

Challenges and opportunities for tackling HIV and hepatitis in the Eastern European region

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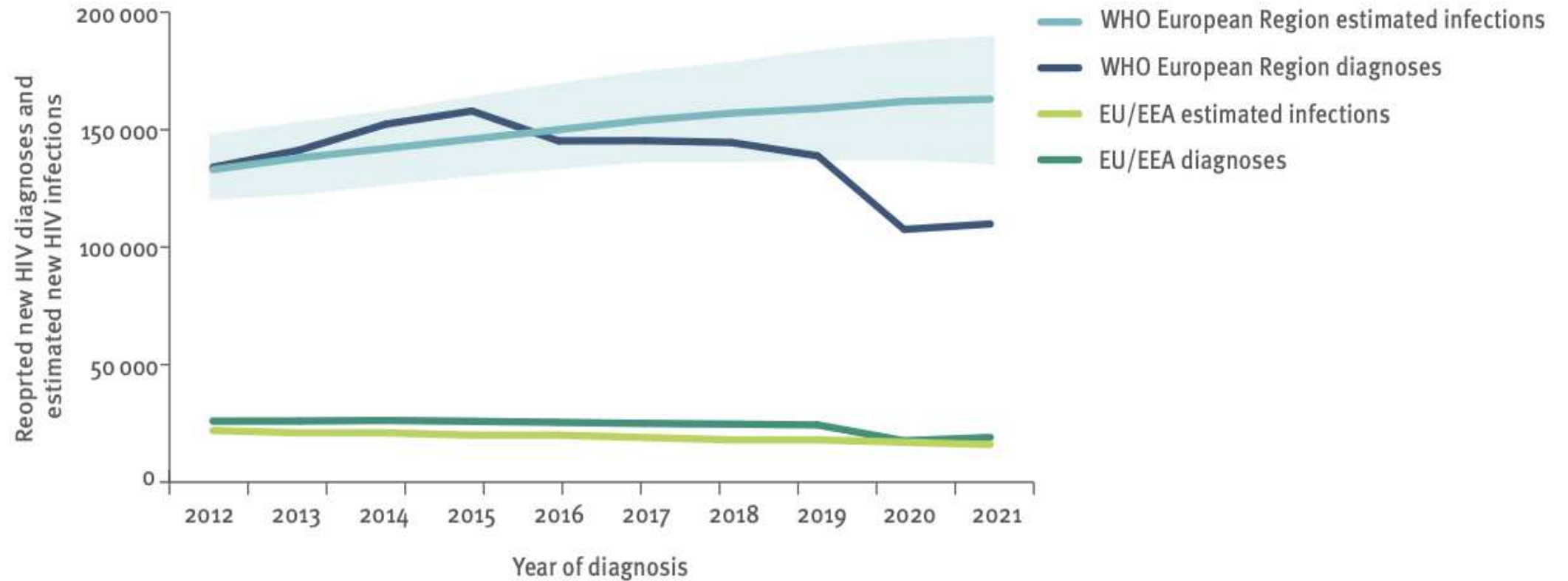
A challenging global context

- Stalling efforts are seen *across* the Sustainable Development Goals.
- Progress in global health has been *stagnating since 2015* and *regressing* in the last three years.
- COVID pandemic; economic instability; climate crisis; wars and displacement affecting millions of people; a populist political backlash against progress.
- Backsliding on rights across the globe, widening inequalities, diminishing trust in science, decreasing funding for global health, less political leadership and a frustratingly impotent multilateralism.

Eastern Europe and Central Asia

- EECA remains one of two regions of the world where the HIV and HCV epidemics continue to expand.
- Rate of growth is unequal between and within countries of the region.
- Overall progress towards ending HIV and hepatitis C has only been **minimal** in the ten years 2010 – 2020 across the region. In several countries, including the Russian Federation, the situation has been worsening.
- In the last two and a half years, Covid-19 has significantly disrupted HIV and HCV testing services. Covid-19 has slowed, stalled or reversed progress made in TB.
- **Regional HIV, HCV and TB targets are off track.**

Fig. A. Estimated new HIV infections and reported new HIV diagnoses in the EU/EEA and WHO European Region, 2012–2021.



