

East Europe: A Chance to Stop HIV

Infection rates in the former Soviet bloc are low; a concerted public health effort could halt the virus in its tracks, but the window of opportunity is closing fast

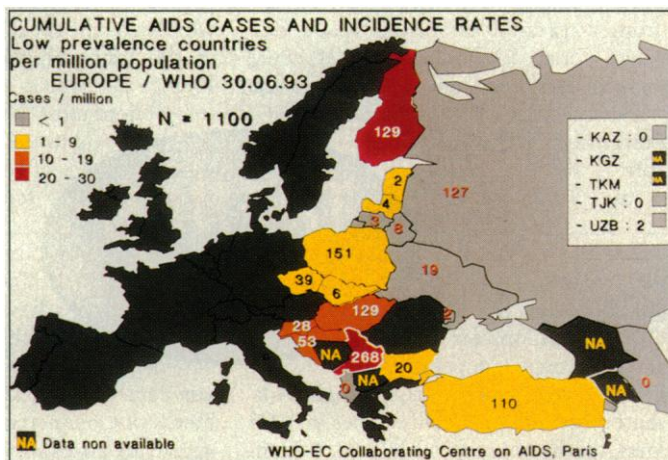
PARIS—Until recently, health officials in Russia performed up to 24 million HIV tests a year on pregnant women, hospital patients, soldiers, and just about anyone else they could get their hands on. The result: Between 1990 and the end of September 1993, a mere 338 people tested positive. It's a similar story throughout much of the former eastern bloc. Out of almost 100,000 AIDS cases so far reported across Europe, only 3.4% are from the continent's eastern half, and some countries—including Azerbaijan, Kazakhstan, Tajikistan, and Albania—have yet to diagnose their first AIDS cases. The AIDS virus did not flourish under communism.

A big question facing these countries now is whether the virus can continue to be kept at bay in the wake of the social liberalization and increase in foreign travel that are following the collapse of the old, repressive regimes. The guarded answer from officials at the World Health Organization (WHO): Yes, at least in theory. They calculate that the epidemic in eastern Europe and the former Soviet Union is lagging 5 years behind that in the west—just enough time, they argue, to mount an effective anti-HIV effort. Indeed, with more than 14 million people estimated to be infected with HIV worldwide, and perhaps 30 million by the end of the century, eastern Europe is one of the few parts of the world where it may be possible to stop the virus in its tracks. "These countries have a good chance," says Johannes Hallauer, European coordinator for WHO's Global Program on AIDS (GPA), "because it is early enough to prevent a big spread of the virus."

Hallauer's optimism rests on a big assumption, however—that the countries of the region have the political will and the resources to carry out a massive campaign. Just how daunting the task will be was spelled out in a meeting last April, when health and finance ministers from 30 European countries met in Riga, Latvia, to produce an AIDS prevention plan for the whole of east Europe. The Riga Initiative, as the plan is called, would entail major public education efforts, with explicit messages that may clash with the conservative social mores of some countries. It would also include programs to combat all sexually transmitted diseases, improve blood screening, and, most significantly, provide easier access to condoms—which are scarce throughout much of the region—

largely by encouraging joint manufacturing ventures in the east involving western firms.

WHO estimates that the initiative will cost as much as \$555 million over the next 3 years, of which more than 40% will be devoted to the provision of condoms. As many eastern nations currently have no firm figures for their existing spending on AIDS prevention, it's not clear exactly how much of this would be "new" money. But WHO officials predict that the bulk will have to be



Geography of AIDS. Number of cases reported through June 1993.

raised afresh by the governments of the countries concerned, or else come from western aid donors—and so far, there's no clear sign that either eastern or western agencies will be able to find these funds.

