HIV infection is an underestimate. It also has been reported that a significant percentage of transfusion and blood collection centers do not have testing equipment or supplies.

The major risk group for HIV/AIDS in Ukraine is injecting drug users. The size of this group is growing exponentially. For example, in Odessa, government officials estimated that there were 35,000-40,000 IDUs in 1997. This represents an increase of 500-600 percent since 1990. The overwhelming majority of IDUs are young males.

Not only is the number of IDUs growing rapidly (now estimated to be well over 500,000 in Ukraine), the percentage of IDUs infected with HIV is rising. UNAIDS reports that since 1996, 75-80 percent of HIV transmission resulted from injecting drug use because blood-contaminated needles, syringes and drugs provide routes for possible HIV infection. The highest concentration of regular injecting drug use is among young people ranging from approximately 14-28 years of age.

Due to limited availability of needles and syringes, costs, illegality of drug use and characteristics of the drug culture, sharing injection supplies is common among IDUs. As a result of this practice, HIV easily and rapidly passes among IDUs. Education about HIV/AIDS and availability of clean needles and syringes have been shown to reduce the risk of HIV transmission in Ukraine. For example, two pilot HIV-prevention projects working with IDUs in Odessa and Poltava demonstrated a behavior change increase from 43 to 95 percent for nonsharing of syringes at the injection stage of drug use. However, outreach activities to IDUs are estimated to cover only 5-10 percent of the injecting drug population in these two cities.

In March 1998, the government revised the "Law on the Prevention of AIDS Disease and Social Protection of Population." The new law encourages state governments to develop needle exchange and HIV-awareness programs among IDUs. Lack of funding for such activities, however, presents a major constraint.



Until recently, most of the injected drugs used in Ukraine were produced at home from poppy derivatives. Homemade drugs tend to carry increased risk of HIV contamination due to packaging in previously used syringes and to the characteristics of the production process. As the criminal element in the illegal drug trade becomes embedded in Ukraine, synthetic drugs (such as heroin)

that are manufactured in large-scale operations become more available and more popular. Some IDUs are switching to synthetic drugs, which are considered to carry less risk of HIV contamination. However, these drugs are more expensive than homemade varieties.

WOMEN AND HIV/AIDS

Little behavioral research on HIV/AIDS has been conducted in Ukraine and more specifically, on women and HIV/AIDS. The male/female ratios of HIV infection are approximately 3:1. This differential likely will be reduced as the epidemic spreads to the general population. Studies show that women, in general, are more vulnerable than men to HIV infection through heterosexual intercourse. The proliferation of STIs (e.g., syphilis) which are currently at epidemic levels, indicates that HIV may spread into the general population.

As a consequence of the socioeconomic changes following Ukraine's independence, increasing numbers of women engage in sex work as a survival strategy or a source of extra income. The demand in Ukraine for sex workers has also risen due to recent affluence among a minority of Ukrainians and to increasing numbers of foreign visitors. For example, in Odessa, the number of sex workers grows to over 5,000 during the summer months. Women from Ukraine also migrate abroad (sometimes as a result of misrepresented opportunities, e.g., to Holland, Germany, France, Spain, Italy, Russia, Turkey, India, and the Middle East) and intentionally or unintentionally end up in the sex trade. The profile of women engaging in commercial sex is extensive and includes businesswomen, lawyers, nurses, and others with less formal education. Higher levels of injecting drug use and/or STIs among sex workers place them at even greater risk for HIV. Anecdotal reports reveal violence against female sex workers who insist on condoms and the payment of higher prices to sex workers who engage in sex without condoms.

CHILDREN AND HIV/AIDS

HIV/AIDS scenarios in other countries demonstrate that as the epidemic grows and spreads into the general population, the impact on children intensifies—more HIV-infected children are born and need services, more children of HIV/AIDS infected families are required to demonstrate inappropriate levels of self-reliance at earlier ages, and more children are abandoned and orphaned. To date, 1,034 children have been born to HIV-infected mothers and UNAIDS reports no information on the number of AIDS orphans in Ukraine. The impact on children is expected to grow as more HIV/AIDS cases develop, particularly among the general population.

The law assures HIV-infected children up to 16 years of age the receipt of two untaxed monthly minimum allotments (approximately \$8). Due to budgetary constraints, this amount is usually not assigned and until 1998, the government provided about half of the decreed allotment. Provision of medical assistance to babies born to HIV-infected mothers and to persons living with HIV/AIDS (PLWHAs) is anticipated to become law at the end of 1999, although this is no guarantee that adequate funds will be allocated.