War in Ukraine

- The war has greatly affected health systems and the delivery of services in Ukraine. Despite continuing challenges, government and community systems have shown remarkable resilience. There are now early reports of increasing numbers of new HIV and HCV diagnoses in Ukraine.
- Across EECA, the economic consequences of the war are impacting health budgets and systems. This is particularly true for countries with a large migrant workforce in the Russian Federation.
- Health systems are further impacted in countries of Eastern and Central Europe hosting large numbers of Ukrainian refugees.

HIV and Hepatitis C in the WHO European region

HIV

- 2.6M living with HIV
1.8 M in EECA
- Est. incidence 170,000
> 80% in EECA
- 40,000 AIDS-related deaths
- 77% aware of their HIV status
70% in EECA
- 85% of diagnosed started ART
53% in EECA

HCV

- 13M infected
At least 6.1 M people with viremic HCV infection in EECA
- Est. incidence 300,000
- 64,000 deaths
- 24% aware of their infection
- 8% received treatment

EECA is off-track on all UN 2025 targets

UNGA political declaration, June 2021

- **Comprehensive packages of HIV prevention** services available and used by 95% of people at risk of HIV infection.
- **Testing, treatment and viral suppression.** UNAIDS 2021 estimates are 70-53-50. Late diagnosis remains a challenge for most countries in EECA.
- **Societal enablers:** ensure that <10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services; ensure that <10% of people living with or at risk of HIV experience stigma and discrimination.

Pre-Exposure Prophylaxis in Central and Eastern Europe (24 countries)

- PrEP is licensed in 68% of countries, with 95 centers offering PrEP.
- Estimated number on PrEP : 9000.
- PreP is available in daily on-demand or both forms.
- PrEP available only in Georgia, Moldova and Ukraine through pilot projects.
- There is evidence of 'informal' use of PrEP by people who access it online or by other means.
- Among barriers for access are lack of knowledge/awareness among people in need, financial, and low perception of HIV risk.
- Although PrEP scale-up in the region has gained momentum, a huge gap exists between those who are in need of and those who can access PrEP.
- [Vaccines](#). 2023 Jan; 11(1): 122.

Unsafe drug injecting remains a major driver of the HIV and Hepatitis C epidemics in EECA

<i>Data for people who inject drugs, Eastern Europe</i>	<i>Prevalence</i>	
	<i>No. of people</i>	
Population prevalence of injecting drug use	1.08% (2.3 M people)	3.5 x global average and West Europe
HIV prevalence	34.2% (15.6–33.9) (0.8 M people)	2 x global average
HCV prevalence	66.8% (56.6–72.9) (1.5 M people)	1.7 x global
HBV prevalence	7.5% (5.7–10.0) (0.17 M people)	1.1 <i>less</i> global

