

Natalia A. Feduschak, a Kaiser International Fellow and a freelance journalist, wrote and delivered the following lectures about HIV/AIDS to journalism students at the Kyiv National Taras Shevchenko University and Kyiv International University between April 2005 and November 2006. The lectures are based on her own research and interviews conducted in Ukraine and Europe, through resources provided by the Kaiser Family Foundation, Transatlantic Partners Against AIDS, numerous Ukrainian non-profit groups and the experiences of people living with HIV/AIDS.

Lecture 2: HIV/AIDS in Ukraine

Last week we looked at the beginnings of the HIV/AIDS crisis. Today we will focus on the situation in Ukraine and some of the issues currently affecting the nation. Ukraine has one of the fastest growing HIV/AIDS rates in Europe. That is a dramatic turnaround from 15 years ago, when it had one of the Continent's lowest HIV/AIDS rates. Today's epidemic threatens society's well-being: To say that Ukraine can follow the route of many African nations, where the virus affects entire segments of the population, is not an overstatement.

Approximately 1.4 percent of Ukraine's adult population is HIV-positive, according to UNAIDS, the arm of the United Nations that coordinates global action on the HIV/AIDS pandemic.

According to Ukraine's National AIDS Center, the epidemiological situation has sharply deteriorated in recent years: between 2000 and 2004, the rate of new HIV cases has doubled and mortality of AIDS patients has almost quadrupled. In its most recent report, published in May 2006, UNAIDS estimated that "annual HIV diagnoses have almost doubled since 2000, reaching 12,400 in 2004, a figure that substantially understates the actual scale of the epidemic since it only reflects infections among people who have been in direct contact with official testing facilities."

If urgent steps aren't taken, the percentage of people who are HIV-positive in Ukraine is expected to grow as high as 3 percent of the population within the next two decades. That could be a point of no return, says Tom Brewster, an associate professor of psychiatry at the University of Colorado. Dr. Brewster is working with three Ukrainian non-governmental organizations on a multi-year study in harm reduction among the nation's injecting drug users.

"There will come a time when that bomb hits that it's so exponential, you can't stop it," he says. "Society is going to implode."

Ukraine initially took important steps to ensure the virus would not spread after the country won its independence with the 1991 breakup of the Soviet Union. In a move meant to encourage gay men to undergo regular HIV testing, in 1992 Ukraine's parliament decriminalized homosexuality, which had been illegal during the Soviet era. The government, albeit slowly, started an HIV/AIDS awareness campaign in schools and in the media, and established regional centers to educate the public about the disease and to help those already living with the virus.

Even since the Orange Revolution, however, the country's leaders haven't been able to tackle a major factor that is pushing the HIV/AIDS rate upward -- economic hardship. While Ukraine has posted rapid economic growth on the macro level, the micro level hasn't done so well. Poverty is rampant, as are the social ills that come with it. Today, around 60 percent of Ukrainians with HIV/AIDS are intravenous drug users.

The hardest hit members of society are young people, precisely that segment of the population that is considered to be the nation's economic backbone. International organizations estimate approximately 80 percent of HIV-positive individuals in Ukraine

are between the ages of 20 and 39. Overall, the fastest growing HIV-rate in Ukraine are people ages 20 to 29.

For the first time, Ukraine's Ministry of Health argued in a 2005 study that the "HIV/AIDS epidemic is emerging as one of the greatest obstacles to economic growth."

According to the report, if the virus is not curtailed, the nation's macroeconomic picture will change in terms of shorter life spans, a reduced labor supply, lower labor efficiency because of illness and an erosion of the tax base. Long-term impacts will include lower domestic savings and investments, reduced incentives by national and international interests to invest in human capital and consequences for balance of payments.

By 2014, the report states, HIV/AIDS may cause one-third of all the deaths among men between the ages of 15 and 49, and up to an unprecedented 60 percent of all deaths among women in the same age group. As in other parts of the world, young women are particularly vulnerable to HIV/AIDS. For one, women are receivers of bodily fluid during the sex act, meaning it is easier for the virus to be passed on to them. In many parts of the world, women are unable to negotiate the use of a condom by their male partner because of cultural issues – women are seen as "property". Because of economic hardship, some women are afraid to ask a condom be used because they fear their male partner will leave them. Women working in the sex industry are also at heightened risk of acquiring HIV. Life expectancy is expected to drop by 2-4 years for men and 3-5 years for women because of the epidemic in Ukraine.

The most optimistic scenarios, according to the study, project that nearly 479,000 people will be HIV-positive by 2014, with the cumulative death rate estimated at

301,000. The most pessimistic scenarios place the number of people living with HIV at 820,000. The numbers of new annual HIV/AIDS cases are estimated to be 37,000 under the optimistic scenario and nearly double that under the pessimistic scenario by 2014.

