Children, HIV and AIDS

Regional snapshot: Eastern Europe and Central Asia

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Eastern Europe and Central Asia is one of only two regions where overall HIV prevalence has not declined in recent years. The 19,000 new HIV infections among people aged 15–24 in 2017 was only about 9 per cent smaller than the 2010 figure, as opposed to other regions where reductions up to 25 per cent have been observed. Adolescents' vulnerability is also signalled by a region-wide ART coverage rate of just 37 per cent among all people living with HIV over the age of 14, a rate far below the global one of 59 per cent. The full extent and consequences of the lack of effective, quality HIV prevention and treatment services for adolescents are unknown because many countries do not publish HIV estimates.

In 2017, there were about **76,000**

adolescents and young people aged 15–24 living with HIV in Eastern Europe and Central Asia

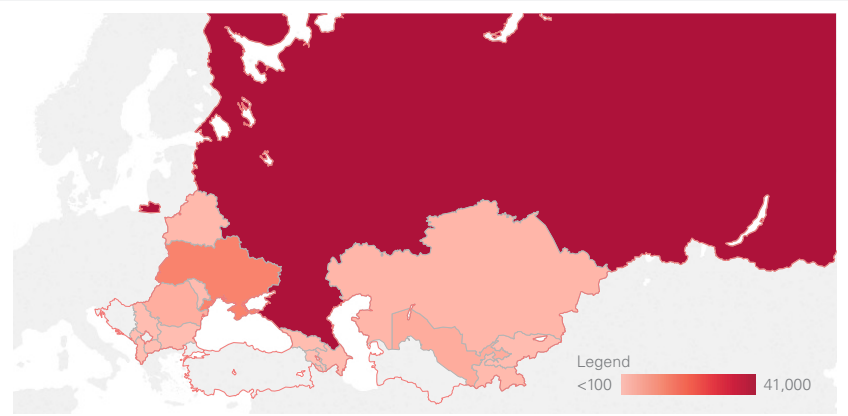
Since 2010, new HIV infections have decreased **by only 9 per cent**

among the region's adolescents and young people, signalling an unchecked HIV epidemic with indications of reversals in HIV gains, especially in areas affected by conflict

In a region where the HIV epidemic affects key populations **more bio-behavioural studies**

and stronger support for the rights and dignity of key populations are needed

FIGURE 1. **Number of adolescents and young people aged 15–24 living with HIV, by country, 2017**



Country	Estimate	Lower	Upper
Russian Federation	41,000	34,000	56,000
Ukraine	14,000	11,000	17,000
Romania	3,700	3,500	4,600
Uzbekistan	4,200	3,200	5,400
Kazakhstan	1,900	1,100	2,200
Tajikistan	1,100	<1,000	1,700
Belarus	1,300	<1,000	2,100
Kyrgyzstan	<1,000	<500	<1,000
Republic of Moldova	<1,000	<500	1,100
Azerbaijan	<500	<500	<1,000
Georgia	<500	<500	<1,000
Serbia	<500	<200	<500
Bulgaria	<500	<200	<500
Albania	<500	<200	<500
Armenia	<200	<100	<200
The former Yugoslav Republic of Macedonia	<100	<100	<100
Montenegro	<100	<100	<100
Eastern Europe and Central Asia	76,000	71,000	94,000

Data source: UNAIDS 2018 estimates.
Note: This map does not claim any official position by the United Nations. Countries are classified according to the Eastern Europe and Central Asia geographical region. Data for adolescents and young people aged 15–24 are not available for Albania, Armenia, Balarus, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Russian Federation, Serbia, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Uzbekistan. Countries with no data and countries outside of the geographical region are shown in grey.

KEY FACTS:

Children, HIV and AIDS in Eastern Europe and Central Asia, 2017

Epidemiology	Estimate	Lower	Upper
Number of young people aged 15–24 living with HIV	76,000	71,000	94,000
Adolescent girls and young women	42,000	38,000	50,000
Adolescent boys and young men	35,000	32,000	44,000
Number of new HIV infections, young people aged 15–24	19,000	18,000	21,000
Adolescent girls and young women	9,000	8,300	10,000
Adolescent boys and young men	9,700	8,800	12,000
New HIV infections per 1,000 young people aged 15–24	0.35	0.33	0.40
Adolescent girls and young women	0.34	0.32	0.39
Adolescent boys and young men	0.35	0.32	0.42
Number of AIDS-related deaths, young people aged 15–24	<1,000	<500	1,300
Adolescent girls and young women	<500	<200	<1,000
Adolescent boys and young men	<500	<200	<1,000
HIV response	**Estimate**	**Lower**	**Upper**
ART coverage (%), people aged 15+	37	30	42
Adolescent girls and women aged 15+	39	31	44
Adolescent boys and men aged 15+	33	26	38

Note: Due to rounding, estimates may not add up to the total.
Indicator definitions: New HIV infections per 1,000 young people: Number of new HIV infections among adolescents and young people aged 15–24 per 1,000 adolescents. **ART coverage:** Percentage of people aged 15+ living with HIV who are receiving antiretroviral treatment.