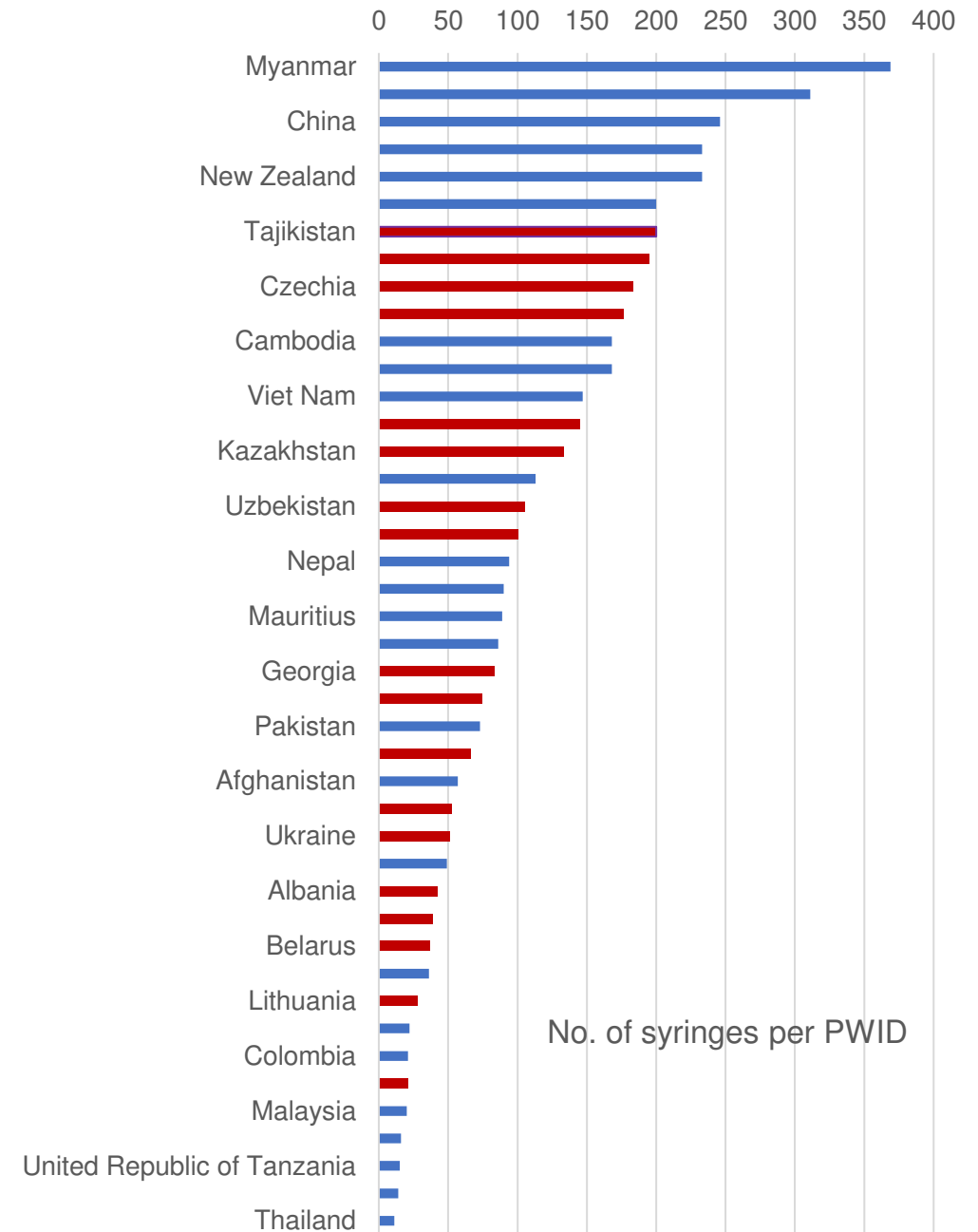
Drug policies in Central European/Eastern European and central Asian region

- Drug use is an administrative offence in Armenia, Azerbaijan, Georgia, Estonia, Hungary, Latvia, Moldova and Russia. Drug possession is punishable in all countries; practice differs between countries, including thresholds amounts of drugs used to define possession for personal use.
- Possession of small amounts of illegal substances results in various criminal charges and fines, and **incarceration is the most common punishment for any amount of drug possession**. Arrests without legal cause are also common amongst PWID.
- There is over-population of prisons and over-representation of people who inject drugs in closed settings across the region: in Belarus around 76.2% of PWID were incarcerated at some point, followed by Kyrgyzstan (46%), Kazakhstan (43.6%) and Russia (34%) .