YOUTH AND HIV/AIDS

Socioeconomic conditions in Ukraine that have spawned unemployment, poverty, and larger gaps between parents and youth have resulted in a malaise of disenchantment among young people and the proliferation of runaways and street children. It is reported that many young people no longer believe in the future. Due to these conditions, many youth engage in risky behaviors associated with HIV/AIDS. It is estimated that roughly 20 percent of IDUs are teenagers. Some children as young as 12 years of age are reported to be injecting drugs and selling sex.

Schools have yet to undertake an active role in responding to the HIV/AIDS epidemic, although this may be shifting. In June 1999, a national conference for educational leaders was convened from which a resolution emerged calling for a stronger focus on preventive education in the schools. In a follow-up action, the Ministry of Education facilitated an agreement with a teachers college for the development of preventive education modules.

INTERVENTIONS

NATIONAL RESPONSE

The response by the government of Ukraine to HIV/AIDS crosses many potential intersections, including leadership, various levels of government, laws, policies, practices, and resource allocation. By 1992, a National AIDS Committee was in place and UNAIDS was working to make the government sensitive to the need to undertake strategic planning and implement HIV/AIDS approaches adapted from other parts of the world. In 1996, the influence of this Committee began to diminish due to budget contentions. The Committee was placed under the purview of the Ministry of Health in 1998, then abolished that same year.

Under the directorship of a new health minister in 1999, a department concerned with HIV/AIDS and other related diseases was established. In August 1999, the government created a National Coordinating Council on the Prevention of AIDS Disease at the level of deputy ministers and headed by a vice prime minister. UNAIDS views these recent developments to be encouraging signs of commitment by government officials and political leadership and intersectoral coordination by the government in its response to HIV/AIDS.

In the past, some regions of Ukraine have initiated their own AIDS prevention programs. As of 1999, state AIDS prevention programs are mandated by the national government in all 24 regions, the Crimean Autonomous Republic and the cities of Kiev and Sevastopol. Money from the central budget will be used to cover only expenditures related to mandatory blood testing, scientific research and provision of diagnostic equipment; local resources are expected to fund all other programs. The government has approved a budget of approximately US \$8.8 million to finance activities at the state level for 1999-2000, but as of August 1999, no funds have been made available. UNAIDS continues to work with the government to develop and strengthen the national response.

From 1995 to 1997, the government actually provided only 42 percent of the approved budget for national AIDS programming. To date, the government's budget priorities for HIV/AIDS have been to assure blood safety and adequate provision of test kits. Much less money has been allocated for prevention activities.

DONORS

Donor support for HIV/AIDS activities in Ukraine is increasing, but levels of commitment remain inadequate. Because of the speed at which the epidemic is growing, donor support is urgently needed. At a meeting in May 1999, donors working in Ukraine on HIV/AIDS made a strong commitment to exchange information about activities in order to strengthen their effectiveness.

USAID: Through the Implementing AIDS Prevention and Care Activities (IMPACT) Project, a cooperative agreement with Family Health International and collaborating partners, USAID provides funding for technical direction to four nongovernmental organizations (NGOs) undertaking behavior change interventions with high-risk target populations and developing behavior change communication materials to support these interventions. Currently, IMPACT is working with two NGOs: "Faith, Hope and Love" based in Odessa, and Charity Foundation "Blagodinist" in Nikolaev. Both projects focus on implementing behavior change interventions among female commercial sex workers (CSWs) and IDUs. In Odessa, the project also works with HIV-infected persons in addition to the two other groups. Funding for HIV/AIDS activities by USAID in 1998 was \$176,365. In addition, USAID is a lead donor to global UNAIDS activities.

The **government of Germany**, through UNAIDS, provides support for HIV/AIDS activities focused on sex workers in 12 cities.

The **United Kingdom** supports a mass information campaign for youth aimed at safe sex and the **British Know How Fund** provides funding to one NGO in Kiev focused on a media campaign and one NGO in Poltava region for a harm reduction project for IDUs. Also, the **British Council** works with UNAIDS to strengthen self-support among sex workers.

In addition, international experts have traveled to Ukraine to meet with HIV/AIDS specialists and to share knowledge and technical information. Study tours for Ukrainians involved in HIV/AIDS also have been conducted to the United Kingdom, the Netherlands and Canada.

UNAIDS assisted in making the Ukrainian government sensitive to the HIV/AIDS epidemic and to the need to undertake a national response. Through the United Nations Theme Group on HIV/AIDS in Ukraine, composed of several United Nations agencies, UNAIDS continues to collaborate with the government, donors and international and local NGOs on HIV/AIDS activities. In particular, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA), as part of the United Nations Theme Group, work on a broad range of activities focused on IDUs, sex workers, youth, and prisoners.

