

**UKRAINE
HUMAN
DEVELOPMENT
REPORT**

SPECIAL EDITION 2003



**UKRAINE and HIV/AIDS:
Time to act**

**United Nations
Development Programme
Kyiv, Ukraine**

Ukraine is a young nation on the move. The national response to HIV/AIDS is also gathering pace. It is bringing together fresh coalitions of people, leaders and institutions who want to stop the further spread of this virus and to ensure care for those who are in need. The good news for all is that there are now known ways of preventing the spread of the virus and treatment is increasingly available.

The challenge remains immense – to some overwhelming. The insidious nature of the virus is that it attacks men and women in the prime of their life – between the ages of 15 and 40. It robs children of their parents, and society of its productive citizens.

Limited budgets and ungrounded stigma have severely hampered a scaled-up nationwide response. Positive rhetoric is helpful, but it needs to be matched by personal commitment and concrete actions.

With the infusion of new resources, now is the time to remove the log jams and unleash a broad-based national effort to change the current course of the epidemic. As the Secretary General of the United Nations Kofi Annan recently said, “We have come a long way, but not far enough. Clearly, we will have to work harder to ensure that our commitment is matched by the necessary resources and action.”

In the face of the situation, this special national Human Development Report has been prepared to highlight the extraordinary threat to Ukraine's security posed by HIV/AIDS – as well as the opportunity to act now to head off a full-scale epidemic, while at the same time addressing related issues in gender, poverty, and governance. This document attempts to provide a perspective on the present situation and suggests the key levers needed to achieve a successful outcome. We hope this will serve as a springboard for Ukraine to overcome a number of challenges and protect its most valuable resource – its people.

We are grateful to the many contributors who have made this document possible. As in many aspects of the HIV/AIDS response, the solidarity and commitment of the various players gives us hope that this clear and present danger will be handled effectively.

We pay special tribute to the Network of People Living with HIV/AIDS who, through their courage and leadership, serve as a continuing source of inspiration to us all.



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To the reader

This report is a Special Edition of the National Human Development Report series which look at various transition issues and their impact on human development in Ukraine. The serious nature of HIV/AIDS as a threat to this development has prompted the publication of this separate report. It is intended for policy-makers, elected officials, donor organizations, HIV/AIDS-service NGOs, and all others interested in understanding the situation in Ukraine. This report was a joint effort by Ukrainian and international professionals who brought together existing research and data to offer a set of urgent actions that can change the course of the HIV/AIDS epidemic in Ukraine.

This report is divided into five sections, each of which contains thematic information and analysis on the HIV/AIDS situation in Ukraine. Here is a mini-guide to the document:

- **Chapter 1** describes the **current situation** in Ukraine with HIV/AIDS and its implications for the entire country and for all Ukrainians.
- **Chapter 2** provides the **background** against which Ukraine became so vulnerable.
- **Chapter 3** reviews the Ukrainian **government's response** to HIV/AIDS since 1987.
- **Chapter 4** considers **public and private capacity** in Ukraine to deal with HIV/AIDS now.
- **Chapter 5** indicates the **most important steps** needed to stem the HIV/AIDS epidemic.



EXECUTIVE SUMMARY

The Human Immunodeficiency Virus is well-entrenched among certain vulnerable groups in Ukraine, notably the country's large and growing number of injecting drug users. Critically, it shows signs of spreading among the general population, especially young people.



1. Today's threat to tomorrow's well-being

As many as 250,000 Ukrainians may already be living with HIV/AIDS. With prevalence approaching 1% among those aged 15-49, Ukraine has the highest rate of infection in Europe and the CIS, with cases registered in every oblast or province. Officially registered new cases of HIV infection have fallen among injecting drug users and risen in other groups in Ukraine. Still, IDUs continue to be the key source of infection.

Transmission through heterosexual sex with non-IDUs is increasingly a route of infection, which means the general population is at ever-greater risk. An estimated 40% of people living with HIV/AIDS in Ukraine today are women. Increased infection among pregnant women has led to more and more HIV-positive children since 1999.