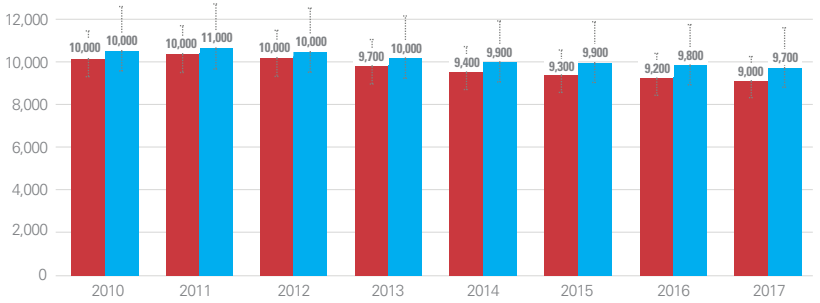
Analysis

Although most HIV epidemics in the region are becoming more general in nature, key populations remain the most affected. The risks and vulnerabilities associated with adolescents overall are even greater among those who belong to one or more key population groups, because they face multiple barriers to essential prevention and treatment services due to punitive laws, discrimination and stigma around behaviours such as illicit drug use and certain kinds of sexual activity.

Late HIV testing is a key challenge throughout the region. Although infections tend to occur as a result of behaviours initiated during adolescence, the HIV diagnosis tends to be established at a later stage. Many countries fail to recognize that raising awareness among young people and offering them better access to early HIV testing are critical.

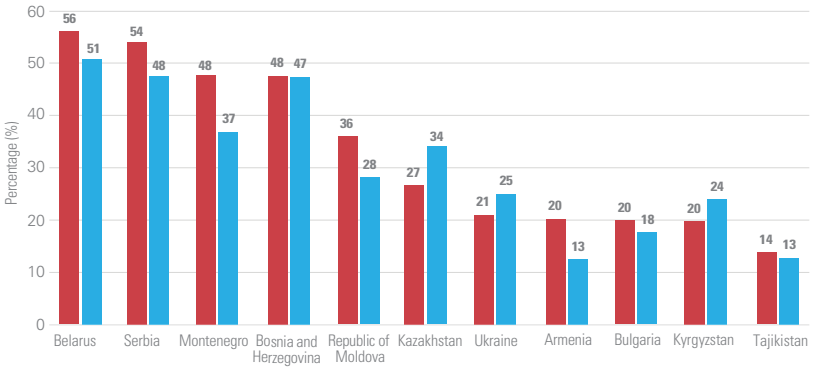
The impact can be seen, for example, in estimates of HIV prevalence exceeding 5 per cent among two groups of people younger than 25: in Ukraine, young men who have sex with men, and in Kazakhstan, people who inject drugs, including young pregnant women. Halting overall HIV epidemics throughout the region requires targeted prevention and treatment interventions that aim to expand safe and consistent access to essential HIV services among such highly vulnerable populations.

FIGURE 2. **Annual number of new HIV infections among adolescents and young people aged 15–24, by sex, 2010–2017**



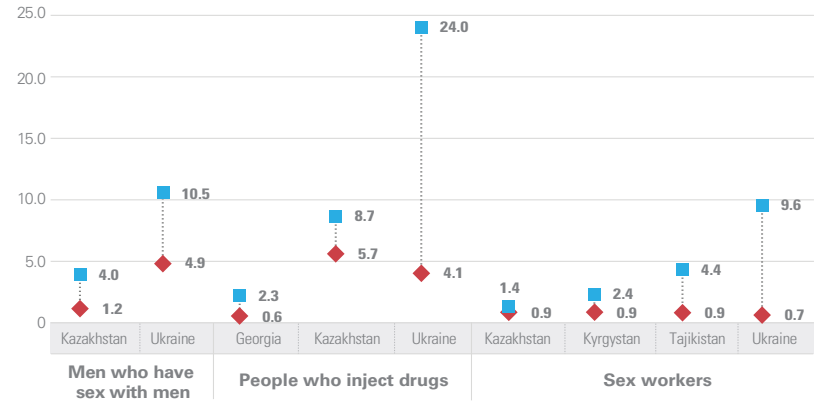
Data source: UNAIDS 2018 estimates
Note: The dotted lines above and below the numbers in the chart refer to the confidence interval.

FIGURE 3. **Percentage of adolescents and young people aged 15–24 who have correct knowledge of HIV prevention, by country and sex, 2010–2017**



Data source: Nationally representative population-based surveys, including DHS and MICS, 2010–2018.
Note: Correct HIV prevention knowledge is defined as correctly identifying both ways of preventing sexual transmission of HIV and rejecting major misconceptions about HIV transmission.

FIGURE 4. **HIV prevalence (%) among key populations, by country and age group, 2008–2018**



Data source: UNAIDS Key Populations Atlas.
Note: Data included in this graph are nationally representative and were collected in the last 10 years.

Source for all data: Global AIDS Monitoring 2018, UNAIDS 2018 estimates and UNICEF Global Databases of nationally representative population-based surveys 2010–2017. For more information, visit data.unicef.org