Routes of infection

The first task will be to get a firm idea of how HIV is spreading in the region. The available data so far show that the fledgling epidemics taking shape across the region differ from country to country. In the Czech and Slovak republics, for example, about two-thirds of confirmed HIV infections are due to homosexual transmission. Yet in Bulgaria, 75% of infections seem to be linked to heterosexual activity. Poland presents a still different picture: More than 40% of the 151 known AIDS patients, and over 70% percent of the 2700 people who have tested positive for HIV, are intravenous drug users. And Romania's 2400 AIDS cases, which make up two-thirds of the region's total, are almost all children infected with HIV through unsafe medical practices.

This variation most probably reflects societal differences among the countries concerned. "These differences show up for the same reason that you see a difference between San Francisco and New York or Paris and Marseilles," says Jean-Baptiste Brunet, director of the Paris-based European Center for the Epidemiological Monitoring of AIDS, a joint effort of WHO and the European Community. But the low incidence rates make it hard to draw firm conclusions

about the spread of the disease. "We must be very careful when we try to interpret these data," says Brunet. "You can't make an analysis of what is going on when you only have two cases." Furthermore, some of the figures can't be taken at face value. Polish epidemiologist Krzysztof Dziubinski, AIDS adviser to his country's health ministry, notes that the preponderance of drug abusers in Poland's HIV statistics reflects the situation of 5 years ago, rather than

today's picture. "We know that we have a lot of heterosexual transmission," he says, but because drug users are tested more frequently than the general population, they still dominate the official statistics.

Epidemiologists are, however, sure of one thing: In the absence of concerted AIDS prevention measures, it is only a matter of time before HIV infection rates will begin to climb. One worrying trend is already showing up: Over the past 2 years there has been a marked increase in sexually transmitted diseases such as gonorrhea and syphilis, which correlate closely with increased risk of HIV infection. And the incidence of hepatitis-B in eastern Europe, which like HIV can be spread by sexual contact and contaminated hypodermic needles, is roughly 10 times that in the continent's western half. "The situation has explosive potential," says Hallauer, "because all of the transmission routes are there."

In part, these routes are opening up because of the increased interaction between east and west. Not surprisingly, the highest rates of HIV infection are found in those

countries that border western Europe (see figure), but most nations in the region are now at risk. Besim Nuri, Albania's deputy minister for health, says that his country "was so isolated for the past 50 years that even HIV couldn't penetrate." But since 1990, nearly 400,000 people have left Albania to work abroad, mainly in Greece and Italy, which has the third highest number of AIDS cases in Europe. "This is about one-tenth of our total population," says Nuri. "And now, some of them are starting to come back."

Imported western habits are also a major threat. At present, "the rate of HIV [infection] is very, very low in Russia," says Vadim Pokrovsky, head of the Russian Federal Center for AIDS Prevention in Moscow. "But the growth of prostitution, drug addiction, and the overall increase in sexual freedom is a negative factor. It looks as though Russia might well go the way of the United States and western Europe."

Imported experience

WHO officials argue, however, that unlike western countries, which were caught off guard by the sudden emergence of AIDS, the nations of eastern Europe should be better prepared and can draw on experience in the West. Hallauer points, for example, to a number of success stories in western Europe, including needle exchange programs in Britain and a highly effective condom promotion campaign in Switzerland, where more than 70% of men say they now use condoms regularly.

Some of the problems being confronted by public health officials in eastern Europe are also familiar in western countries, especially the United States. In Poland, for instance, where the influence of the Catholic church is strong, some AIDS education measures have been stymied by moral concerns. Earlier this year, Polish health officials approved a plan to translate and distribute to schoolchildren an award-winning booklet, "Aids and You," produced by the British Medical Association. But when their counterparts at the education ministry read its sexually explicit language, the project was abruptly axed. In spite of such setbacks, Dziubinski says that, "Our situation today corresponds more or less to that of France in 1985," but the level of public education about AIDS in Poland goes "considerably beyond what France was doing at that time."

The biggest problem facing many countries is lack of resources. In Albania, for in-



Time is running out. Johannes Hallauer, European coordinator for WHO's AIDS program.

stance, condoms must be imported, and with minimal government funds available for this purpose, this is only possible through scarce western financial aid. "People ask us, 'Why do you promote condom use when we cannot find them at the drugstore?'" says Nuri.