If a comprehensive response is delayed, the growing epidemic will strain the country's entire health care system, costing 20-50% of the Health Ministry's budget by 2010: 43,000-95,000 Ukrainians will likely die from AIDS during that year; and the cumulative number of children orphaned by the disease will be between 46,000 and 77,000.

2. HIV/AIDS in a transition economy

The HIV/AIDS epidemic is growing at a time when Ukraine is struggling economically. This has increased vulnerability to HIV/AIDS and reduced response capacity in several ways:

- widespread poverty and unemployment, a growing income gap;
- increased high risk behaviours among young people;
- weakening family and community ties;
- growing legal and illegal migration patterns;
- a growing illegal drug trade that drives the epidemic.

3. Public response: Catching up

HIV/AIDS was recognized in Ukraine when the first cases were registered in 1987. By 1995, there was an extremely rapid spread of HIV among IDUs, and the challenge outweighed the capacity and the resources of the country to respond. Now, Ukraine is the worst affected country in the region. In 2001, a new national strategy was introduced and new funding came in 2002 from the Global Fund for AIDS, TB and Malaria. A key TB and HIV/AIDS loan agreement with the World Bank was recently signed.

4. From planning to reality: A question of capacity

Budgets and spending. National budget commitments for HIV/AIDS Programmes have been consistently underspent and the gap between assessed needs and available funds is growing. The capacity to ensure effective usage of funds is unclear.

Obstacles to a multi-sectoral approach. Neither the Health Ministry nor the Government Commission to Fight HIV/AIDS have a proper mandate to coordinate allocation of funds or to monitor and evaluate their efficient use. A legal framework and set of procedures for state structures to enter into social service contracts is needed.

Costs and benefits of comprehensive care. As growing numbers of HIV-positive people begin to fall ill with AIDS, increasing demands are being placed on the national health system. Providing comprehensive care, including antiretroviral therapy, to all citizens in need will be costly. However, such care can reduce the long-term burden by averting hospitalization and by virtually eliminating infection of newborns.

5. Moving forward

As HIV/AIDS begins to threaten the general population of Ukraine, the risk of infection must be minimized and access to effective treatment maximized. The roadmap is clear:

- National commitments must be put into action.
- Budget allocations should be reflected in the disbursement of funds.
- Better procedures for monitoring and evaluation are needed for better results.
- Local and sectoral partnerships must be strengthened and new partners engaged.
- Improved mechanisms are needed to foster non-state involvement and delivery.
- The human rights of vulnerable groups and people living with HIV/AIDS must be entrenched.
- Injecting drug use needs to be tackled on all sides as the driving force behind the epidemic.
- The increasing vulnerability of women, and thus of newborns, must be addressed.
- The school system must be involved, to promote risk prevention among the young.
- Mass media have a key role in raising awareness and reducing discrimination.
- Comprehensive care must become a cornerstone of the national response.

1. TODAY'S THREAT TO TOMORROW'S WELL-BEING

Ukraine today teeters on the edge of a generalised HIV/AIDS epidemic. The virus is well-entrenched among certain vulnerable groups, notably the country's large and growing population of injecting drug users. However, patterns of infection are shifting and the virus shows signs of spreading among the general population, with more women and newborns becoming infected.

№1 in the region

Some basic data shows the seriousness of the situation with HIV/AIDS in Ukraine:

- An estimated 250,000 Ukrainians are living with HIV/AIDS.¹
- Every day, between 150 and 200 persons are newly infected with HIV.
- As many as 11,000 people may have died because of AIDS in 2001 (see *Chart 2 in Supplement*).
- Among those age 15-49, Ukraine has the highest prevalence in Europe, followed by Russia and Estonia.

According to the best epidemiological estimates, Ukraine has the highest HIV prevalence among the adult population, defined as age 15-49, in Europe and the CIS. In Table 1, the country is shown to have an estimated prevalence, among adults, of 1% at the beginning of 2002, a figure comparable to Estonia and slightly higher than Russia. In absolute numbers, Ukraine is second on the list, behind the 700,000 estimated to be living with the virus in neighbouring Russia.