Needle and syringe distribution

- All countries in the region remain short of the WHO recommended number of syringes and needles distributed for impact (annually ~300 needles/person for HCV prevention, ~200 for HIV prevention)

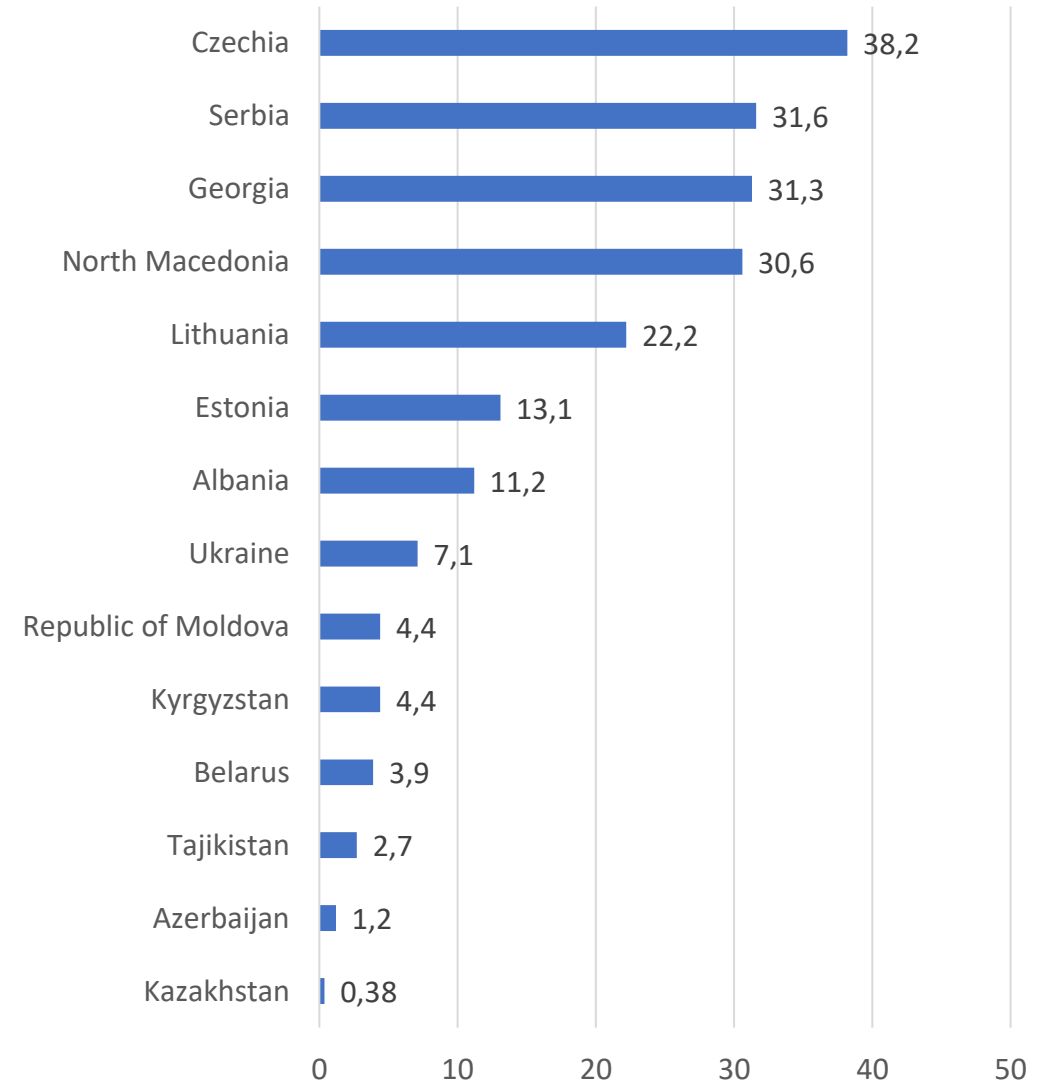
No of syringes per PWID latest data available at UNAIDS Key Population Atlas



Opioid Agonist Therapy of drug dependence

- Implemented in many countries but with coverage is low and uneven
- Illegal and/or not used in the Russian Federation, Uzbekistan and Turkmenistan
- OAT in prison settings is more restricted
- During the COVID pandemic, most countries no longer required daily visits (except Azerbaijan, Belarus, Bulgaria, Kazakhstan)

Uneven OAT coverage, % of estimated number of people with addictive disorder related to opioid use