Support for HIV/AIDS activities also comes from private foundations. **The World AIDS Foundation** is funding projects working with IDUs in three cities and a project for HIV/AIDS prevention among men having sex with men. The foundation also offers support to the Ukrainian Family Planning Association and the Odessa Training Center that trains specialists for HIV/AIDS prevention among vulnerable groups.

The Lindesmith Centre of the Open Society Institute supports needle exchange programs in six cities. In addition, the **Soros Foundation** is involved in HIV/AIDS activities, including collaboration with IMPACT. In 1999, the **Turner Fund** allocated one million dollars for a project on life skills training of youth through peer education. UNAIDS assisted in the development of the project and activities will be implemented through the educational system.

PRIVATE VOLUNTARY ORGANIZATIONS (PVOS) AND NONGOVERNMENTAL ORGANIZATIONS (NGOS)

Because of the recent change in political systems, few Ukrainian NGOs exist. Therefore, one of the needs in addressing the HIV/AIDS epidemic is for technical assistance, capacity-building support and funding for NGOs. In the mid-1990's, a number of Ukrainian NGOs became involved in HIV/AIDS prevention among IDUs. More recently **Vera, Nadezhda, Lyubov (Faith, Hope and Love)** has been dealing with IDUs while **Marie Magdalena** has concentrated on HIV/AIDS activities among sex workers.

CHALLENGES

The primary challenges faced in addressing the HIV/AIDS epidemic in Ukraine stand out clearly at the macro level—high rates of injecting drug use and STIs, the socioeconomic turmoil in which the nation resides following separation from the former Soviet Union, lack of financial resources and a limited nongovernmental sector. Meeting these challenges effectively appears considerably more complex.

Gaps and weaknesses in responding to the HIV/AIDS crisis and recommendations for HIV/AIDS programming have been identified by government agencies, organizations working in Ukraine and technical consultants to the country. Reports prepared by the UNAIDS representative in Kiev, the Civil-Military Alliance to Combat HIV/AIDS, the Health Technical Services Project and MAP provide excellent background information about the situation in Ukraine and suggestions for addressing the epidemic. The following are the key recommendations:

- Behavioral research on high-risk groups including youth, injecting drug users, female sex workers and men who have sex with men should be conducted.
- HIV/AIDS activities should be focused on the priority vulnerable groups, mainly injecting drug users and female sex workers.
- Harm reduction activities among IDUs, such as information materials, needle and syringe exchange and substitution therapy that focuses on the provision of drugs, should be expanded.

- Greater support for prevention and management of STIs should be made available.
- NGOs should be identified and technical assistance, capacity-building support and funding related to HIV/AIDS programming should be provided.
- Greater emphasis by the government should be placed on prevention activities within the national AIDS strategy.
- Peer education prevention programs for implementation in and out of school should be undertaken.
- Social support groups for sex workers and males having sex with males should be encouraged, informational materials developed and protection for members of these groups within society encouraged.
- Funding and training for implementation of HIV/AIDS prevention within prisons, the military and other areas of the uniformed services should be increased.
- Mapping of socioeconomic, demographic and behavioral factors should be undertaken, including information on migration patterns affecting HIV and other STIs.
- Expertise on HIV/AIDS within Ukraine should be developed and greater intersectoral cooperation between government agencies and services in addressing HIV/AIDS, other sexually transmitted diseases and tuberculosis should be emphasized.

FUTURE ACTIONS NEEDED

As for the future, the increase in the HIV epidemic in Ukraine is relatively new and the lapse of time that occurs between HIV seropositivity and the development of AIDS has yet to transpire. Thus, the current number of AIDS cases presents a very incomplete picture as rates of HIV infection suggest that AIDS cases will rise significantly in the not too distant future. Tuberculosis, already a major health problem in Ukraine, is expected to increasingly multiply as more people develop AIDS.

The statistics on HIV infections and AIDS cases do not reveal the socioeconomic costs of the epidemic. In other parts of the world, the HIV/AIDS epidemic has resulted in reduction of life expectancy, overtaxed health care systems, increased numbers of orphans, lost productivity, decline in human capital, reduced gross national product, redirection of limited national and donor resources, and other significant losses. Investment in Ukraine for HIV/AIDS prevention will assist in reducing these costs and containing the epidemic overall.

IMPORTANT LINKS AND CONTACTS

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