The epidemic will amount to anywhere between a 1-6 percent reduction in the level of GDP output, 2-8 percent reduction in total welfare, a 1-9 percent reduction in investment and 3-9 percent reduction in total exports, according to the Ministry of Health study. That is on top of the projected 630 million hryvnia the government will have to pay for medical treatment annually for those who are HIV-positive and have AIDS. The study also projects that annual budget revenue losses through unpaid taxes and levies may reach 418 million hryvnia. Additional budget expenditures could reach 255 million for permanent disability, HIV disability payments and helping HIV-positive children.

In all, the study paints a dramatically dire situation for Ukraine if current trends continue.

As we look at Ukraine's HIV epidemic, other points merit mention:

*** Despite the current worrying trends, Ukraine has strong laws related to HIV and protecting the rights of people living with the virus,** according to Tetiana Bardunis, who is considered the country's leading HIV/AIDS lawyer. The problem is there is a discord between the law and actual practices in fighting the HIV/AIDS epidemic.

Transatlantic Partners Against AIDS, a non-profit organization working in Ukraine and Russia, has issued several policy papers outlining the challenges facing the Ukrainian government. One of these reports is part of your required reading. In short,

these challenges include funding gaps, inadequate planning and budgeting processes, and poor implementation of legislation where problems of HIV and injection drug use intersect.

For instance, according to the World Health Organization, the estimated funding gap for treatment in Ukraine alone in 2005 was expected to be at least \$214 million, **or** over one billion hryvnia. Yet despite the threat of HIV, international donors, not the Ukrainian government, provide most of the current funding to fight HIV/AIDS and for ARV treatment. Although it has been warned by the international community it must do so, and quickly, the government still has not been able to provide an answer to what will happen when international funding for HIV-related programs and ARV therapy end. Activists are concerned that the supply of ARV will indeed come to an end, putting at risk the lives of people who are on the therapy. Worrying as well is the irregular work of Ukraine's National Coordination Council to Fight HIV/AIDS. Because of the unstable political situation in Ukraine over the last year, the council has never really started to work effectively, according to many HIV/AIDS activists. As its name suggests, the council brings together government officials and individuals from non-profit groups to coordinate work on fighting HIV-AIDS. In neighboring Poland, for instance, a similar council has been very effective in its coordination efforts between public and private bodies. Consequently, the country has been able to keep its HIV rate low.

*** On the question of HIV and drug use, the government has also dragged its feet on implementing substitution therapy (or methadone treatment), according to**

several non-profit groups, including the International AIDS Alliance. Although the Ukrainian government has issued several documents since 2001 recommending substitution therapy be introduced as a way of lowering the risk of HIV, drug and law enforcement agencies have created significant barriers to implementing the programs. Human Rights Watch, an organization that monitors human rights around the world, issued a report in March 2006 criticizing some of Ukraine's policies, including its failure to jumpstart substitution therapy programs.

Methadone treatment remains a highly controversial policy in Ukraine, despite the experience of other countries where the therapy works. In part that is because people still do not understand that drug addiction is a disease of the brain. Just as long-time smokers find it hard to stop smoking, addicts have a hard time stopping drug use.

There is also a lack of understanding of what methadone treatment entails. Giving someone methadone is only one part of a comprehensive approach that helps addicts gain control over their lives. Other parts of the treatment include counseling to help addicts deal with emotional issues and to provide medical care when necessary. Substitution therapy has proven to be highly effective in the West; individuals involved in the treatment say it has helped them start to lead normal lives and to become productive members of society.

Those who oppose methadone treatment charge that methadone doesn't help addicts get off drugs, while others worry that in Ukraine's current sometimes-lawless climate, a black market in methadone could develop.

Essentially, methadone is a liquid syrup that takes away the craving for opiate drugs, like shyrka, the drug of choice in Ukraine. Shyrka is made out of the poppy

flower, which grows widely in Ukraine, and is usually injected. Because methadone stays in the system longer than opiate drugs, addicts are not constantly looking for their next fix. Methadone is administered to patients once a day, usually in the morning, in a controlled environment. Each drug addict is given a different dose, based on his or her needs. A doctor determines that dosage. In time, some patients are able to receive smaller doses of methadone, but most people who are on the drug will remain so for the rest of their lives.

In the United States, the federal government regulates methadone; local governments are able to place additional requirements on how and where it is administered. Many medical professionals see methadone as one viable treatment in Ukraine, but the police and other so-called power forces are leery about the therapy, believing it may lead to more drug use and crime, and so it remains the subject of great controversy. Societies where methadone is used as therapy, however, have seen lower crime rates associated with drugs and lower medical outputs for drug addicts.