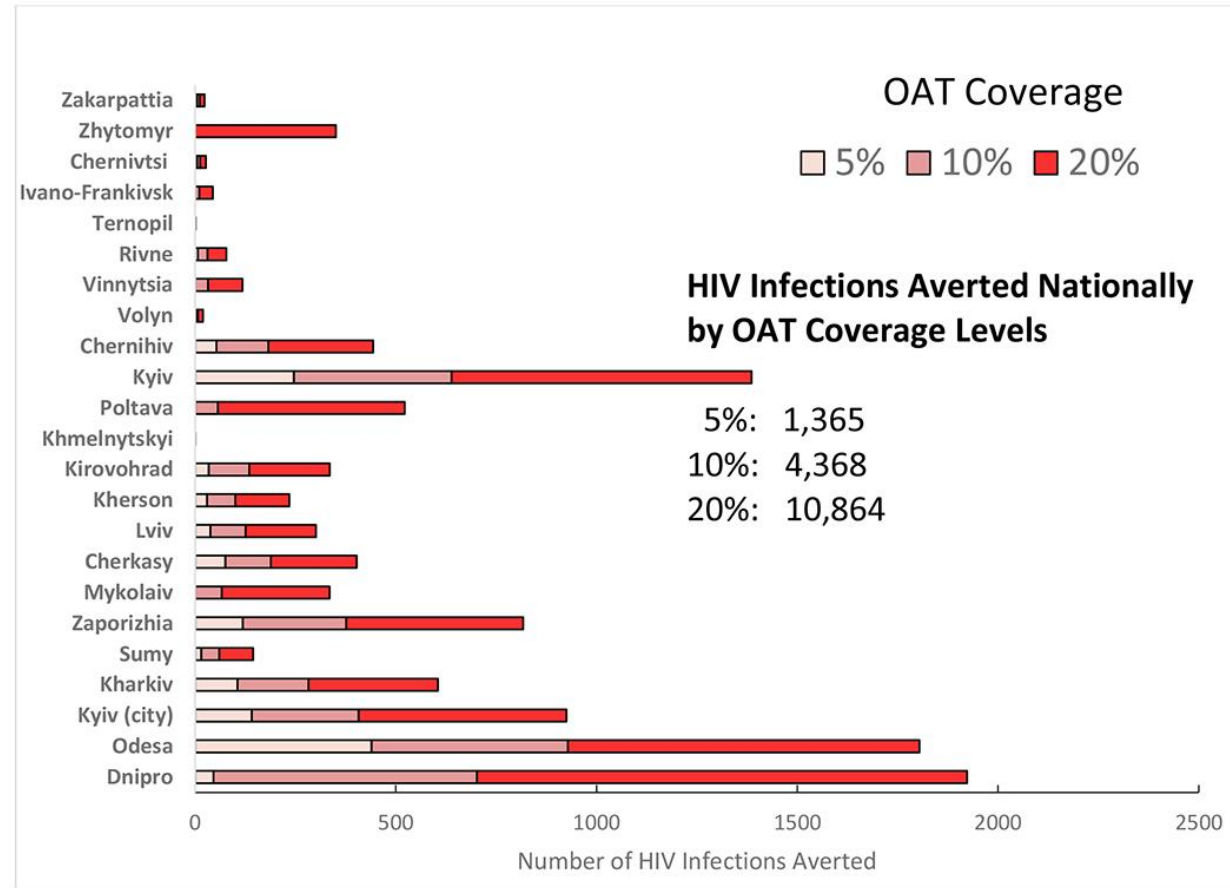


Opioid Agonist Therapy: Impactful coverage

WHO recommends at least 20-40%

- Coverage of opioid agonist therapy vs impact on HIV infections and AIDS-related deaths averted over 10 years:
 - **4x** higher coverage increases **8-fold** the number of infections prevented
 - Doubling coverage from 2.7% to 5% would *not* significantly reduce HIV transmission and mortality in PWID

Number of HIV Infections averted nationally and in each region of Ukraine over 10 years