The number of officially registered HIV/AIDS cases in Ukraine, about 55,000 at this time, may represent only 20% of the real number of infected people. Official data does, however, make it possible to trace some of the epidemic's dynamics and trends over time, both nationally and in the region.

The history of HIV/AIDS in three stages

Ukraine's HIV/AIDS epidemic has undergone three distinctive stages:

- The first stage (1987-1994) was characterized by sporadic registration of new HIV infections. Mass-scale testing identified about 400 cases of HIV, two thirds of which were transmitted via heterosexual relations. The ratio between registered HIV-positive men and women was 1:1. More than half the cases were foreigners.
- The second stage (1995-1998) saw a massive outburst of infection among injecting drug users, identified first in 1995 in the cities of Mykolayiv and Odesa. Within two years, HIV-positive IDUs were registered in all oblasts of Ukraine and accounted for 84% of all officially registered HIV cases. Transmission was mostly through sharing contaminated needles and syringes. About 70% of the infected were 15-30 years old and the ratio of HIV-positive men to women was now 4:1.
- The third stage (1999-present) is showing higher rates of new HIV infections and possible signs of the fourth stage: a generalized epidemic driven by sexual transmission among people who do not inject drugs. More than 99% of HIV-positive cases in the country today are Ukrainian citizens, the great majority of them IDUs and their sexual partners. The number of HIV-positive women, and children born to them, is also rising.

What's an epidemic?

HIV epidemics are characterised as "low-level," "concentrated" or "generalised," based on a set of quantitative measures. A "concentrated" epidemic is when HIV infection is over 5% in at least one vulnerable group. A "generalised" epidemic is when HIV prevalence among pregnant women is steadily higher than 1% in both urban and rural areas. National statistics, backed by estimates from international agencies and researchers, suggest that the HIV epidemic in Ukraine is currently "concentrated," but in some urban areas – specifically Odesa and Mykolayiv – prevalence among pregnant women has steadily exceeded 1%.²

Why "undercounted"?

In 1987, HIV/AIDS was first detected in Ukraine when an official surveillance programme was started. National legislation to this day specifies that people are only registered as HIV-positive if they have undergone both clinical and laboratory testing and if their data are "personified." This conservative approach has been superseded by more advanced techniques in other countries because it generally leads to a serious gap between the official count and the harsher reality.

№1 in Europe and the CIS (estimated, adults 15-49)

Table 1. HIV prevalence, 2002

Country	% infected
Ukraine	1.0
Estonia	1.0
Russia	0.9
Spain	0.5
Portugal	0.5
Switzerland	0.5
Italy	0.4
Latvia	0.4
France	0.3
Belarus	0.3
Armenia	0.2
Moldova	0.2
Poland	>0.1

Source: UNAIDS (2002).

Table 2. Living with HIV/AIDS, 2002

Country	Estimate
Russia	700,000
Ukraine	250,000
Spain	130,000
Italy	100,000
France	100,000
Germany	41,000
Portugal	27,000
Belarus	15,000
Poland	14,000
Estonia	7,000
Kazakhstan	6,000
Moldova	5,500
Armenia	2,400
Lithuania	1,300

How do people die from AIDS?

The Human Immune Deficiency Virus (HIV) can exist in a person for 10-12 years without causing clinical symptoms, although there is great variation in this.³ HIV is the cause of Acquired Immune Deficiency Syndrome (AIDS), which leaves the body defenceless against many other diseases.

AIDS is fatal.

The slow-acting nature of the disease, and the fact that its victims die of opportunistic infections rather than the virus itself, is important in understanding its current and future impact on Ukraine. The great majority of the people living with HIV/AIDS were infected in the last 5 or 6 years, which means they are reaching the point when AIDS is more likely to become active.

Due to the long interval between infection and the development of the disease, AIDS mortality is not yet as high as death by other causes – typically tuberculosis, the most deadly infectious disease in Ukraine today and one that can be highly correlated to HIV/AIDS. Still, official statistics record a cumulative total of only 2,445 deaths due to AIDS between 1987 and 2002.⁴ There is reason to believe this figure is almost certainly under-counted. UNAIDS/WHO estimate that 11,000 Ukrainians died of AIDS in 2001.⁵

The trajectory of HIV/AIDS in Ukraine has shown a shift in the predominant means of transmission. The main source began with predominantly heterosexual sex in 1987-1994, then moved to injecting drug use in 1995-1998. IDU has remained predominant, but heterosexual and mother-to-child transmission have both been growing since 1999.