*** The number of young people affected by HIV continues to grow at an alarming pace.** UNAIDS reports that the “overwhelming majority” of drug users in Ukraine are individuals under the age of 30. Twenty percent of teenagers between the ages of 15 and 18 have used illicit drugs. That compares with North America and Europe, where 30 percent of HIV positive individuals are under the age of 30. A disproportionate number of drug users are likely to be involved in the sex industry, according to the U.N. Many non-profit organizations have been doing out-reach work with sex workers and drug users in risk reduction. Public service announcements geared

particularly toward the young are also appearing more regularly in the Ukrainian media on risk reduction. The Olena Franchuk Foundation, the Klitchko brothers and Transatlantic Partners Against AIDS have been active in anti-HIV and anti-drug campaigns. Other important individuals working in the sphere of HIV/AIDS in Ukraine and around the world are listed in your reporting handbook.

A point to ponder: Dr. Brewster from the University of Colorado, who was mentioned earlier, argues the number of drug users in Ukraine could be reduced substantially if the economics of the country changed. He says a major difference he has noticed between drug users in the United States and Ukraine is that American addicts tend to exhibit anti-social behavior. In Ukraine, however, people start using drugs because of a sense of hopelessness about their future, i.e., they see no **prospects** for their lives, or because they have nothing else to occupy their time. Many of the sports, social and cultural programs geared toward the young that were once financed by the government during the Soviet period no longer exist. As these programs have disappeared, young people don't have the plethora of activities available to them that they once did, or the fees for those programs that do exist may be too expensive for many parents. So young people turn to drugs, and, not understanding the dangers, become hooked.

*** The number of women affected by HIV has reached parity with men, according to Ukraine's Red Cross. This follows a global trend.** In other parts of the world -- if you look at Kaiser's presentation about the HIV/AIDS situation globally -- women are outpacing men in becoming infected with the virus. In many societies,

because of cultural issues, women are unable to refuse sex with their partner if he doesn't want to use a condom.

Although this is not a cultural issue in Ukraine per se, another problem is prevalent; in interviews and discussions, **it is** evident women are still more apt not to insist that a condom be used if their partner does not want it. A sort of stigma towards the use of condoms also exists, particularly among older generations. This is due in part to history. In the Soviet era, condoms were made of rubber, not latex, making them very uncomfortable for men and women. Thus, the common form of birth control in Soviet times was abortion. Many older people still remember the Soviet condoms and thus are psychologically prejudiced against condoms as such.

Although the abortion rate in Ukraine has fallen in recent years as women become more sexually aware, the steady growth of HIV in women is a worrying trend that will have consequences for society. As in other countries, women remain the primary caregivers in Ukraine.

*** There are regional differences in Ukraine's HIV rate, with the east and south showing higher HIV rates than other regions.** Many factors play a role in this, Ukrainian experts say, but point out two important reasons. Because of their large industrial bases and ports, the east and south have historically had a higher level of migration, so people are less rooted there. As people migrate, so do diseases. Another factor is religion. Experts say deep religious and community roots in Western Ukraine, particularly in villages, have tended to play a factor in sexual mores. Religious ethics are

also taught in many schools and churches often propagate abstinence and faithfulness in marriage.

Experts warn, however, the large number of Ukrainians working in Europe as manual laborers may negatively impact the HIV/AIDS rate in Western Ukraine. As husbands and wives stay separated for longer periods of time and have sexual relations outside the marriage, HIV/AIDS may become more prevalent. We already see this tendency in Khmelnytskyi oblast, where the HIV/AIDS rate jumped and now equals that of the east and south.

It should be noted that the areas with the highest rates of HIV/AIDS rates are also among those most critical for the country economically -- Odessa, Mykolaiv, Dnipropetrovsk and Donetsk. According to the previously mentioned Ministry of Health study, these regions are estimated to account for up to 43 percent of cumulative HIV cases and up to 38 percent of annual deaths related to the virus.

*** The link between alcoholism and HIV/AIDS is very important in countries like Ukraine where alcohol abuse is significant.** When looking at the role alcohol plays in HIV/AIDS, it is important to remember that alcohol lowers many people's inhibitions, meaning the risk of becoming infected with HIV increases as people may become less prone to using condoms and more likely to participate in risky behavior – i.e. sharing needles to inject drugs and unprotected sex.

Despite the growing HIV/AIDS rate, there have been some important breakthroughs in treatment for people living with HIV/AIDS. For one, thanks to the Global Fund to Fight AIDS, Tuberculosis and Malaria, an increasing number of people

who need ARV treatment in Ukraine are getting it. The one caveat, however, is that people must be registered with regional health authorities as being HIV-positive.