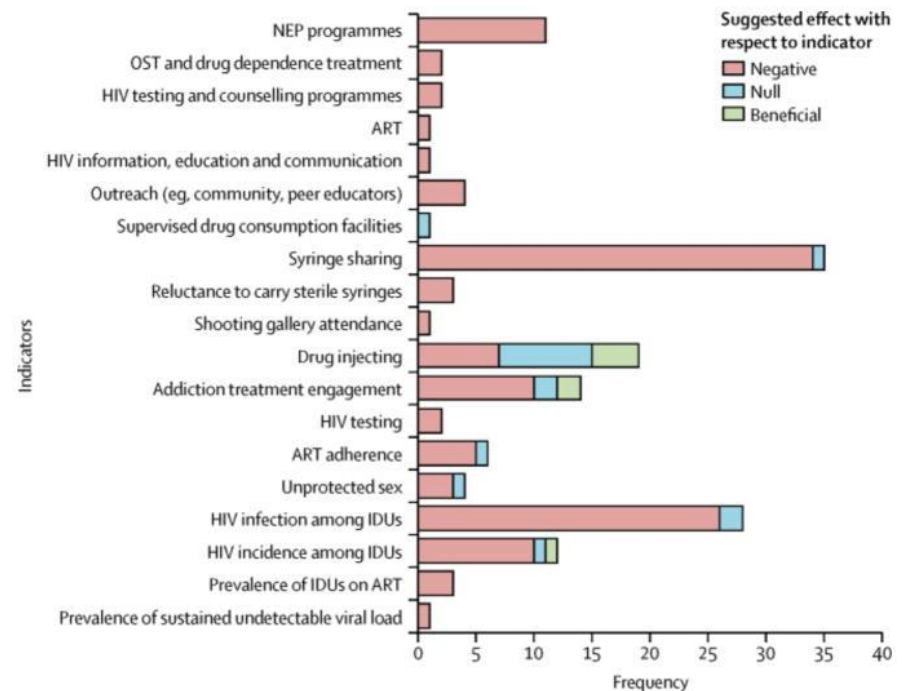


Tan J, Altice FL, Madden LM, Zelenev A. Effect of expanding opioid agonist therapies on the HIV epidemic and mortality in Ukraine: a modelling study. *Lancet HIV*. 2020 Feb;7(2).

Ending criminalization of drug use and possession

- Decriminalization is a harm reduction measure
- Decriminalization of drug use is associated with significant **decreases in HIV incidence among people who inject drugs**, including through ending incarceration, greater access to harm reduction services and reductions in violence, arrest or harassment by law enforcement agencies.
- The International drug conventions can be interpreted to allow decriminalization of drug use and possession for personal use. The UN Common position on drugs (2018) **promotes decriminalization** of drug use and possession for personal use.

Association between criminalisation of drug use and HIV prevention and treatment-related outcomes among PWID



DeBeck et al. HIV and the criminalization of drug use among people who inject drugs: a systematic review. *Lancet HIV*. 2017;4(8):e357-e374

Estimated incidence of MDR/RR-TB, 2021

30 countries with high burden of MDR-TB hold 87% of new MDR/RR-TB cases

9 are in EECA:

Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Ukraine and Uzbekistan



Opportunities to revive the fight against HIV and Hepatitis C in the region

- New testing algorithms, integrated testing strategies, new diagnostic technologies.
- Decriminalizing drug use and possession, expanding NSP programs.
- Expanding PreP as an effective preventative strategy.
- Simplified dual therapy regimens and long-acting medicines.
- Decreasing costs of HCV cure.

- More focus on **policy, legislative** environment in an evolving political and societal landscape.
- Stronger partnerships between the **public system, civil society and community organizations** (Ukraine). Build on robust Regional and sub-regional networks.
- Unequal disease burden and unequal potential for progress across the region:
- New opportunities with Ukraine, Moldova and Georgia negotiating access to EU.
- Central Asian identity; WHO Central Asian Roadmap;
- Wake up signal of Covid-19?

REPORT

HIV, HEPATITIS & DRUG POLICY REFORM



LAUNCHING ONLINE
22 NOVEMBER 2023

LAUNCHING IN PERSON
04 DECEMBER 2023 (CND, Vienna)