A country-wide problem

Since 1997, new HIV infections have been registered all over Ukraine. The most affected oblasts are in the south and east, including Donetsk, Dnipropetrovsk, Odesa, Mykolayiv oblasts and Crimea. At the end of 2002, these five areas had about 70% of all people living with HIV/AIDS, compared to about 30% of the total population.

The Western region of Ukraine, which includes eight oblasts, remains the least affected, with just 6% of all officially registered HIV-positives.⁶ The maps in Figures 1 and 2 show the dramatic change in the geographic spread of the virus between 1997

and 2002. The maps illustrate only officially registered cases of HIV: the actual number is estimated to be five times greater.

A disease of the Twenty-somethings

The HIV epidemic is most widespread among younger people, for a variety of social and economic reasons. Although worldwide around 50% of all new HIV infections occur among those aged 15-24,⁷ in Ukraine, official statistics show that almost 50% of new cases are in the 20-29 group, followed by those aged 30-39. The relatively large number of under-13's is almost entirely the result of mother-to-child transmission. (Fig. 3)

The epidemic does not affect women and men equally, for a variety of reasons discussed in Chapter 2. Official AIDS mortality figures (see Chart 3) show that, cumulatively, the largest numbers of deaths among men have been concentrated in the 30-34 age group, while the peak in mortality for women is in the 25-29 age group.⁸

Figure 1 & 2: Registered cases of HIV in oblast centers (at January 1, per 100,000)

1998



2003

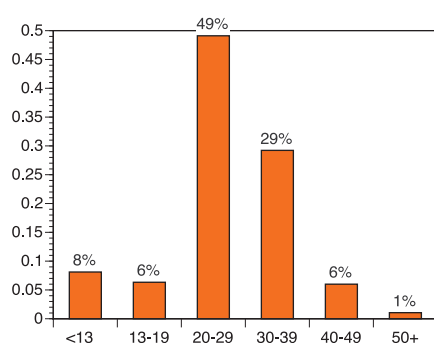


Source: Ukrainian AIDS Centre, 2003, unpublished.

Growing up with HIV/AIDS

More and more women are infected with HIV every year. It is estimated that today about 40% of people in Ukraine living with HIV/AIDS are women and two thirds of registered HIV-positive women are 20-29, at the height of their reproductive years. In fact, 60% of pregnant HIV-positive women were under 25. Not surprisingly, rising numbers of infected pregnant women have resulted in a significant growth in the numbers of HIV-positive children since 1999 (Fig. 5). 97% of HIV-positive children (those 14 years and under in the Ukraine HIV/AIDS context) have been born to HIV-positive mothers.

Figure 3: Age distribution of registered HIV cases (% , cumulative to 2002)



Source: Ukrainian AIDS Centre, 2003, unpublished.

Figure 4: Gender/age distribution

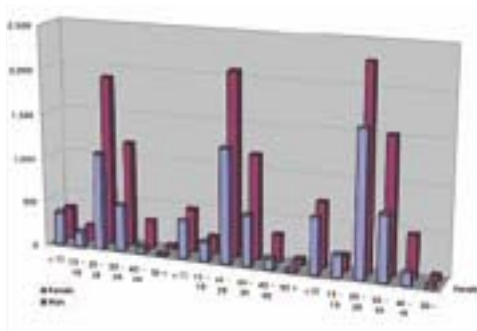
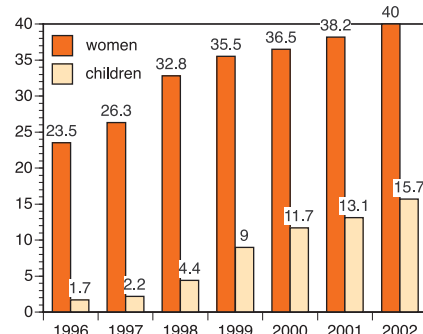


Figure 5: Proportion of women and children among HIV-positive (% , 1996-2002)



Source: Ukrainian AIDS Centre, 2003, unpublished.

