



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	45.4 million (mid-2010)
Estimated Population Living with HIV/AIDS**	440,000 [340,000–540,000] (end 2007)
Adult HIV Prevalence**	1.6% [1.2–2.0%] (end 2007)
HIV Prevalence in Most-at-Risk Populations**	IDUs: 22.9% (30 territories) (2008–2009), 55.2% (Mykolaiv) (2009) Sex Workers: 13.2% (25 territories) (2008–2009) MSM: 8.6% (14 cities) (2009)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	16% (2009)

*U.S. Census Bureau **UNAIDS 2008, UNGASS 2010, and WHO 2009 ***WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

Ukraine has one of the most severe HIV/AIDS epidemics in Europe, contributing nearly 21 percent of the newly reported HIV diagnoses in 2006 in the Europe and Eurasia (E&E) region. Ukraine's first case of HIV/AIDS was detected in 1987, and the epidemic appeared to be confined to a small population of foreign students until the mid-1990s, when a sudden and explosive epidemic emerged among injecting drug users (IDUs) in the southern and eastern regions of the country. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimated that 440,000 people were living with HIV/AIDS at the end of 2007, representing 1.6 percent of the population. The Ukraine National Council on TB and HIV/AIDS estimated adult prevalence of HIV had decreased to 1.28 percent by 2009. While prevalence appears to have decreased due to overall population growth, the number of new cases continues to increase.

Annual HIV diagnoses in Ukraine have more than doubled since 2000. According to the National Council on TB and HIV/AIDS, the number of new cases continues to grow rapidly, with 17,669 new cases of HIV infection reported in 2007; 18,963 new cases registered in 2008; and 19,840 new cases registered in 2009. It is of note, though, that the growth rate of this indicator has been decreasing. The most recent data indicate the epidemic is stabilizing, according to the 2010 United Nations General Assembly Special Session (UNGASS) report. Southern and eastern parts of Ukraine continue to be most affected by the epidemic, with seven southeastern regions accounting for 70 percent of newly registered cases in 2007. However, HIV prevalence has also increased in central, northern, and western regions, particularly in urban settings; 78 percent of new cases registered in 2007 were among urban residents.

From 1995 to 2007, the primary means of HIV transmission was through injection drug use, but by 2008, sexual contact outpaced injection drug use as the primary form of transmission. By 2009, almost 44 percent of new infections occurred through sexual transmission, and 36 percent were through injecting drug use. However, the majority of HIV infections continue to occur in two groups: IDUs and their sexual partners. Low rates of HIV testing are a major challenge in combating the epidemic, especially in these populations. According to the 2010 UNGASS report, approximately one-quarter of IDUs has had an HIV test in the past 12 months and knows the results; among women and men 15 to 49 years of age, only 13 percent have had a test in the past year and know the results.

To date, the HIV epidemic continues to be concentrated among most-at-risk populations (MARPs), including IDUs, sex workers, and men who have sex with men (MSM). According to a 2008–2009 survey across 25 territories, 13.2 percent of sex workers were HIV positive; estimates made in a 2008 Kruglov et al. study found prevalence varied from 13.6 to 31 percent. Prevalence among MSM has also been challenging to measure; a study of MSM in 14 cities found 8.6 percent were HIV positive. MARPs are particularly at risk due to their behaviors and the widespread stigma and discrimination against them and HIV-positive individuals. Other factors contributing to the epidemic include high levels of migration and commercial sex, growing rates of sexually transmitted



infections, increases in substance abuse, stigmatization and lack of effective treatment (for IDUs in particular), and inadequate health care and social services.

Despite a 1998 law mandating that HIV/AIDS treatment should be free, access to treatment remains poor due to limited resources. According to the World Health Organization, only 16 percent of people living with HIV/AIDS (PLWHA) with advanced HIV infection received antiretroviral therapy (ART) in 2009. IDUs made up only 7.5 percent of those receiving ART in 2009, according to the 2010 UNGASS report, though

they represent a substantial proportion of PLWHA in Ukraine. Limited access to substitution maintenance therapy, and thus low adherence to treatment regimens, is one explanation for the limited number of IDUs on ART. The estimated rate of mother-to-child transmission in Ukraine is 6.5 percent (UNGASS, 2010), and despite progress in improving the prevention of mother-to-child transmission of HIV (PMTCT) program, the number of infants with confirmed HIV-positive status continues to increase. The percent of HIV-infected pregnant women who received antiretroviral drugs for PMTCT is high, though, at 94.9 percent.