This sort of mismatch between health officials' best intentions and the amount of money that is typically being released for AIDS prevention is understandable, say western AIDS experts, given the region's economic difficulties. "These countries are confronted with many other problems besides AIDS and HIV," says GPA director Michael Merson. But WHO officials hope to convince eastern Europe's political leaders, as well as western donors, that the long-term economic costs of a spiralling AIDS epidemic will far outweigh the outlays required to implement the Riga Initiative. "If HIV spreads here, it will be worse than in western Europe," says Hallauer. "Their health systems can't afford it."

Fundraising for the Riga Initiative has so far been slow, however. For example, only about 10% of the \$5 million required over the next 3 years to coordinate the plan from GPA's European regional office in Copenhagen has been raised, from five western European nations. And raising the half-billion

dollars needed to implement the plan fully must await the completion of a detailed evaluation of each country's existing AIDS prevention efforts and future needs, being carried out by WHO officials aided by the London School of Hygiene and Tropical Medicine. Data from five eastern nations selected for a pilot study should be available in mid-1994.

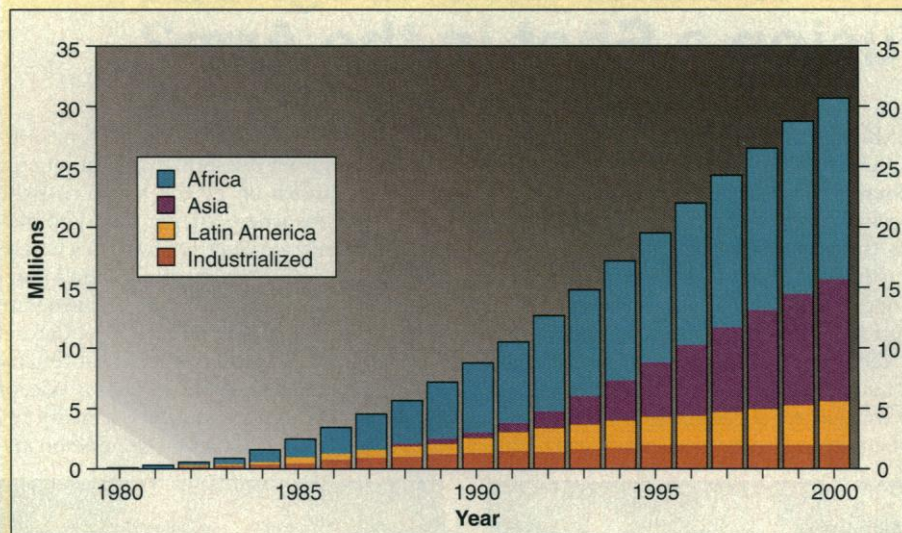
Despite this slow progress, the mood at a mid-November meeting of national AIDS coordinators in Bern, Switzerland, was upbeat. "The Riga Initiative has clearly raised awareness on a government level," says Hallauer. Lithuania, Belarus, and Ukraine, for instance, announced the signing of joint ventures with western companies to set up condom factories within their borders. And some countries, notably Hungary and Bulgaria, say that they have already increased spending on AIDS prevention.

Given their own governments' poverty, however, many eastern European AIDS experts say that major western financial help will be needed to prevent the Riga Initiative from stalling. "If the west really wants to help us, it's time to act now," says physician Saulius Chaplinskas, head of the AIDS Center in Vilnius, Lithuania. "The Riga meeting made a good political point, but...nothing has really changed." Change it must, though, if the region is to avoid a full-scale AIDS epidemic. "The chance is still there," says Hallauer, "but the clock is running out."

—Michael Balter

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Global Projections of HIV Infection



Projections by the World Health Organization indicate that HIV infection rates will increase sharply in Asia. Only 50,000 east Europeans are thought to be infected now; a total of 14 million people are estimated to be infected worldwide.