Because the HIV epidemic has been concentrated so far in marginalized groups, most HIV-positive children are born into socially disadvantaged families in Ukraine. They grow up lacking adequate nutrition, housing, clothing, toys, school supplies – all the living conditions that constitute a good quality of life.¹³

- 70% of HIV-positive children are born into families where one or both parents are using drugs, are vagrants, or are in prison, etc;
- 20% have been abandoned to the state's care and live in orphanages or medical facilities;
- 85% of their parents are under 30; and
- 0% are ever likely to be taken in by foster parents or adopted.

Meanwhile, the number of officially registered HIV-positive children who inject drugs themselves has been growing since 2000, although it is only slightly over 2%. However, the real number is believed to be much larger, as many are street children age 10-13 who have been exposed to both drugs and sexual activity.¹⁴

Risks to the general population

To gain a more realistic estimate of the HIV/AIDS situation, Ukraine introduced a new monitoring tool, second generation surveillance, in 2002. This includes "sentinel surveillance" for HIV infection and sexually transmitted infections (STI), and behavioral monitoring of vulnerable groups.¹⁵

In Ukraine, this kind of surveillance was carried out in seven cities in oblasts with high, medium and low HIV incidence.¹⁶ Sentinel groups included injecting drug users, commercial sex-workers (female and male), and STI patients. The results confirmed that most HIV-related risk factors are indeed concentrated in these groups and that the course the epidemic follows will largely be determined by the actions and interactions of these populations.

The highest HIV prevalence continues to be among **injecting drug users**, ranging from 20% to 60%, with southern and eastern cities like Donetsk, Odesa and Mykolayiv the worst. In 2002, a western city, Lutsk, first showed a high HIV infection rate among IDUs: over 30%. This means that Western Ukraine, long considered a low HIV incidence region,¹⁸ is not immune to the risks of HIV and could also witness a significant increase in infections. (See Figs. 1 and 2)

While HIV prevalence among **female sex-workers** ranges from 4% to 12% in Lutsk, Simferopol and Kharkiv, it is as high as 17% to 31% in Donetsk, Odesa, Mykolayiv and Poltava. Critically, over 35% of HIV-positive FSWs also inject drugs, a statistic that is comparable to most of Europe and North America. In other countries, a sudden increase in HIV-positive FSWs to 50-80% is considered a warning signal that the epidemic is spreading to the population at large.¹⁹ The fact that the sex trade is illegal complicates the task of estimating the number of people involved in it and hampers the introduction of effective efforts to limit the spread of HIV, because FSWs operate largely underground and out of view.

Mother-to-child transmission

HIV can be transmitted from an infected mother to her baby during pregnancy, delivery or breast-feeding. How often this happens varies geographically. The European average is around 25-30%.⁹ The first data on mother-to-child transmission in Ukraine, collected in 2001, fell within this range at 27.6%.¹⁰

Without preventive treatment, 14% of HIV-positive children develop AIDS within the first year of life. An additional 12% develop it each year of life. The great majority of such children die before reaching five.¹¹

Preventive activities such as anti-retroviral treatment for pregnant women, delivery by caesarian, and alternatives to breast-feeding can reduce the frequency of MTCT to 2-5%.¹² Ukraine started to implement a programme of ARV treatment for infected pregnant women with the assistance of international donors and NGOs.



What is sentinel surveillance?

Sentinel surveillance studies HIV prevalence rates at regular intervals among selected groups known as "sentinel groups." It is used to monitor trends in infection over time, by group, and by place. This information is useful for planning and providing HIV/AIDS prevention and care services, and to make projections about HIV/AIDS for the entire country.¹⁷

How aware are different vulnerable groups?