While awareness of some preventive behaviors is high in Ukraine, less than 50 percent of men and women have a comprehensive understanding of how to decrease the risk of HIV infection, according to the 2007 Ukraine Demographic Health Survey. Only 39 percent of MSM reported using a condom the last time they had sex with a male partner (UNAIDS, 2008).

Ukraine had a high rate of estimated tuberculosis (TB) incidence, with 100 cases per 100,000 population in 2008, according to WHO. TB-HIV co-infection is also a growing problem, with more than 60 percent of AIDS deaths attributed to TB. High rates of co-infection complicate treatment and care for both diseases, and multidrug-resistant TB is also rapidly rising among PLWHA, according to UNAIDS.

National Response

Since the early 1990s, the Government of Ukraine has made important commitments to stem the spread of the disease. In 1992, Ukraine established its National AIDS Committee to address the nascent epidemic; however, budget disputes caused the committee to dissolve in 1998. The next year, the Government created the National AIDS Control Coordinating Council under the cabinet and mandated that every *oblast* establish an HIV prevention program. In 2001, the first national plan for combating HIV/AIDS was approved; its goals included preventing the spread of HIV, developing capacity to treat infected individuals, and providing support and counseling for HIV-positive people.

The Government has made important commitments to combat HIV/AIDS by developing a series of official policies and programs to expand access for PLWHA in Ukraine to include diagnostic, treatment, family planning, and reproductive health services. To scale up HIV/AIDS prevention services, the Government adopted policies, introduced harm reduction programs, and endorsed substitution therapy for opioid injecting drug users. In 2007, the Government adopted into law the National Program for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013 and also established a Monitoring and Evaluation Center within the Ministry of Health to evaluate the progress of the national response.

In recent years, the Government has had additional successes in supporting and implementing policies and programs aimed at stemming the spread of the epidemic. A functioning network of 40 AIDS Prevention and Control Centers and 737 *Kabinet Dovira* (Trust Rooms) was established, covering all regions of the country. A national, specialized clinic for treating children with HIV/AIDS was founded and currently treats children from throughout the country. The Government has worked diligently to develop nongovernmental organization (NGO) infrastructure in partnership with governmental organizations providing services to MARPs, allowing for collaboration across NGO and government programs.

Select programs have had success reaching MARPs. According to the 2009 WHO/UNICEF/UNAIDS report *Towards Universal Access*, 95,000 of the estimated 230,000 to 360,000 IDUs in the country were reached with HIV prevention programs in 2008. These included needle and syringe exchange, voluntary HIV testing and counseling, testing and treatment of sexually transmitted infections, and counseling and referral services. However, inadequate scale-up, poor consistency in quality of service provision, and inconsistent Government efforts in coordination have slowed progress. HIV/AIDS continues to be a serious challenge for Ukraine's health system, and AIDS treatment remains very expensive.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has supported HIV prevention activities in Ukraine through two HIV/AIDS grants since 2004. The Global Fund contributions aimed to provide universal access to treatment, care and support services to people infected with and affected by the disease. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Ukraine received \$7.3 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Ukraine are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Since 2002, USAID/Ukraine has worked with the Government of Ukraine, other donors, multilateral and international agencies, NGOs and the private sector to prevent transmission of HIV and contain the spread of HIV among MARPs. The current USG programs support Government of Ukraine efforts to strengthen the HIV/AIDS policy and legislative environment; provide prevention and care information and services for MARPs, reaching IDUs (including access to methadone-based assisted treatment), commercial sex workers, and MSM; reduce the stigma and discrimination associated with HIV/AIDS; and build governmental and nongovernmental capacity to plan, implement, manage, and monitor Ukraine's National AIDS Program.

USAID technical assistance provides clinical training to Ukraine Ministry of Health partners for treatment of TB-HIV and coordination of monitoring and evaluation data in Government TB and HIV clinics. In the sphere of policy and advocacy, USAID technical support facilitated policy and regulatory legislation development and adoption, the training of civil society representatives on PLWHA advocacy and dialogue with policymakers, leadership development programs and improvement for MARP support group leaders, the training of NGO representatives on local resource mobilization and fundraising, assistance to regional TB-HIV and drug abuse coordinating counsels, and the provision of training for NGOs to work on stigma reduction.

Additionally, more than 93 million USG-donated male condoms and 450,000 female condoms provided to Ukraine significantly supported prevention efforts. As the largest bilateral donor, the USG works closely with the Global Fund, United Nations agencies, and other donors working in HIV/AIDS to align strategic priorities and complement and leverage programs and resources.

Important Links and Contacts

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USAID's HIV/AIDS Web site for Ukraine:
http://www.usaid.gov/our_work/global_health/aids/Countries/eande/ukraine.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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