Because of stigma and discrimination associated with HIV/AIDS – we will discuss this subject at greater length later -- not everyone who is HIV-positive is willing to be placed on the government's list. In addition, ARV is a difficult treatment. Pills must be taken up to four times a day, according to people who are on the medication. Still, the quality of their lives has increased dramatically.

* **Mother-to-child transmission** of HIV has also significantly decreased, thanks to better coordination between health professionals who have actively worked with women to educate them about how HIV is transmitted to their unborn infants and medical advances. In addition, women are not bounced around from one clinic to another in order to receive the assistance they need.

Ukraine has also seen the emergence of nevirapine, a drug which is administered to HIV-positive women during labor. Nevirapin and another drug known as zidovudine, which is usually given to HIV-positive women beginning in the 28th week of their pregnancies, lower the risk of the HIV virus being passed on to babies. Together, these have played a significant role in **greatly** reducing the risk of HIV being passed from mother to child.

* **Ukraine's business community is slowly getting on board in implementing prevention programs in the workplace to lower the risk of HIV/AIDS.** Several large Ukrainian corporations, including Microsoft Ukraine and Interpipe Corporation, have

started implementing workplace prevention programs, which educate workers and their families about how HIV is passed from one individual to another. Companies are beginning to understand that HIV could impact their bottom line if more people become infected. For instance, medical costs will increase and employees will start to take more time off from work.

*** The government is increasingly seeing HIV/AIDS as a national security issue.** “This is an epidemic that has no borders,” Anatoliy Kinakh, then-head of Ukraine’s National Security and Defense Council, told a gathering of businessmen during a meeting in Kyiv in November 2005 to discuss the impact of Ukraine’s epidemic on the economy and business. “The prophylactic of AIDS needs to be at the highest level.” President Viktor Yushchenko has committed the government to make HIV/AIDS a priority in his health policy.

The United Nations Security Council has already stipulated that the HIV/AIDS pandemic poses a security threat worldwide. That declaration was made in Resolution 1308, which was passed in July 2000. Since then, there has been considerable debate whether there is a link between the two, and much literature has appeared on the subject. In July 2005, New York-based Council on Foreign Relations published a report looking at the link between national security and HIV/AIDS. Titled “HIV and National Security: Where Are the Links?”, author Laurie Garrett argues the scope of today’s pandemic has only two analogues in recorded history: the so-called Spanish flu of 1918-19 that took 50 million lives worldwide, and the Black Death, when one-third of Europe’s population perished in an 18-month period in the 14th century.

Some countries with high HIV rates "haven't even begun to imagine the economic, social and military impacts, social stability impacts of their epidemic," Garrett writes. "For example, in Russia . . . the death burden from AIDS hasn't really happened yet. So the real power of what this epidemic will mean to Russia, to Ukraine, the Baltic States where we have the most explosive epidemic at this time hasn't yet been felt." The link to that report is listed in your Kaiser reporting handbook.

Russia is considered part of the world's "next wave" countries, along with India, China, Ethiopia, and Nigeria. Although Ukraine isn't specifically named as being part of the next wave, the high HIV/AIDS rates to the country's east are of concern to Ukrainian officials because of the nation's proximity to Asia and the open border that exists between Ukraine and Russia. There is no visa regime between the two nations that would require HIV testing, which is one way of monitoring the movement of the virus.

Next week, we will take a deeper look at the link between national security and HIV/AIDS and what this means for Ukraine.

Reading

1) From the Kaiser Reporting Handbook:

Medical Aspects, pp. 48-53

Antiretroviral Therapy, pp, 54-60

2) UNAIDS: AIDS Epidemic Update, December 2005

Read Eastern Europe and Central Asia

LINK: http://www.unaids.org/epi/2005/doc/report_pdf.asp

3) "Strengthening Ukraine's Response to HIV/AIDS: Eliminating Gaps Between Legislation and Implementation", Transatlantic Partners Against AIDS (in Ukrainian)

LINK: <http://www.tpaa.ru/files/upload/publications/859.pdf>

4) HIV/AIDS Epidemic in Ukraine Factsheet (TPAA)

LINK: <http://www.tpaa.ru/files/upload/publications/2072.pdf>

5) Articles to read:

From Kaiser Reporting Handbook, pp. 38-47

6) A Disappearing Country, Q and A with Michael Specter, The New Yorker Magazine

LINK:http://www.newyorker.com/online/content/?041011on_onlineonly01

Suggested reading:

“Rhetoric and Risk: Human Rights Abuses Impeding Ukraine’s Fight Against HIV/AIDS”, Human Rights Watch

LINK <http://hrw.org/doc?t=europe&c=ukrain>.