In 2002, self-identified Ukrainian MSM were specifically targeted for HIV testing for the first time, in a project carried out by Liga, an NGO in Mykolayiv. The project offered free testing and collected behavioral information. 12 gay men aged 20-47 participated. None were drug users or practiced commercial sex, though all were sexually active. Three of the 12 tested HIV positive. The study indicated very low awareness of preventive methods, insufficient supply of condoms, and lack of access to professional counseling by psychologists or health care workers able to address their needs.²²



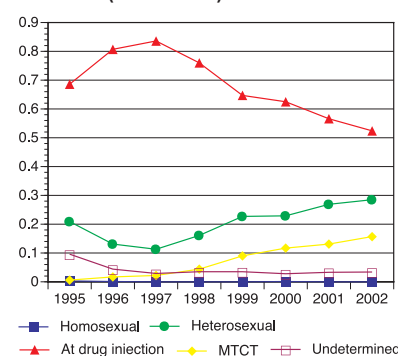
Although Ukraine decriminalised consensual sex between adult men in 1991 – the first former Soviet republic to do so –, **men who have sex with men** are also largely inaccessible to sentinel research due to stigmatization.²⁰ Thus, there are few reliable estimates of the total number of MSM in the country. Since HIV/AIDS appeared in Ukraine, only 43 homosexual and bisexual HIV-positive men have been officially registered,²¹ a number that is far too small to be statistically useful.

Although official figures show a decline in the incidence of sexually transmitted infections since the mid-1990s, this may partly reflect the growing use of private clinics, which do not necessarily report on their diagnoses. In 2001, 13.3% of **male STI sufferers** at urban clinics in Ukraine were diagnosed as HIV-positive.²³ The presence of an STI increases the risk of HIV transmission through unprotected sex by as much as 10 times, either by creating more opportunities for the virus to spread, or by contributing to its reproduction. Many STIs can be treated by antibiotics, but inadequate services, lack of medications, and limited access to diagnostics make effective identification and treatment difficult. This creates yet another obstacle to preventing the spread of HIV/AIDS in Ukraine.²⁴

Among **prisoners**,²⁵ HIV spreads quickly, mainly through unprotected sex and shared needles. In studied countries, its prevalence is considerably higher in prisons than in the larger community. Although HIV has not been comprehensively studied in Ukraine's prison system, official statistics showed a 6.7% incidence among the 11,841 prisoners in a serological HIV survey in 2000.²⁶ HIV/AIDS in Ukrainian prisons is closely connected with injecting drugs. As early as 1998, Oleksandr Hunchenko, Deputy Chief of the Interior Ministry's Health Promotion Department, wrote:

*"The rapid increase [of HIV in Ukraine] has affected the number of HIV cases in our prisons. Between 1987 and 1994, only 11 HIV-infected persons entered remand institutions. The number for 1995 was 455; in 1996 it was 2,937 and for the first 9 months of 1997 there were over 1,300... 83% were injecting drug users."*²⁷

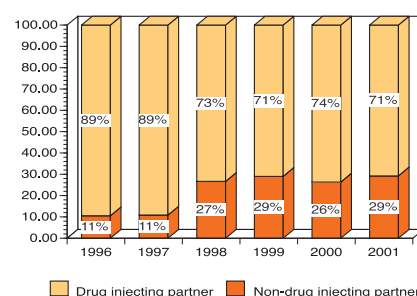
Figure 6: Changes in HIV transmission route (1995-2002)



Source: Ukrainian AIDS Center, 2003, unpublished.

oblast in 2002 by the Ukrainian AIDS Centre and UNAIDS showed (Fig. 7) that 70% of people who infected their sexual partners (not necessarily IDUs) were IDUs.²⁸ Although that proportion has declined, the bridge from drug users to the rest of the population remains. Not surprisingly, heterosexual transmission of HIV has been growing, accounting for 29% of new cases in 2002.

Figure 7: Partners of those infected through sex in Odesa (1996-2001)



Source: UNAIDS, Ukrainian AIDS Center/Ministry of Health, 2002.

In the younger age groups, women are more frequently infected than men, while men over 30 are infected through this route more often than women. From 25% in 1997, women now constitute 67% of all new cases infected through heterosexual sex,

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